Mental Health

Peer Workforce

Development Plan

Insert Organisation Name

Gold Coast

2015-20

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Peer Workforce Reference Group

Partners in Recovery

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**Acknowledgements**

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# Introduction

***Moving toward a stronger, supported and larger peer workforce on the Gold Coast***

**Vision**: By 2020 the Peer Workforce on the Gold Coast will have contemporary recruitment, retention, support and professional development structures across all sectors, including government and non-government organisations providing mental health and alcohol and drug services.

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| --- |
| ***Workforce development*** refers to the worker, the organisation and the sector.**P*eer workers*** are defined as people who are employed in roles that require them to identify as being, or having been, a mental health consumer or carer.***Recovery-oriented practice*** refers to the application of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing, and to define their own goals, wishes and aspirations. |

Whilst value is placed on all expertise that workers bring, whether gained through lived experience or professional practice, people with a lived experience of mental illness and recovery are an essential part of the workforce in the mental health sector. This is recognised in [National](http://www.mentalhealthcommission.gov.au/our-2013-report-card/ensuring-effective-care%2C-support-and-treatment/in-focus.aspx) and [State](http://www.qmhc.qld.gov.au/wp-content/uploads/2014/10/QMHC-Mental-Health-Drug-and-Alcohol-Strategic-Plan-2014-2019_web.pdf) commitments and growing [international documentation](#_References) of the benefits of a well-developed and supported Peer Workforce in improving the recovery orientation of services, producing positive outcomes for individuals and families, and reducing some of the pressures on the mental health workforce.

Initial conversations with the Gold Coast Consumer & Carer Workforce Group (known as the Peer Workforce Group from 2016), combined with a Literature Review and the recognised opportunities for growth of the workforce, identified the need for a Peer Workforce Development Plan. Key issues and needs from a national and international perspective provided the foundation for the local analysis of peer workforce development by the Peer Workforce Reference Group ([Appendix A](#_Appendix_A_-)). Thus, in recognition of the benefits of a strong and developed peer workforce, this Peer Workforce Development Plan for the Gold Coast has been produced.

|  |
| --- |
| ***Key roles and functions of peer workers include:**** Advocacy and representation
* Peer support
* Health promotion
* Education and training
* Quality assurance and research
* Coordination, management and leadership
 |

This document is designed to be a strategic plan that acknowledges the variety of peer work models that exist yet does not support one model over another, allowing for organisational fluidity in the operationalisation of the plan. The intent is that the document will be used by senior management as a reference guide for best practice peer workforce engagement and is designed to be adapted as needed.

# ****Guiding Principles****

The following Guiding Principles and Code of Ethics have been adopted by the members of the Peer Workforce Reference Group to guide peer workers in their various roles and relationships within their professional lives. Peer Workers remain subject to their organisations’ policies and procedures and the following principles and ethics recognise the nature of peer work itself.

Peer Workers will:

1. Provide a platform for person-centred support where relationships can develop and opportunities are explored together.
2. Engage in a mutual and reciprocal relationship with the person with whom they engage.

*As Peer Workers our approach is to adapt and feel the experience. We adapt like water taking any shape and form through the journey of our Peers. This is not about emotions, this is about the nature of our role taking us where the other peer goes and we feel the experience as much as they feel. We see like they see. We think like they think. We walk like they walk. We speak like they speak.  We feel like they feel. That’s our Strength. That’s our Language. That’s our Experience. That’s our Journey. That’s our Role. That’s a Peer. That’s who I am.*

– Peer Worker, Gold Coast

1. Share experiences when appropriate and recognise that each person has knowledge and skills to teach and learn.
2. Uphold a recovery-focussed framework, encouraging hope, and supporting access to opportunities and activities as mutually negotiated.
3. Understand that within the relationship differing world views can be explored and perceptions and assumptions can be challenged, so that hope is fostered and we can move toward new experiences.
4. Promote health and wellbeing together.

#

# ****Code of Ethics****

****Values****

*Respect*

All people have the right to be heard and treated with dignity and respect, have their privacy protected, and have their documentation treated in a confidential manner. Peer workers respect the person, their family and carers, their experience, their values, beliefs and culture. They also respect diversity among people, families, carers, colleagues and communities, in areas including class, gender, culture, religion, spirituality, disability, age, power, status and sexual orientation.

