

## **SUBMISSION TO MENTAL HEALTH PRODUCTIVITY COMMISSION Draft Report**

### **HealthWISE: A Rural Primary Health Service Provider's experience of employing Mental Health Peer Workers**

Thank you for the opportunity to provide feedback on the draft productivity commission into mental health report. The draft report highlights a number of areas of workforce change. Our feedback will focus on draft recommendation 11.4 – Strengthening the peer workforce.

HealthWISE is a not-for-profit company limited by guarantee and a registered charity. Our purpose is 'creating better health for our communities' and our focus is on supporting vulnerable people within the system. A Board of Directors oversees organisational governance and strategic direction. Sub-committees (Finance, Audit and Risk, and Clinical and Cultural Governance) report to the Board and monitor compliance with organisational policy and procedures, legislative requirements, risk, quality and outcomes against the Organisation Business Plan, budget and key performance indicators. A comprehensive risk management strategy and operational policy and procedures ensure best practice in health service delivery. HealthWISE has robust systems in place to manage disputes, complaints, and risk and quality improvement.

HealthWISE was an early adopter of the National Mental Health reform agenda. As a not for profit company we have a commitment to embedding lived experience within our workforce. Our vision is an established, responsive mental health team that includes people with a lived experience and Mental Health Clinicians working collaboratively to meet the individual needs of clients. HealthWISE has a stepped care model and an interdisciplinary, geographically dispersed mental health team working with rural clients.

The development of a Lived experience reference group in May 2018 was initially for mental health programs planning and implementation, this has expanded across the organisation providing feedback and recommendations that directly influence program and organisational planning

HealthWISE employs Lived Experience workers in Indigenous Mental Health programs and Suicide Prevention Aftercare in NSW as well as programs working in partnership with Credentialed Mental health nurses providing Psychosocial Support to people with Severe and Complex Mental Illness in Queensland – Roles in these programs are predetermined by funding bodies however flexible adaption to community and culture is essential.

Our experience with the implementation of these programs has been variable and reflects the need for flexibility in Mental Health Lived Experience program implementation. State Guidelines for Lived Experience Framework in NSW and Queensland are valuable resources for organizational change. Multiple resources are readily available to support the development of a Lived Experience workforce.

The emergence of a Lived Experience workforce at HealthWISE, and more broadly across the sector, gives rise to the need to identify and address barriers to collaboration between Mental Health Clinicians and Lived Experience personnel who will have varied levels of lived experience, qualifications and expertise and limited experience working in close collaboration.

HealthWISE took a whole of service approach to peer workforce implementation with an emphasis on a recovery oriented approach, open and honest communication, employment based on a worker's skill set not their illness and a mental health team committed to improving client outcomes. The HealthWISE management team is committed to ensuring the viability and sustainability of a lived experience workforce. HealthWISE actively promotes the development of a flexible, agile, transparent and accountable workforce.

The draft productivity commission into mental health report highlights a number of problems that have hindered development and effectiveness of a peer workforce (page 391). As a stakeholder, we would like to comment further on these problem areas from our own experience of being a provider of rural mental health services. We agree that these are barriers for peer workers but also believe that the benefits of having lived experience workers working as part of the mental health clinical team far outweighs potential problems. Our response draws on individual interviews conducted with peer workers and an external evaluation of HealthWISE lived experience services conducted in 2019.

### **Role confusion**

Peer workers acknowledged that the challenge for all peer work and the service providers that employ them is specifying the "how" in the way lived experience workers do the work.

*"How we "do" peer support is the hardest aspect to defining the practice, and essential in my eyes to defining its unique role and value"* (Lived Experience Mental Health Worker)

Lived experience workers did not see themselves as 'support workers', but conceded that for clients and mental health professionals, role confusion could be a problem. HealthWISE lived experience workers acknowledged that peer support was part of rather than the sole purpose of their role. They preferred to emphasise the relational aspect of the role. Building trust and rapport with a client is especially important for engagement with Aboriginal clients, marginalised clients or clients who may have had bad experiences with clinical mental health services.

A survey of HealthWISE mental health workers, both lived and non-lived experience conducted in 2019, showed a general consensus and understanding of what lived experience is across mental health staff.

