

# National Mental Health Peer Workforce Forum

Identifying and prioritizing  
peer workforce development needs

Tuesday 22 February 2011  
Australian Technology Park  
Sydney, NSW



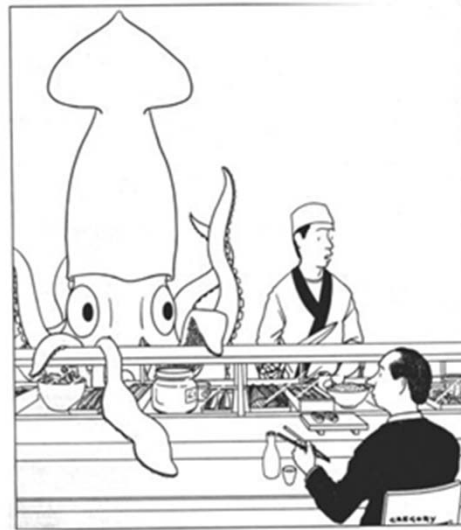
**NATIONAL MENTAL HEALTH  
CONSUMER & CARER FORUM**



Community Services & Health  
Industry Skills Council

# Peer work .....

.... Requires that lived experience of mental illness is an essential criteria for the job role.



## Peer Providers

- He thought he could change the system from within

# Consumer Operated Services and Programs (COSP)

- Is EBP and are profoundly lacking in Australia
- Consumer participation mechanisms in public MHSs increased from 33% in 1993 to 64% in 2008 (ie, *“extent to which consumers are represented on local decision making and advisory bodies”*)
- New and emerging roles and activities for achieving participation (most notably paid employment!)
- *“... across the 221 main service delivery organisations nationally only 64 consumers and 27 carers (FTE) were employed in this capacity”*
- Peer workforce in the MH community sector is large and growing (eg, 240 PHAMS Peer workers since 2006)

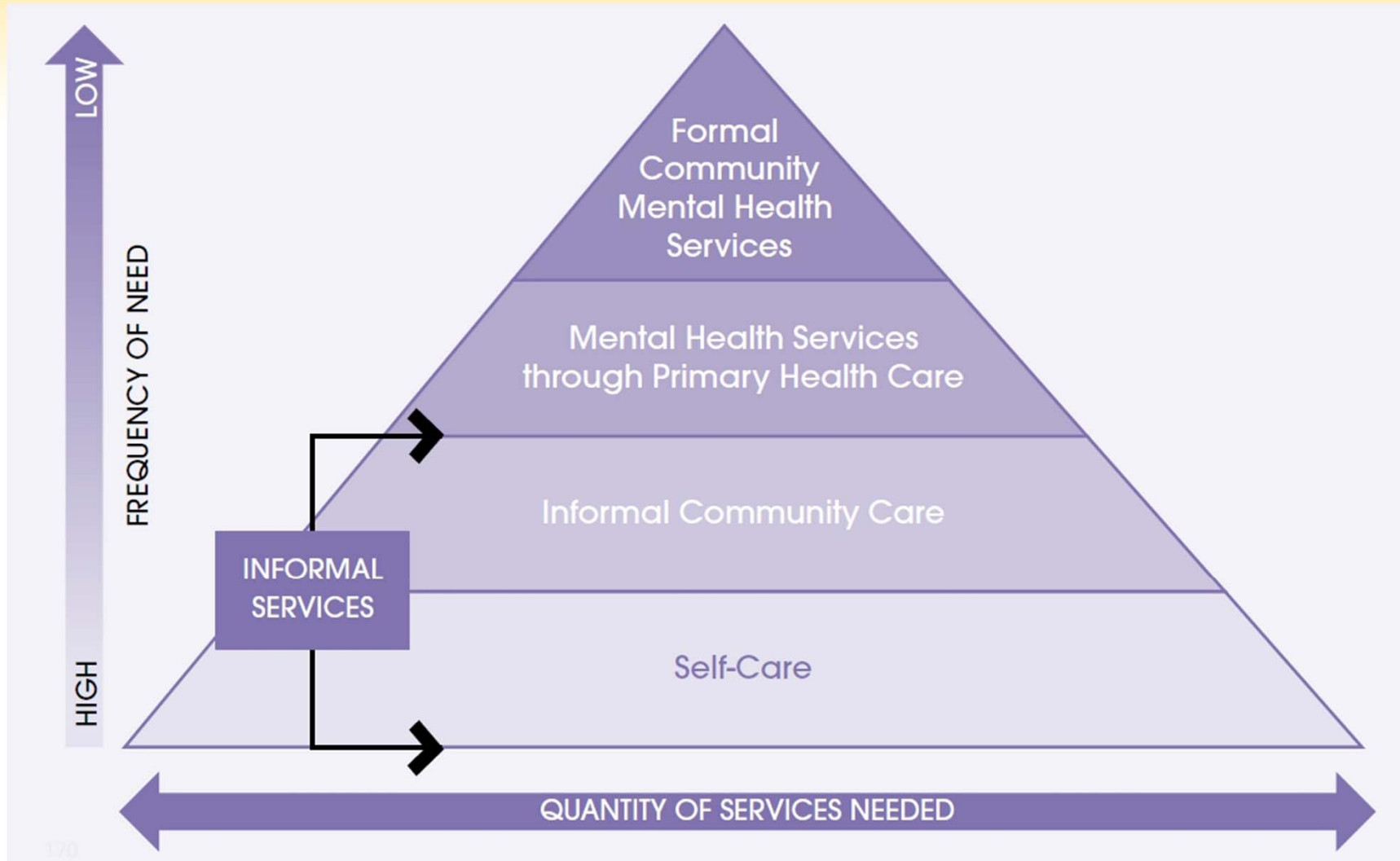
**National Mental Health Report (2010)**