*Advocacy*

Concern for the welfare of others guides the work of peer workers. They strive to uphold the human rights of people, families and carers, including full and effective participation and inclusion in society.

*Recovery*

Peer workers support and uphold the principles of recovery-oriented mental health practice articulated in the [National Framework for Recovery-oriented mental health services 2013](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovgde) which is underpinned by the [National Standards for Mental Health Services 2010](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-servst10).

* Uniqueness of the individual
* Real choices
* Attitudes and rights
* Dignity and respect
* Partnership and communication
* Evaluating recovery

*Working in partnership*

Peer workers foster positive professional and authentic relationships with people, families, carers, colleagues, peers and wider community networks. Safe and professional boundaries are maintained. Peer workers work constructively to resolve tensions that may arise in partnerships. The professional diversity that can exist within teams is respected and valued and there is always endeavour to work in positive and collaborative ways that support multidisciplinary and interdisciplinary practice. Peer workers believe that quality service provision is enhanced and underpinned by effective working relationships within the service, with partner agencies and communities.

*Excellence*

Peer workers are committed to excellence in service delivery, and also to personal development and learning. This is supported through reflective practice, ongoing professional development and lifelong learning.

*I had gone from daily hospital admissions due to constant self-injury and overdosing to finally being confident that this is all behind me now. And I know that the reason I have had such a major shift in my life is because when I sat down with peer support workers we really talked and I would be challenged but in a good way, in a way which helped us all grow. It was different to anything I’d ever experienced before, because I used to get extremely frustrated when a doctor or somebody in the mental health sector tried to “treat” my “symptoms” based on what they’d learned from a text book. I liked how the relationship with the peer workers was based on mutuality and not “I’m superior to you”.*

– Megan, Peer in FSG Australia’s PEARL Program

****Ethical Considerations****

As well as adhering to the values above, organisations and peer workers have other ethical considerations to consider.

*Conflicts of interest*

Peer workers will be aware of the potential for conflicts of interest which may affect their ability to exercise professional discretion and judgement.

*Professional boundaries and dual relationships*

Peer workers will manage dual relationships (multiple roles) between peers and professionals in their work. Supportive systems and effective strategies need to be in place.

*Commitment to safe practice*

Peer workers will take appropriate action if ill-health, impairment or any other factor is likely to interfere with their work performance. They will take steps towards ensuring their continuing wellbeing both in their own interests and in the interests of safe practice.

# Recruitment

* 1. Expand Workforce Numbers

**Promote peer work as a career option**

 Work with Disability Employment Services & Job Services Australia to increase peer work employment and training opportunities.

 Develop and distribute targeted ongoing communications covering training opportunities, roles, career pathways and positive stories.

**Support entry into the workforce**

Promote and provide information on training opportunities.

Establish a process for short-term work experience placement (shadowing of roles).

Hold information sessions at the beginning of the recruitment phase.

 Provide linkages to support the development of job application and interview skills.

 Secure funding for training scholarships.

Provide traineeships.

Define pathways from voluntary work to paid employment.

Support voluntary roles in peer work.

**Open new positions**

 Secure funding.

 Develop affirmative action strategies for consumers to be employed in all roles (encourage people with a lived experience to apply for a variety of roles).

* 1. Improve Recruitment & Employment Practices

**Review HR practices**

 Prepare HR guidelines for employers on reasonable accommodations.

 Meet the National Mental Health Peer Workforce Development Guidelines, ‘Principles for Employment and Reasonable Adjustment’ ([Appendix B](#_Appendix_B_–)).

**Provide clear & differentiated position descriptions**

 Differentiate job titles using nationally recognised key functions ([Appendix C](#_Appendix_C_-)).

 Link position descriptions to appropriate levels of the [National Mental Health Core Capabilities](http://www.hwa.gov.au/publication/national-mental-health-core-capabilities) ([Appendix D](#_Appendix_D_–)).

**Implement best practice recruitment process**

 Develop a well-defined and targeted recruitment/advertising strategy.

 Develop interview procedures that ensure the best outcome for the applicant (interview panel includes a person with lived experience; interview environment is comfortable and relaxed; interview questions are focused on capabilities and recovery; job offer timeline is clear; feedback and information for professional development is provided to unsuccessful applicants).