*"a person who has or has cared for someone who has experienced mental health issues, has recovered and is able to use their knowledge to support and assist clients as well as assisting organisations in service development"*

*"having a personal experience of ongoing recovery from traumatic and culturally incurred issues"*

*"mental health consumer giving back".*

A nationally accepted definition and clear role statements would improve understanding and workability of the peer role. HealthWISE used the state definition: "People who have experienced a mental health issue and have recovered, or who currently have a personal lived experience of mental health issues and are on their recovery journey" (Mental health Commission of NSW, 2018).

A suite of Clinical Governance Policies provides the parameters for safe and effective practice and includes sections on: credentialing; clinical and non-clinical competency; supervision;

safe working environment; evidence based care; clinical auditing and consumer evaluation. The model of Clinical and Cultural Governance for mental health ensures responsibility and accountability for client care including risk reduction for people accessing our services whilst continuously monitoring and improving the quality of care and services. The HealthWISE Clinical and Cultural Governance committee reviews any complaints or other feedback and direct appropriate action. Staff are provided with opportunities for Clinical/Cultural Supervision and Professional Development. There are systems in place to monitor and ensure professional requirements are met in order to comply with funding body agreements. We ensure that staff have completed the required regulatory checks and are compliant with professional registration where required.

The HealthWISE Clinical Governance framework incorporates all aspects of clinical service delivery and is overseen by the Clinical & Cultural Governance committee. The mental health team met the National Mental Health Service standards (2010) in 2011 and HealthWISE has maintained these standards. HealthWISE is a previous registered provider with NDIS as a Specialist Disability Services Provider since 2017 to 2019 and accredited against the QIC Health & Community Services (7th Edition) Standards (December 2018).

HealthWISE governance structures provides effective support to for Lived experience programs. We have experience and success in the management of various community based health programs across a vast geographical area and bring this experience and expertise to the implementation mental health services. Cultural accountability of staff and work practices is ensured and overseen by the HealthWISE Clinical and Cultural governance sub-committee.

Additional organisational mechanisms HealthWISE implemented and found effective to protect the peer worker role include setting up a lived experience consultative group and peer worker targeted professional development. Role definition of the peer workforce is an ongoing process which continues to need to be reviewed and refined in terms of how it translates into practice.

*"HealthWISE is very fortunate in a few ways here. It has an excellent professional development program designed by its lived experience consultative group that helps define the role. Additionally, the scope of the role through the DDWM PHN is such as to specify that it is about the non-clinical, psychosocial "rehabilitation" (my words) of people with severe and complex mental health issues. That helps a lot to define what, where and with who we work. I believe that HealthWISE has done everything possible to avoid role confusion that it can as a company"* (Lived Experience Mental Health Worker)

### **Low support for value of the role**

Peer workers reported that this was a problem which largely depended on the cultural attitude of the organisation that employed them or utilised their volunteer work. *"they [organisation] employ a peer worker then don't listen to them, don't give them a voice, set them up to fail"* (Indigenous Mental Health Worker)

Peer workers acknowledged stigma as a potential problem – *“the lunatics running the asylum”* and most reported past negative experiences of feeling devalued by service providers.

*“many services do not value the lived experience role – it’s not understood and conflated with support work i.e. the lowest paid workers with the lowest expectations and highest disposability”* (Lived Experience Mental Health Worker)

*“Indigenous peer workers need to be taken more seriously. Practical and Aboriginal cultural lived experience is not as valued as qualifications”* (Indigenous Mental Health Worker)

The HealthWISE lived experience survey confirmed a strong level of agreement amongst employed mental health workers that clinical mental health teams should contain peer workers; that there are benefits for clients by including peer workers in mental health teams; and that people with a lived experience bring expert knowledge and awareness to their role. Where opinions differed were around peer workers being at the forefront of mental health delivery with employees without a lived experience giving a more neutral response compared to lived experience employees. Mental health clinicians also expressed some perceived reservations about consistency and reliability of lived experience mental health workers.

