

Discussion Paper

Purpose

To identify the role of Primary Health Networks in the development, commissioning and support of the peer workforce

Author

Tim Heffernan, Mental Health Peer Coordinator, South Eastern NSW PHN. Deputy Commissioner. MHC NSW. Consumer Co-Chair National Mental Health Peer Workforce Development Guidelines

Summary

The National Mental Health Strategy and the Fifth National Mental Health and Suicide Plan

- Recommended National Peer Workforce Guidelines need to be developed and implemented as an action of the 5th Plan. *(in progress)*
- Previous attempts to develop a framework and/or guidelines have not been completed.
- The Peer workforce is essential to the attainment of all eight priority areas of *The Fifth Plan*.
- Primary Health Networks have been tasked with growing the peer workforce through more flexible funding arrangements.

State and CMO Frameworks

- State based and CMO Peer Workforce Framework and Guideline development has occurred and needs to be coordinated under a National set of guidelines.

Implications for Primary Health Networks

- The Peer Workforce is an essential workforce to support all aspects of stepped care, but its development in the primary health sector is uncoordinated without any national implementation plan or guidelines.
- PHNs are well placed to provide the structure need to support the development of National Peer Workforce Guideline.
- ***PHNs are well placed to support and develop Peer Work Networks that meet regularly and include peer workers from all services – state/territory, NGO, Commissioned and NDIS sole traders. Peer worker meet in South Eastern NSW for mutual support, co-reflection, professional development and building community capacity and connection.***
- The draft *PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance, Peer Workforce Role in Mental Health and Suicide Prevention* needs to be strengthened to include a central PHN role in the development of peer workforce guidelines.

National Mental Health Commission and a National Professional Association for Peer Workers

- The National Mental Health Commission has funded national consultations to support the development of a National Professional Association for the Peer Workforce.
- The National Peer Workforce Guidelines compliment a National Professional Association for the Peer Workforce which could oversee the implementation of the Guidelines.

Recommendations

1. PHN's should lead the work required to implement the actions relating to the peer workforce from the Fourth and Fifth National Health Plans. PHNs should:
 - Lead the development and implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.
 - Ensure that commissioning of primary mental health services increases consumer and carer employment in clinical and community support settings.
 - Work with governments to develop Peer Workforce Development Guidelines, consistent with the recommendation made by the National Mental Health Commission's 2014 National Review of Mental Health Programmes and Services. These Guidelines should create role delineations for peer workers that provide opportunities for meaningful contact with consumers and carers and grassroots-based advocacy and identify effective anti-stigma interventions with the health workforce.
2. The NSW/ACT PHN Network write a letter to the Commonwealth CEO Network recommending that resources be allocated to complete the work required to work collaboratively with peer workers and mental health services to develop and implement National Guidelines as recommended by the Fifth National MH and Suicide Prevention Plan and the National Mental Health Commission.

Discussion

The Mental Health Peer Workforce and Primary Health Networks

The Fifth National Mental Health and Suicide Prevention Plan (The Fifth Plan) requires Governments to develop National Peer Workforce Development Guidelines, consistent with the recommendation made by the National Mental Health Commission's 2014 National Review of Mental Health Programmes and Services.¹

The 2014 National Review had recommended to, 'Establish National Mental Health Peer Workforce Development Guidelines for use in a range of settings including: agreed definitions, key roles and functions, guiding principles and a code of ethics, national capabilities for peer workers and supervisors (including diversity), principles for employment and reasonable adjustment, training and support, practical resources, supervision, coaching and mentoring and a dissemination/implementation approach.'²

It is clear that Mental Health Peer Workers are central to the achievement of outcomes in all eight priority areas of *The Fifth Plan* where, 'Consumers and carers should be at the centre of, and enabled to take an active role in shaping, the way in which services are planned, delivered and evaluated. Governance and implementation of the Fifth Plan reflect the intent of the National Mental Health Policy regarding consumer and carer participation—that is, 'Nothing about us, without us'.³

¹ The Fifth National Mental Health and Suicide Prevention Plan p 39

² National Mental health Commission, 2014 National Review of Mental Health Programmes and Services. p 119

³ The Fifth National Mental Health and Suicide Prevention Plan Introduction p 4

The inclusion, in *The Fifth Plan*, of a key indicator for the growth of the Peer Workforce within the domain of 'Effective support, care and treatment' supports this central role:

'Indicator 18 – Proportion of total mental health workforce accounted for by consumer and peer workers. (NOTE: Indicator potentially available subject to investment and data development.)'⁴

Stepped Care

PHNs are well placed to support the development of the Peer Workforce Development Guidelines. As identified in the draft *PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance, Peer Workforce Role in Mental Health and Suicide Prevention* the peer workforce is a priority activity for PHNs.