**The Intentional Peer Support Model** – FSG Australia PEARL Program

*It is like being able to interact with people in a mutual way, whilst sharing experiences and learning and growing as individuals. It allows a space for organic connections and opens up new ways of thinking.*

*The focus of an IPS worker is to build stronger, healthier and interconnected communities by inviting powerfully transformative relationships among peers. Participants learn to use relationships to see their lives from new angles, to develop greater awareness of personal and relational patterns, and to support and challenge each other. IPS workers aim to improve mental health and wellbeing through “intentional” peer relationships. The intentional nature of these peer relationships is aimed at breaking through “stuck” patterns to experience new ways of living an independent life not constrained or defined by illness and crisis. This approach is trauma-informed. It addresses how and why meaning is made from life experiences, and how trauma can be overcome in order for participants to be able to move forward in life.*

*An IPS worker/peer relationship is viewed as a partnership that invites and inspires both parties to learn and grow, rather than assuming – as traditional services tend to do – that one person in each relationship needs to “help” another.*

*IPS workers encourage participants to focus on positive goals for their lives, rather than behaviors that they need to stop or avoid doing.*

# Retention

* 1. Establish Comprehensive Formal Orientation Processes

**Review orientation process**

 Establish thorough formal orientation process. Give consideration to the identified needs of the employee (e.g. the possibility of the employee having had extended periods outside of the workforce).

Incorporate the following: organisation mission and structure; policies and procedures; IT; relevant legislation; ethical considerations regarding privacy, boundaries and confidentiality; introductions to staff and partner agencies; team work expectations; supervision; and taking care of oneself.

* 1. Establish Well-defined Supervision & Support Mechanisms

**Enhance team culture of support & prevent isolation**

 Facilitate the teaming of peer workers through an initial buddying system and ongoing overlapping hours with one or more peer workers.

 Provide opportunities for engaging in existing State, Regional and online peer work networks/groups.

**Provide ongoing supervision**

 **Ensure supervision is regular and focussed on skills, performance and support - not on health status.**

**Engage peers as supervisors.**

**Ensure actual job expectations are the same as written job expectations.**

**Establish a mentoring program**

 **Adopt the National Mental Health Peer Workforce Development Guidelines, ‘Elements of an Effective Mentoring Program’ (**[Appendix E](#_Appendix_E_–)**).**

 **Develop clear goals to be achieved in consultation with the peer worker and selected mentor.**

**Provide online support mechanisms**

 Explore available online forums, video conferencing, and other supportive tools.

**Provide support to create wellness plans as requested by individual peer workers**

 Create individual plans to optimise well-being and avoid issues that may impact performance.

**Provide professional support programs**

Recognise additional requirements of support due to higher risk of experiencing vicarious trauma.

**Create and maintain a mentally healthy working environment**

Develop strategies in a range of areas that promote wellbeing in the workplace.

* 1. Develop Career Structure

**Form pathways for promotion**

 Offer a clear sequence of training credentials and education linked to [National Mental Health Core Capabilities](http://www.hwa.gov.au/publication/national-mental-health-core-capabilities).

 Differentiate [roles](#_Appendix_C_-) and expand horizontally and vertically.

 Recognise career options beyond Mental Health Peer Work.

**Accommodate multiple entry and exit points**

* 1. Support Inclusive Practices

**Ensure the consistent application of workplace policies**

 Research and review remuneration and ensure equal pay between comparable positions.

 Ensure peer workers have full and equitable access to permanent positions, as available.

**Enable opportunities for integration and interaction within the organisation**

**Provide training to learn the language of the workplace**

# Training & Development

* 1. Meet the National Mental Health Core Capabilities ([Appendix D](#_Appendix_D_–))

**Provide orientation training on Peer Work frameworks/models/ethics**

**Promote accredited and informal training opportunities to current and potential peer workers**

 **Promote** [Certificate IV in Mental Health Peer Work](http://www.myskills.gov.au/courses/details?Code=CHC42912)**.**

**Provide/fund adequate and appropriate accredited and informal training**

 **Foster professional development growth in core capabilities, peer leadership and peer management skill sets.**

 **Facilitate training in governance, management, supervision, advocacy, anti-discrimination and human rights.**

**Provide training for managers of peer workers and other relevant non-peers, such as the** [Management Skill Set – to promote and establish a mental health peer workforce](https://training.gov.au/Training/Details/CHCSS00033)**.**

**Support and encourage self-identification of professional development opportunities**

* 1. ****Engage with Professional Networks****

**Support peer workers’ membership in the Gold Coast Peer Workforce Group and state and national bodies**

# Organisational Development

* 1. Embed a Culture of Respect for Peer Work

**Engage Champion/s within organisation to drive action and support for Peer Work**

**Review policies and procedures**

 Ensure relevant policies and procedures support peer workers.