Peer workers identified a range of ways that a service provider could value the lived experience mental health role. This included both practical mechanisms as well as management support. Feedback reflected that the majority of employed peer workers felt well supported and adequately remunerated therefore valued members of the mental health team with unique skills and knowledge. Indigenous peer workers identified Aboriginal cultural knowledge as especially valued by HealthWISE.

HealthWISE employs peer workers as part of its mental health workforce and pays them at an award rate reflective of their experience and contribution. Peer workers commented that the practice of HealthWISE paying peer workers above the baseline award rate engendered a feeling of being valued and accepted, and reinforced a strong work ethic, sense of loyalty and financial stability.

Peer workers acknowledged that with a higher pay rate comes higher expectations (ethics, level of attention to detail, self-care, reporting and outcomes). Peer workers felt they were contributing as equal members of the mental health team to improving client welfare and in many cases, especially in more isolated rural communities, the primary therapeutic support.

The Indigenous Mental Health Program funded via HNECC PHN is delivered by peer workers who have a lived experience of mental illness, or experience as a carer of someone with a mental illness. The peer workers require appropriate skills and cultural competency. The peer workers require involvement with a suitably skilled, qualified and culturally competent health worker (e.g. mental health worker, Aboriginal Health Worker, Practice Nurse). Peer Workers will be co-located with primary health services and will identify people accessing physical health primary care services who are experiencing or at risk of developing mild to moderate symptoms of mental illness.

The program provides clients with guidance towards social supports and low-intensity treatments and provide a range of supports, dependant on client need, including: One on

One support in working towards personal recovery goals, including connection to cultural resources and yarning;

Information, linkage and referral to local mental health care services, other community services, local activities and appropriate health resources including online therapies, that are culturally appropriate and safe, and meet the needs and preferences of clients

Support intake and referral to appropriate health and wellbeing services, Information and support for carers and families as appropriate; Reducing service barriers by delivering a culturally appropriate service; and provide culturally appropriate guidance and mentoring to clients

Additional ways that peer workers felt valued was the organisation supporting their self-care needs with sensitivity, understanding and practical support structures such as paid external supervision.

Research has shown that peer work can have positive impacts on a range of outcomes for consumers, staff and for individual peer workers themselves" (NSW Ministry of Health, 2018, pg. 100). The NSW Ministry of Health in their NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022" outlines the benefits of a peer worker model.

*"NSW Health recognises peer workers as an important addition to multidisciplinary mental health teams, offering a complementary role to other team members... Peer workers have been found to give hope to consumers, helping them reduce feelings of fear and self-stigma, encouraging them to take on new strategies for recovery, and empowering them to develop life skills and have more control over their wellbeing"*

### **Re-traumatisation**

Vicarious traumatisation or burnout is a very real risk for all mental health workers whether from professional or non-professional backgrounds, having a lived experience or not. Re-traumatisation has been identified as a risk for lived experience workers because of repeated exposure, *"people may be blinded by their own experiences"*.

HealthWISE peer workers acknowledged both a personal responsibility and an organisational duty of care to recognise and manage this risk. Peer workers acknowledged that maintaining professional boundaries was protective and that they needed to take responsibility for their own mental health wellbeing and recognise their own triggers when working with clients who are experiencing a mental health crisis.

*"need to address own trauma, if being re-traumatised then not recovered fully, take some responsibility for it, get help, learn to deal with trauma"* (Indigenous Mental Health Worker)

Peer workers described their mental health experience as empowering and motivating their work.

*"The lived experience worker-client relationship is one of respect and shared knowledge – intentional and strategic use of experience to engender engagement, understanding, and hope"* (Lived Experience Mental Health Worker)

However, peer workers also noted that because of their lived experience, other workers and management often expect them to have greater self-insight into their own health needs than is the expectation for other workers. To be proactive and manage self-care a collaborative approach based on trust, honesty and practical management is required.

Survey results suggested that 80% of lived experience employees at HealthWISE would feel comfortable being honest with their manager if the workload was becoming too difficult and if they needed time off related to their own mental health needs. Disclosure to work peers however, was perceived as more risky suggesting that stigma is still an issue in the workplace. Their responses highlight the continued complexity around valuing and supporting peer workers within mental health teams and the importance of trust.