'The mental health peer workforce is an important and growing element of the wider mental health workforce and of the multi-disciplinary team, recognised in the Fifth National Mental Health and Suicide Prevention Plan. Increasing and developing the mental health peer workforce will support a clinical and community services staffing mix to improve recovery awareness and more positive experiences of services and outcomes for people experiencing mental health issues.'⁵

The role of PHNs in developing the peer workforce as an integral part of the 'Stepped Care' approach to mental health was earlier articulated in the *Australian Government Response to Recommendations to the Review of Mental Health Programmes and Services*. To reduce stigma the Government felt that, 'more use of the peer workforce, including through more flexible funding arrangements for Primary Health Networks (PHNs), will also contribute to stigma reduction efforts.'⁶

To improve supply, productivity and access for the mental health peer workforce, 'The Commonwealth also recognises the value of a mental health peer workforce, and will explore the inclusion of peer workers and other low intensity service providers as part of the development and trial of a stepped care approach. The National Mental Health Commission has also progressed important work in this area and will be looked to in building upon existing work and further promoting the mental health peer workforce as an important component of quality, recovery-focused mental health services.'⁷

A number of PHNs have already commissioned the peer workforce to support the stepped care model of service delivery. They are working in multi-disciplinary teams with nurses and allied health professional in complex care, with psychologists and nurses in aftercare suicide prevention, with psychiatrists in general practice psychiatric liaison and with general practice in the delivery of low intensity services as coaches and mentors. The growing utilisation of the peer workforce highlights the need for greater planning and structure to support the workforce.

In South Eastern NSW the PHN COORDINARE created my identified lived experience position to support and develop the peer workforce. The main structural way of doing this over such a vast geography has been to create three physical networks – Illawarra Shoalhaven, South Coast and Southern Tablelands who hold half day meetings on a quarterly basis since 2017. These meetings are highly valued by peer workers and include all peer workers across the region – those employed in LHS's, by NGOs and by Commissioned services. They allow us to move beyond the traditional

⁴ The Fifth National Mental Health and Suicide Prevention Plan

⁵ PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance, Peer Workforce Role in Mental Health and Suicide Prevention – Draft p6

⁶ Summary of Actions within the Australian Government Response to Recommendations to the Review of Mental Health Programmes and Services. P10

⁷ Summary of Actions within the Australian Government Response to Recommendations to the Review of Mental Health Programmes and Services p12

siloin of services to provide mutual support, co-reflection and professional development. These network should be rolled out nationally. They require a small amount of funding, good will from organisations and will provide the infrastructure for the implementation of the National Peer Workforce Development Guidelines.

Already these networks have been directly responsible for the NW Ministry of Health providing funding to the PHN for the development of a Regional Peer Workforce Framework that will meet local need and will be able to be rolled out across other PHNs and LHDs. This work is being led by Dr Leanne Craze in partnership with the NSW Consumer peak BEING.

Lost Opportunities

Historically the development of national structures for the peer workforce – frameworks or guidelines have been intended by policy, but not delivered in practice. The exception to this has been the development of the Certificate IV in Mental Health Peer Work.

- In 2009 the Fourth National Mental Health Plan implemented a National Mental Health Workforce Strategy that sought to define standardised workforce competencies and roles in clinical, community and peer support area.⁸
- In 2013 the National Mental Health Commission recommended the development of a National Mental Health Peer Workforce Development Framework, with national targets for the employment and development of the peer workforce.
- Health Workforce Australia, collapsed into the Department of Health in 2014 completed work on a peer work a *Mental Health Peer Workforce Literature Scan* and a *Mental Health Peer Workforce Study*. Work on a National Framework ceased at that time.

As Primary Health Networks move into commissioning services it has become apparent that there is a vital role for the peer workforce in Primary Mental Health and in the transitions between health services.

The draft PHN guideline, *Draft PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance, Peer Workforce Role in Mental Health and Suicide Prevention* is both welcome and overdue. However the guideline, as it currently stands, risks a continued failure to implement policy as articulated in the *Mental Health Plans*, the National Commission's *Report Cards* and *Review*. PHN's need to lead the development of national peer workforce framework and guidelines as set out in these policy documents. It is work that must occur at a national level, otherwise the workforce will continue to develop in an ad hoc manner, piece meal and risky fashion.