Recognise and respect models of peer work practice.

**Implement internal communication strategies to reduce stigma & create recovery-based philosophy**

 Engage HR and senior leadership in the process.

Disseminate information on the roles, benefits, aims and philosophy of Peer Work; expectations; ethics; boundaries; language; respectful attitudes towards all colleagues.

Provide ongoing success stories promoting the value of lived experience for all departments.

Promote Peer Work as essential rather than add-on.

* 1. Review Organisational Arrangements to Support Peer Workers

**Establish clear line management & supervision structure**

 Build awareness of the philosophy of Peer Work across the organisation.

 Define framework for regular operational and reflective supervision.

 Establish targets for the ratio of peers in supervisory positions and support succession planning.

**Provide support and mechanisms to resolve values/ethics conflicts as a peer worker**

# Sector Development

* 1. Strengthen the Peer Workforce Group as a Community of Practice ([Terms of Reference Appendix E](#_Appendix_E_–_1))

**Build further partnerships**

 Build relationships based on needs (resources, funding, research).

Identify organisations utilising peer support models, invite and encourage participation.

**Share best practices and research**

 Secure funding for ongoing professional development of members and representation at state and national networks and meetings.

* 1. ****Conduct Interdisciplinary Advocacy & Education****

**Support research initiatives & evidence-based learning**

 **Explore local demand/opportunities for peer workers.**

**Forecast future workforce changes, challenges, issues.**

 Use formal and/or informal methods to document outcomes, particularly those that complement other disciplines.

*Being a Peer Worker, my lived experience made me feel like a better person - it became my strength and an opportunity to give back and make a difference in our community.*

*Knowing that I am valued and acknowledged is important. Something that I thought was a weakness: lived experience: is now a strength.*

– Titta, Recovery Peer Support Worker, Mental Health & Specialist Services, Gold Coast Health

Disseminate findings and stories internally and externally.

# Operational Plan Insert timeframe here

[Copy and paste operational plans here]

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# ****Appendix A - Reference Group Membership****

The Mental Health Peer Workforce Development Plan for the Gold Coast was developed by the following members of the Reference Group. Each individual’s expertise, support and contribution is acknowledged and appreciated by all.

|  |  |  |
| --- | --- | --- |
| **Name** | **Position Title** | **Organisation** |
| Moy Tierney | Member | Peer Workforce Group |
| Leila Farahani | Member | Peer Workforce Group |
| Amanda Eggington  | Member | Peer Workforce Group |
| Michelle Edwards | Carer Consultant, Mental Health & Specialist Services  | Gold Coast Health  |
| Jackie Robinson | Consumer Companion, Mental Health & Specialist Services  | Gold Coast Health  |
| Zoe Gill  | Consumer/Carer Consultant, Mental Health & Specialist Services  | Gold Coast Health  |
| Jackie Cohen | General Manager, Mental Health Services | FSG Australia |
| Titta Gigante | Peer Support Worker, Mental Health & Specialist Services | Gold Coast Health |
| Paige Gaudry  | Services Manager, Mental Health Services | FSG Australia |
| Craig Stanley-Jones | Regional Manager, QLD | Aftercare |
| Jacqui Greig | Regional Manager, Gold Coast | Mental Illness Fellowship Queensland  |
| Philip Williams | Manager, headspace Youth Early Psychosis Program (hYEPP) | Headspace |
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| Vicki Green | Service Director, Inpatient Units, Mental Health & Specialist Services | Gold Coast Health  |
| Lesley Maher | Program Manager | Partners in Recovery Gold Coast |
| April Turner | Project Officer | Partners in Recovery Gold Coast |

# Appendix B – Principles for Employment & Reasonable Adjustment

*The following is based on the National Mental Health Peer Workforce Development Guidelines* ***‘Principles for Employment and Reasonable Adjustment’.***