These respondents rated their own recovery journey (1-5 scale) as either 4 or 5 and acknowledged that they had outside of work support mechanisms in place. The level of support in the workplace was nevertheless considered crucial. Some practical solutions to reduce the risk of re-traumatisation have been implemented at HealthWISE including paid monthly external supervision with competent peer specialists. A performance appraisal system – managers are open and interested in feedback on workloads and issues in the workplace and expect workers to be both competent and capable to utilise the care mechanisms when needed.

*Part of being a professional Peer Worker is managing self-care and work stress in such a fashion as to be 100% focused while at work. That also means negotiating (and feeling safe to negotiate) other arrangements when mental ill health occurs. HealthWISE provides a workplace with an expectation of self-care and a culture safe enough to talk about issues when/if self-care is not enough (Lived Experience Mental Health Worker)*

### **Few opportunities for career development and advancement**

The lack of a career path is a vexed problem for peer workers. The current lack of a formal peer worker qualification and the challenges of working with clients without the professional recognition and security of a career were highlighted by peer workers. In the survey non lived experience staff at HealthWISE identified concerns about peer workers jumping into roles that they connect to but did not have formal qualifications for.

Peer workers identified advancement on merit, and an expectation to perform at an exemplary level as motivational for them. Organisations can further promote career development by promoting professional development and making it easy for employees to undertake further education while working. HealthWISE budgets for and supports professional training and education for peer workers.

The draft recommendation for occupational representatives and national guidelines on peer workers is a key step to ensuring lived experience workers are not set up to fail but are able to thrive as valued members of the interdisciplinary mental health team. This will require longer term funding models and strategic thinking at all levels of government and stakeholder participation. Short-term funding models tend to devalue the peer worker role within organisations and maintain the disposability of peer workers.

### **Underdeveloped system of qualifications and professional development**

HealthWISE lived experience workers overwhelmingly agreed that a minimum qualification for peer workers such as a Certificate IV in Mental Health was needed. The lack of a vocational and/or educational pathway to advance (and not just managerially, but sideways in practice expertise or in other roles like education or advocacy) severely limits the worth and utility of peer work to organisations and to potential peer workers.

*"...there is a distinct lack of any educational or vocational pathway of advancement as a Peer Worker/Lived Experience Worker – in general. We have the Cert IV in Mental Health Peer Work at the state and federal level, but what else after that that is SPECIFIC to furthering PEER Practice??"* (Lived Experience Mental Health Worker)

With increasing recruitment of peer workers, Australian State and Territory governments in consultation with the Commonwealth government need to urgently develop qualifications for peer workers. This is listed as a medium term goal (2-5 years). Without these formal structures in place, peer worker mental health roles will continue to be underdeveloped and undervalued.

Organisations must be willing to work holistically, with a recovery-oriented focus, in order for lived experience work to be implemented successfully (Byrne, 2015).

### **Possible Solutions to Challenges in Peer Work**

Peer workers at HealthWISE were asked about potential solutions to challenges in peer work. Suggestions included: peer workers having access to shorter days, part time work and more flexibility in hours and improved communication. Access to professional training and external supervision and more overt recognition of self-care within the organisation were considered essential. Skills training for staff around supporting work colleagues and education about the benefits of lived experience work were suggested as ways to reduce stigma and lift the profile of the peer worker role.

### **Summary**

We agree with the recommendations of the draft submission of the Commission into Mental Health. Our experience as a non-government service provider in rural communities in NSW and Queensland is that peer workers are an important and complimentary addition to the rural mental health team. HealthWISE adopted a whole of organisation approach to the implementation of a peer workforce.

In the evaluation of the HealthWISE Lived Experience Mental Health Project, 75% of respondents with an identified lived experience reported that they had experienced challenges in the workplace due to their lived experience. These included: stigma; lack of understanding about lived experience role; inadequate training to fulfil the role; high workload; difficulty with disclosure when necessary and a lack of support mechanisms within the workplace.

HealthWISE has strategically focused on supporting and building peer workforce capacity within its rural mental health and Indigenous mental health programs. HealthWISE is committed to improving training and reducing workplace barriers for employed peer workers.

## References

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