In brief, this unrealised policy is to develop and implement:

- a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.⁹,
- a National Mental Health Peer Workforce Development Framework created and implemented in all treatment and support settings¹⁰, and
- Peer Workforce Development Guidelines, consistent with the recommendation made by the National Mental Health Commission's 2014 National Review of Mental Health Programmes and Services.¹¹

⁸ Fourth National Mental Health Plan. p 48

⁹ Fourth National Mental Health Plan p9

¹⁰ A Contributing Life the 2013 National Report Card on Mental Health and Suicide Prevention p3

¹¹ Fifth National Mental Health Plan

Despite significant policy drivers for the planned and coordinated development of the peer workforce since the beginning of the National Mental Health Strategy in 1992 and the establishment of the National Mental Health Commission in 2012, most policy concerning the peer workforce, other than the development of the Certificate IV in Peer Work, has simply not been implemented. As mentioned previously, the work begun by Health Workforce Australia to develop a national framework for the Peer Workforce produced an excellent literature review and a peer work study, but its demise in 2014, following a change of government, left this work unfinished.

PHNs, established by the Commonwealth Government in 2015 provide the logical structure for peer work leaders to complete the implementation of this policy and to provide the structure for the support and development of the peer workforce at a national level.

A National Professional Association

The peer worker movement, aware of the lack of structure, planning and protection for the workforce is currently moving towards the establishment of a professional association whose objectives would be to:

- Promote the profession of peer work
- Establish, monitor and improve practice and ethical standards
- Contribute to the development of peer work knowledge and research
- Develop, review and accredit the education standards for peer work
- Advocate for personal choice, social inclusion, opportunity and the development of stigma free communities, workplaces and services.
- Drive the transformation of mental health and human services to be truly recovery-oriented and trauma informed
- Promote and facilitate members' professional development and life-long learning
- Represent and advocate for the interests of members as a group

These objectives from, *The Peer Work Leadership Statement of Intent*, which emerged from a peer work match during the 2017 International Initiative for Mental Health Leadership calls for a national association that is owned and led by the peer workforce.

*Peer workers must lead the development of models of peer practice, so that our work retains its authenticity, mutuality and reciprocity in a diverse and expanding range of services and employment'*¹²

The National Mental Health Commission has funded the current national consultation process to support the development of a national professional association. The consultations are being undertaken by a consortium of the Commission, the Private Mental Health Consumer and Carer Network and the National Mental Health Consumer and Carer Forum.¹³

The national PHN structure could synthesise and unify work being done by the States on the development of peer worker Frameworks, such as:

- The Draft Framework for the NSW Public Mental Health Consumer Workforce 2014
- A Peer Work Strategic Framework, Western Australia, October 2014
- The Far North Queensland Peer Workforce Framework, 2016

¹² Peer Work Leadership Statement of Intent <http://www.iimhl.com/files/docs/IIMHL-Updates/20170618.pdf>

¹³ A Project to undertake a feasibility study into the establishment of a member based organisation for the peer workforce in Australia, PMHCCN. 2107 <http://pmhccn.com.au/PeerProject.aspx>

Draft PHN Guidance

As the summary section of the guidelines (Table 1) demonstrates, many of the PHN activities are activities that would be incorporated into a National Peer Work Development Framework and Guidelines, and so should combine and be articulated as the mechanism to develop and implement such a Framework and Guidelines.

Table 1. Summary - Draft PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance, Peer Workforce Role in Mental Health and Suicide Prevention ¹⁴

In the short-term PHNs will be expected to:

- Develop an understanding of, and provide guidance for, the equitable employment of peer workers in the region; state or territory government and community mental health organisations peer work policies and programs; peer work models of practice and standards; and the development of the peer workforce and their employment conditions.

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 focussed stepped care in mental health and suicide prevention services;
- In partnership with relevant community mental health organisations, state and territory agencies, promote training, peer supervision and career development for peer workers;
- In partnership with relevant community mental health organisations, state and territory agencies, develop standards of practice and a code of ethics for peer work;
- In partnership with community mental health organisations and mental health services, develop and implement models of professional supervision by experienced peer workers to support best practice in peer work; and
- In partnership with trans-cultural and Aboriginal and Torres Strait Islander services, promote equitable distribution and the development of appropriate structural supports for members of the workforce who come from vulnerable groups.