**Principles and associated workplace strategies**

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| **Mental health peer workers are a valuable workforce element of recovery oriented mental health services.** |
| a. Organisational commitment to recovery is articulated in the mission statement or key service documents. b. Employment of peers is proactively undertaken as part of interdisciplinary workforce considerations. c. Written job descriptions are developed for all roles, including peer work roles. d. Training is provided to all staff to ensure understanding of peer work roles and the contribution they can make in the workplace. e. Clear positive recruitment strategies are in place.f. Peers and non-peers in comparable positions are comparably remunerated.  |
| **A safe and healthy workplace benefits the organization.** |
| a. New employees receive a formal and consistent orientation. b. Workplace policies are consistently applied to peer and non-peer workers. c. All workers are provided with essential work resources to complete their role, for example, office space and appropriate technology. d. Benefits counselling is available so that prospective workers on income support are clearly advised on financial implications of work and work hours.  |
| **Personal information about a worker’s health status is confidential.** |
| a. A formal process is established for sharing work-related information between peer and non-peer workers. b. Training is in place on policies and practices relating to confidentiality. c. A policy is in place to avoid, where possible, peers receiving services in organisations or sites where they are employed.  |
| **Reasonable adjustments may be required to enable a worker to work to the best of their ability.** |
| a. Policies are in place regarding the supports available to workers, which may include flexible or part-time hours, changed location, leave of absence, or flexibility to attend external appointments related to health and wellbeing.  |
| **Organisational support mechanisms are in place to support workers and are communicated to workers.** |
| a. Clear policies are in place regarding available support mechanisms, such as employee assistance programs, and the policies are communicated to staff. b. Proforma agreements or plans are available to support advance directives for workers who may become unwell or be required to respond to caring responsibilities.  |
| **Training and supervision are important elements of effective job performance.** |
| a. New peer workers receive training prior to commencement. b. Line management supervision is in place. c. Discipline specific supervision is supported by the organization.  |

# ****Appendix C - Key Roles & Functions****

*The following is based on the National Mental Health Peer Workforce Development Guidelines.*

Key roles and functions for peer workers include:

* Advocacy and representation
* Peer Support
* Health promotion
* Education and training
* Quality and research
* Coordination and management

Job titles will reflect the importance of the peer worker yet differentiate between the key functions of peer workers. For example, the job title Peer Worker (education and training) or Peer Support Worker.

*Advocacy and representation*

Peer workers can support individual consumers and carers to understand and navigate mental health services, and other services they may need. This might include the provision of information; liaison with services, and attending appointments with the individual service user or carer.

Systemic advocacy can involve participation by consumers and carers at all levels of the mental health system, including at individual services, district, state and national levels. The role provides a lived experience perspective and may involve membership of committees; involvement in policy development or service redesign; or participation in workshops, forums or conferences.

*Peer Support*

Some peer workers will provide peer support to other consumers or carers. [Mead](http://www.intentionalpeersupport.org/wp-content/uploads/2014/02/Defining-Peer-Support.pdf) (2003) suggests that ‘Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others 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 traditional (expert/patient) relationships’.

*Health Promotion*

Peer workers may be involved in health promotion in relation to mental health, recovery, physical health, and other areas. Some consumer peer workers are specifically employed in roles aimed at improving the physical health of people with severe mental illness. Program aims may include improvements in physical health, self-esteem and social connectedness.

*Education and Training*

Education of other health and mental health professionals, and students undertaking health studies, can be an area of focus for peer workers. The [National Practice Standards for the Mental Health Workforce](http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-n-wkstd13-toc) (2002) stress the importance of involving both consumers and carers in the education of the workforce. Peer workers may be involved in facilitating education groups for peers in a range of areas from art therapy to relaxation.

*Quality and research*

The role of some peer workers includes participating in quality projects or research. This may include facilitating the evaluation of mental health services by consumers and carers, and promotion of the involvement of consumers and carers in quality improvement initiatives and research.

*Coordination and Management*

Some peer workers have a management role, supervising and managing peers, volunteers and other team members. Tasks may include managing budgets and other resources, identifying referral and support services in the local community, facilitating shared services, managing the design and delivery of new peer workforce managed services.