An historical responsibility

National Mental Health Strategy

The development of a peer workforce, including the structures needed to support it is an historical responsibility that can be traced back to the *Mental Health Statement of Rights and Responsibilities* which was first released in 1991 and provided an overarching framework to guide policy and practice and inform consumers and carers.¹⁵

The subsequent *National Mental Health Strategy* comprising the *National Mental Health Policy* (April 1992), and the first *National Mental Health Plan* (1993-1998) and the four subsequent mental health plan provides strategic vision for a mental health system that enables recovery, prevents and detects mental illness early and ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community.

Health Workforce Australia's, *Mental Health Peer Workforce Study* concludes that The *National Mental Health Strategy* supports and encourages the delivery of recovery-oriented services. The employment of peer workers can be seen as a key component of transforming mental health services

¹⁴ PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance, Peer Workforce Role in Mental Health and Suicide Prevention – Draft p1

¹⁵ Mental health statement of rights and responsibilities 2012

[http://www.health.gov.au/internet/main/publishing.nsf/Content/E39137B3C170F93ECA257CBC007CFC8C/\\$File/rights2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/E39137B3C170F93ECA257CBC007CFC8C/$File/rights2.pdf)

towards a recovery orientation. The Fourth Plan, the Council of Australian Governments (COAG) *National Action Plan on Mental Health 2006-2011*, the *National Mental Health Workforce Strategy* (2011), and *The Roadmap for National Mental Health Reform 2012-2022* reflect recognition of the alignment between peer workforce development and the successful transition towards a recovery orientation, and to improved outcomes for people accessing mental health services.¹⁶

The Fourth Plan promoted an integrated, whole-of-government response to the improvement of mental health outcomes, including a *National Mental Health Workforce Strategy*.¹⁷ The plan included the following actions that pertain to the peer workforce:

- *Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models.*¹⁸
- *Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.*
- *Increase consumer and carer employment in clinical and community support settings.*¹⁹

The Fifth National Mental Health Plan

It is important to note that the actions of previous plans remain as the basis for the current mental health plan, especially in the work done or not done on the *National Mental Health Workforce Strategy*.

*The Fifth Plan builds on the foundation established by previous reform efforts and sets out a national approach for collaborative government effort over the next five years.*²⁰

The Fifth National Mental Health Plan has identified the peer workforce as being crucial to reducing stigma and discrimination (priority area 6) and ensuring that the enablers of effective system performance and system improvement are in place (priority area 8).

The most critical actions from the Fifth Plan that builds on the Workforce Strategy and the development of standardised workforce competencies of the Fourth Plan are Action 20 & 29. These are

Action 29 Governments will develop *Peer Workforce Development Guidelines*, consistent with the recommendation made by the National Mental Health Commission's *2014 National Review of Mental Health Programmes and Services* and the commitment made at Action 20.

Action 20 Governments will ensure that the *Peer Workforce Development Guidelines* to be developed in Priority Area 8:

- create role delineations for peer workers that provide opportunities for meaningful contact with consumers and carers and grassroots-based advocacy
- identify effective anti-stigma interventions with the health workforce.²¹

¹⁶ Health Workforce Australia [2014]: *Mental Health Peer Workforce Study* p6

¹⁷ Fourth National Mental Health Plan— An agenda for collaborative government action in mental health 2009–2014 p iv

¹⁸ Ibid p6

¹⁹ Ibid p48

²⁰ Fifth National Mental Health Plan, 2017 p 1

²¹ Ibid pp39&46

Table 1. Contributing lives, thriving communities - 2014 National Review of Mental Health Programmes and Services²²

Recommendation 21:

Improve supply, productivity and access for mental health nurses and the mental health peer workforce.

How this will be achieved

15. Establish National Mental Health Peer Workforce Development Guidelines for use in a range of settings including: agreed definitions, key roles and functions, guiding principles and a code of ethics, national capabilities for peer workers and supervisors (including diversity), principles for employment and reasonable adjustment, training and support, practical resources, supervision, coaching and mentoring and a dissemination/ implementation approach.

16. Develop a national mental health peer workforce data set, data collection and public reporting approach across employment sectors to measure progress and support evaluation.

17. Grow the Aboriginal and Torres Strait Islander workforce in social and emotional wellbeing: set a target of growing the workforce at least proportionate to their three per cent presence in the population.