# Appendix D – Mental Health Core Capabilities

*The following is based on the National Mental Health Peer Workforce Development Guidelines.*

The National Mental Health Core Capabilities are the foundation for demonstrated workplace capabilities. They are divided into four levels based on the responsibilities of the peer worker. Below is a summary of the core capabilities. Further details are provided in the [National Mental Health Core Capabilities (2014)](http://www.hwa.gov.au/publication/national-mental-health-core-capabilities).

**Summary**

|  |  |
| --- | --- |
| **1.0 Values** 1.1 Respect 1.2 Advocacy 1.3 Recovery 1.4 Working in partnership 1.5 Excellence **2.0 Diversity and whole person focus** 2.1 Diversity 2.2 Working with Aboriginal and Torres Strait Islander people, families and communities 2.3 Prevention and promotion of wellbeing 2.4 Whole person focus **3.0 Professional, ethical and legal approach** 3.1 Ethical and legal practice 3.2 Scope of practice and accountability 3.3 Communication, documentation and conflict management 3.4 Self-management and care **4.0 Collaborative practice** 4.1 Shared responsibility with people using services and their families and carers 4.2 Interprofessional collaboration 4.2.1 Vision and objectives 4.2.2 Collaboration within and across teams 4.2.3 Collaborative interprofessional decision-making 4.3 Collaborating across time and place 4.3.1 Transfer of care, follow up and referral, including clinical handover 4.3.2 Integrated care  | **5.0 Provision of care** 5.1 Access & engagement 5.2 Assessment 5.3 Performing health care activities 5.3.1 Individual planning 5.3.2 Deliver care 5.3.3 Monitor, evaluate and revise plans 5.4 Supporting processes and standards 5.4.1 Evidence-based practice 5.4.2 Quality care provision and general safety 5.4.3 Dignity of risk **6.0 Life-long learning** 6.1 Holistic learning and development 6.2 Self-reflection 6.3 Professional support relationships 6.4 Feedback and peer assessment  |

# Appendix E – ****Mentoring Program****

*The following is based on the National Mental Health Peer Workforce Development Guidelines* ***‘Elements of an effective mentoring program’.***

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| **Elements of an effective mentoring program**  |
| **Characteristic**  | **Description**  | **Impact**  |
| Clear purpose and values  | A clear statement of what the program is trying to achieve, and its underlying philosophy.  | Robust framework for developing policies and procedures, promotional activities and so on.  |
| Policies and procedures  | Well documented policies, procedures and protocols that guide program implementation and management.  | Consistent fidelity in program application.  |
| Orientation and training  | Training of mentors and mentees includes program requirements and rules, communication and limit-setting skills, relationship building, ways to interact, cultural awareness, and understanding of mental health.  | Mentor volunteers are aware of the commitments of being a mentor, understand their role, and have realistic expectations. Mentees understand the role of the mentor and their own role in the relationship.  |
| Matching process  | Matching procedures take into account the preferences of the peer worker and the mentor.  | Good matches that minimise the risk of early termination of relationships. Peer worker’s goals more likely to be achieved. Mentor more likely to stay involved and gain more personally.  |
| Ongoing support  | Programs include professional staff providing ongoing and regular supervision and support to mentors and mentees before and after they are matched. | The likelihood of effective matches increased. Builds capacity of the mentor to get through the early stages of the match while the relationship is established. Follow-up areas of additional training or organisations support. Programs in which mentors are not contacted regularly by staff are most likely to fail. Poorly supervised matches are more likely to be disbanded because of loss of interest. |
| Selection of mentors  | Aim to select mentors who: * Respect and have a genuine interest in peer work
* Actively listen, suspend judgement, ask thoughtful questions
* See solutions and opportunities
 | Peer worker is assisted to achieve their goals and handle difficult situations. Peer worker is provided with an opportunity to explore their own thoughts and find solutions.  |
| Length of program  | Twelve months may be a minimum, as longer programs can produce beneficial outcomes.  | Earlier than expected terminations dissolve the bond of trust between mentor and mentee, and can have longer term negative effects.  |
| Managed closure  | A closure policy with procedures for exiting the program and assistance for mentees to define the next steps in achieving their goals.  | Formal relationships are ended responsibly. Reward and recognition of relationship and celebration of achievements. Expectations for further contact are clear for both parties. Mentee is supported.  |

# Appendix F – ****Evaluation Framework****

The aim of this framework is to provide an adaptable tool for evaluating the peer workforce on the Gold Coast for the purpose of determining the Peer Workforce Development Plan’s impact on peer workers, mental health services, consumers and carers.