Issues:

Peer support workers are a key component of recovery-oriented mental health services as they illustrate to others the possibility of recovery and participation in social and employment activities, and provide support for their own recovery. Increasing the number of peer workers in mental health services nationally is an immediate priority that will be sustained over the Commission's 10-year implementation strategy.

National Mental Health Commission

The National Mental Health Commission (NMHC) began in January 2012. The Commission clearly articulated its vision for the peer workforce in its *Report Cards on Mental Health and Suicide Prevention*, particularly the third report card released in 2013 and in the 2014 *Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services*. On 26 November 2015, the Australian Government announced the release of the Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services, which included an expanded role for PHNs in the planning and commissioning of primary mental health care services.

A Contributing Life: the 2013 National Report Card on Mental Health and Suicide Prevention

The clearest vision for the peer workforce was articulated in the 2013 National Report Card and it clearly built on the recommendation of the Fourth National Mental Health Plan action to develop and implement a National Mental Health Workforce Strategy that was competency based and included the peer workforce.

²² 2014 National Review of Mental Health Programmes and Services p119

The report card recommended that a National Mental Health Peer Workforce Development Framework must be created and implemented in all treatment and support settings and that progress must be measured against a national target for the employment and development of the peer workforce.²³

In an expanded discussion of the peer workforce set out some principles:

The Commission feels strongly that the peer workforce must:

- be an essential component, not an 'add on' to any support team, with equal status to their team colleagues
- be remunerated appropriately at a level commensurate with their skills and training – a good and willing volunteer is just that, not a peer worker
- be supported and sustained into and in the role with high-quality, ongoing training and supervision
- be supported by national competencies and standards, and
- have a clear career trajectory.

The Report Card focussed on the combined impact of the Certificate IV in Mental Health Peer Work and the Health Peer Workforce Development Framework.

'The endorsement of the Certificate IV in Mental Health Peer Work by the National Skills Standards Council provides a solid foundation on which to expand the peer workforce across all domains of a contributing life. The Commission is sponsoring Community Mental Health Australia to undertake the Peer Work Qualification Development Project to develop training and assessment resources for both the consumer and carer peer worker streams.

The study by Health Workforce Australia gives us more information about the profession.

We now need to build upon the evidence and this momentum with some real action. The commission calls upon all governments to together develop a National Mental Health Peer Workforce Development Framework and include peer work approaches as a key performance Indicator for service contracts and programs. We also endorse the call for a national target for peer workers in mental health related support services. This target aims for 50 per cent of services employing peer workers in four years and 100 per cent in ten years.'²⁴

Conclusion

Recommendations

1. PHN's should lead the work required to implement the actions relating to the peer workforce from the Fourth and Fifth National Health Plans. PHNs should:
 - Lead the development and implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.
 - Ensure that commissioning of primary mental health services increases consumer and carer employment in clinical and community support settings.

²³ A Contributing Life the 2013 National Report Card on Mental Health and Suicide Prevention p3

²⁴ Ibid p57

- Work with governments to develop Peer Workforce Development Guidelines, consistent with the recommendation made by the National Mental Health Commission's 2014 National Review of Mental Health Programmes and Services. These Guidelines should create role delineations for peer workers that provide opportunities for meaningful contact with consumers and carers and grassroots-based advocacy and identify effective anti-stigma interventions with the health workforce.
2. The NSW/ACT PHN Network write a letter to the Commonwealth CEO Network recommending that resources be allocated to complete the work required to work collaboratively with peer workers and mental health services to develop and implement National Guidelines as recommended by the Fifth National MH and Suicide Prevention Plan and the National Mental Health Commission.

References

The Fifth National Mental Health and Suicide Prevention Plan.

National Mental health Commission, 2014 National Review of Mental Health Programmes and Services.

PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance, Peer Workforce Role in Mental Health and Suicide Prevention – Draft.

Summary of Actions within the Australian Government Response to Recommendations to the Review of Mental Health Programmes and Services.

PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance – Consumer and Carer Engagement.

Fourth National Mental Health Plan— An agenda for collaborative government action in mental health 2009–2014.

A Contributing Life the 2013 National Report Card on Mental Health and Suicide Prevention.

Peer Work Leadership Statement of Intent.

Mental health statement of rights and responsibilities, 2012.

Health Workforce Australia [2014]: Mental Health Peer Workforce Study.

Prepared by Tim Heffernan

Date 19 February 2018