The evaluation will be conducted by Insert organisation name and person responsible.

|  |  |
| --- | --- |
| **EVALUATION** | **MONITORING** |
| **Broad Evaluation Question** | **Monitoring Question** | **Data Source/Method** | **Responsibility** | **Timeframe** |
| **How effective has the implementation of the plan been?** | What has been the impact for peer workers, the organisation, consumers and carers? | InterviewsSurveysFocus groupsExternal feedbackSelf-assessments |  |  |
| How satisfied are consumers/carers with the service? | Interviews/surveys |  |  |
| Is the demand for peer workers meeting the supply of staff/volunteers? | Waiting lists |  |  |
| **To what extent has the goal of a stronger peer workforce been met?** | How many training opportunities have been provided? | Course outlinesLearning and Professional development plans |  |  |
|  | What percentage of staff are satisfied with the education & training provided? | Surveys |  |  |
|  | How many peers are in supervisory roles? | Staff records |  |  |
|  | How many peer workers have completed the Certificate IV in Mental Health Peer Work? | Staff records |  |  |
|  | How many local peer workers are trained to deliver accredited training in peer work? | Training certificates |  |  |
| **To what extent has the goal of a more supported peer workforce been met?** | Do peer workers have position descriptions that are differentiated and link to the Core Capabilities? | Position descriptions |  |  |
|  | Are peer workers satisfied with supervision and support mechanisms? | Survey/focus group |  |  |
|  | Is there equal pay between comparable positions? | Staff records |  |  |
|  | Do peer workers feel part of the team? | Survey/focus group/interview |  |  |
|  | Is regular job-specific and reflective supervision provided? | Survey/focus group/interview |  |  |
| **To what extent has the goal of a larger peer workforce been met?** | To what extent have the workforce numbers expanded? | Staff records |  |  |
|  | How many peer workers have been promoted? | Staff records |  |  |
|  | How many voluntary positions are available in peer work? | Volunteer records |  |  |
| **To what extent has there been attitude change towards mental illness and peer workers?** | Is there an organisational culture of support, understanding and respect of peer work? | Survey/Interviews |  |  |
|  | How many communication materials have been developed and disseminated (external and internal)? | Communication materials |  |  |
|  | Has there been an increase in staff being open about lived experience? | Focus groupsStaff records |  |  |
|  | Has there been an increase in the use of recovery language? | Focus groups |  |  |
|  | What percentage of staff believe in the possibility of recovery? | Survey |  |  |

 **Terms of Reference**

# Appendix E – Peer Workforce Group Terms of Reference

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| **Gold Coast Mental Health and Specialist Services****Peer Workforce Group** |
| **Ratified:** | 23 February 2016 | **Review Date:** | 23 February 2017 |

| **1.0** | **Purpose** |
| --- | --- |
| **1.1** | The Gold Coast Mental Health & Specialist Services (MHSS) Peer Workforce Group has been established to promote the inclusion and participation of people with a lived experience of mental health challenges within the public Mental Health and Specialist Services and Community services of the Gold Coast region. This group aims to specifically support the needs of peer workers endeavouring to coordinate their efforts influencing the quality of services provided to the community. |

| **2.0** | **Scope and Functions** |
| --- | --- |
| **2.1** | Support the development of the Peer Workforce in the Gold Coast region working within the Directorate of Mental Health and Specialist Services and community groups and services. |
| **2.2** | Take a leadership role in providing an inclusive and supportive network of peer workers, facilitating a collaborative approach in advocating for person-centred and inclusive services. |
| **2.3** | Provide guidance, supervision and mentoring as requested/required by group members. |
| **2.4** | Provide information about training and professional development opportunities. |
| **2.5** | Maintain partnership links to other peer networks. |
| **2.6** | Promote networking and information sharing. |
| **2.7** | Provide updates regarding relevant ‘key matters’ at local, state, national and international level which impact on the peer workforce. |
| **2.8** | Encourage partnerships, resourcing and project-sharing. |
| **2.9** | Advocate in the best interests of our peers in the Gold Coast region. |

| **3.0** | **Membership (Positions held only)** |
| --- | --- |
| **3.1** | The group will be comprised of people working in roles which require them to identify as having a lived experience of mental health challenges. This includes people who identify as having a lived experience of caring for someone who experiences mental health challenges and includes peer workers in voluntary as well as paid roles. |

| **4.0** | **Chairperson (Position held only)** |
| --- | --- |
| **4.1** | Gold Coast Health MHSS will provide the chairperson for meetings. |

| **5.0** | **Secretariat (Position held only)** |
| --- | --- |
| **5.1** | Gold Coast Health MHSS will provide the secretariat for meetings. |

| **6.0** | **Reporting Relationships** |
| --- | --- |
| **6.1** | The group reports to the Gold Coast Health MHSS Divisional Governance Committee. This committee is chaired by the General Manager of Gold Coast MHSS. |

| **7.0** | **Frequency of Meetings** |
| --- | --- |
| **7.1** | The group meets monthly on the fourth Tuesday. |

| **8.0** | **Quorum** |
| --- | --- |
| **8.1** | Chair plus 4 members. |

| **9.0** | **Agenda Items** |
| --- | --- |
| **9.1** | Agenda items together with relevant discussion papers should be submitted not less than three days prior to the meeting. |
| **9.2** | The Agenda together with relevant discussion papers will be distributed electronically to members prior to the meeting. |
| **9.3** | All agenda, minutes, correspondence, files, and reports will be kept securely by Gold Coast MHSS. |

| **10.0** | **Minutes** |
| --- | --- |
| **10.1** | Minutes shall be disseminated to all members prior to the next meeting. |
| **10.2** | Minutes confirmed by the committee will be submitted to the Gold Coast MHSS Divisional Governance Committee and, if requested, to other peer networks at the discretion of the Chair. |
| **10.3** | Minutes will be stored on the Gold Coast Health MHSS shared drive. |

| **11.0** | **Access to Information / Confidentiality** |
| --- | --- |
| **11.1** | Members of the group have the right to access information and documents relevant to issues being considered within the terms of reference. It is acknowledged that certain issues being examined may be of a confidential and/or sensitive nature, which will require members of the group, and the secretariat, to exercise discretion and ensure any confidential information will remain confidential. |
| **11.2** | Members will abide by the Gold Coast HHS service media policy. Members are not to make public statements on behalf of the Gold Coast HHS unless specifically requested to do so by the Executive Officer or with their approval. Examples include media interviews, speaking at conferences or material for publication.  |
| **11.3** | In cases where the Peer Workforce Group wishes to make a statement about health issues, the Gold Coast HHS Media officer must be consulted. |

| **12.0** | **Out-of-Session Functions of the Committee** |
| --- | --- |
| **12.1** | Out-of-session information will be disseminated to members by email via the group’s secretariat.  |

| **13.0** | **Consumer Engagement** |
| --- | --- |
| **13.1** | All members of the Peer Workforce Group have a lived experience of mental health challenges or a lived experience of supporting someone with mental health challenges. All members hold identified peer positions in the Gold Coast HHS, community MH services or community groups. A core function of these positions is to engage with people on the Gold Coast with lived experience (our peers) in order to provide systemic advocacy on their behalf.  |

| **14.0** | **Periodic Performance Review** |
| --- | --- |
| **14.1** | The Committee will consider the function and operating principles of the Committee as part of the broader review of the Committee structure no later than January for the forward year.It will consider the outcomes and conduct of the Committee in the previous year and consider changes to the Terms of Reference for the year to come. |
| **14.2** |  Key Performance Indicators (KPI) for the group are:• A minimum of ten (10) meetings to be held every calendar year.• 50% of members or more to be present at each meeting.• Four (4) presenters to speak at meetings over the course of the calendar year. • Provide consultation to a minimum of two (2) stakeholder groups. • Maintain scores above 50% on annual group evaluation. The function of the Peer Workforce Group relates to the following NSQHS and Equip National standards:• Standard 1 – Governance of Quality and Safety in Health Service Organisations.• Standard 2 – Partnering with Consumers.• Standard 13 – Workforce Planning and Management.The effectiveness of the group will be reviewed annually using the HHS Evaluation tool.  |