# Participation Remains Tokenistic

Participation Mechanism	Consumers	Carers
Consumer or carer satisfaction surveys	82%	60%
Consumer or carer participation in complaints review	79%	72%
Established consumer or carer discussion groups	78%	71%
Specific consumer or carer participation policy	76%	71%
Employ paid consumer or carer consultants	39%	25%

**Need to strengthen peer workforce to achieve recovery oriented services and practice**

# World Health Organisation Optimal Mix of CMHS



# National MH Peer WF Forum

Is proudly hosted as a partnership between:

- **Community Mental Health Australia (CMHA)**
- **National Mental Health Consumer and Carer Forum (NMHCCF)**
- **Community Services and Health Industry Skills Council (CS&HISC)**



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With funding support also provided by the Australian Government Department of Health and Ageing (DOHA) under the Mental Health Conference Funding Program which is managed by the Mental Health Council of Australia (MHCA)





# CMHA Alliance



Psychiatric Disability Services  
of Victoria (VICSERV)



Mental Health  
Coordinating Council

afb



mental health  
community coalition ACT

Working together to improve mental health in the community

# Official Launch of Forum

**Why does the peer WF need development?**

**Peer WFD needs clear priorities!**

**Who is attending the Forum?**

**What is the MH peer WF?**

**Key issues include:**

- What is the peer workforce in Australia?
- Best practice in peer work (Australia, international)
- Issues affecting the Australian peer workforce and priority development areas
- Competencies and skills needed for peer work



**Valuing the lived experience of mental illness is critical for achieving recovery oriented services and practice!**

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# Forum Welcome

## Program Overview

Time	Event
9:30am to 10:15	<b>Opening Session</b> – including Welcome to County, Official Launch & Reflection on Consumers Past
10:15 to 11:15 am	<b>Keynote Speaker – Larry Fricks, USA</b>
11:15 to 11:30	Morning Tea
11:30 to 12:30pm	<b>Australian Keynote Speakers</b>
12:30 to 1:00	<b>Keynote Speakers Panel</b>
1:00 to 1:45	Lunch
1:45 to 3:15	<b>Breakout Sessions</b>
3:15 to 3:30	Afternoon Tea
3:30 to 4:45	<b>Identifying Peer WFD Priorities</b>
4:45 to 5:00	<b>Summation:</b> Learning and Outcomes of the Day and Next Steps

# Keynote Speakers

## Keynote Address

### Reflection on Starting a Peer Workforce

Larry Fricks, USA



## Australian Keynote Presentations

**Supporting and Developing the Australian Consumer and Carer Identified Peer WF - NMHCCF**

**MH Peer WF Competency Development Project: Development of the Australian Peer Worker Qualification and Launch of the Draft 2 Qualifications Framework - CS&HISC**

**CMO Perspectives on Peer WFD in Australia - CMHA**

# Breakout Sessions

1. **Mental health peer WF competency development: consumers**
2. **Mental health peer WF competency development: carers**
3. **Mental health peer WF competency development: service providers**
4. **Career progression for peer workers**
5. **Ethical foundations in peer worker professional development**
6. **Issues for service providers in developing the peer WF**
7. **Peer WF development and professional boundaries**

**Identifying & prioritizing peer WFD needs!**

# The MH Peer Workforce

Has:

Is; and

Will continue to:



**Reshape mental health services, policy  
and practice**

# The MH Peer Workforce

Has:

Is; and

Will continue to:



**Improve outcomes, quality, safety and effectiveness**

# The MH Peer Workforce

Has:

Is; and

Will continue to:



**Develop new approaches and services**

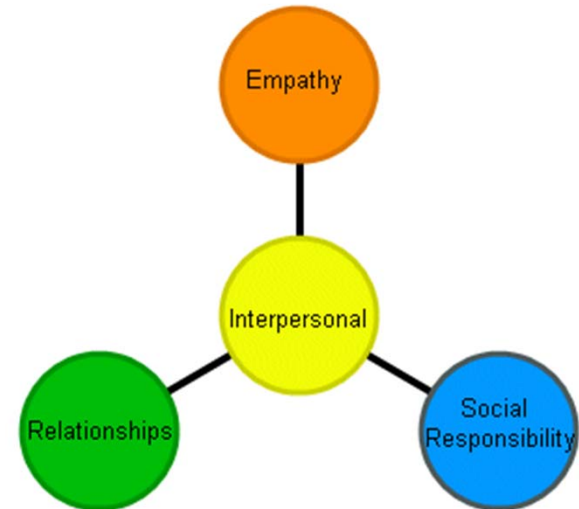
# The MH Peer Workforce

Has:

Is; and

Will continue to:

**Improve practice**



# The MH Peer Workforce

Has:

Is; and

Will continue to:



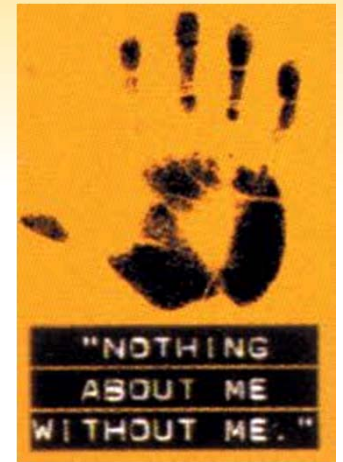
**Result in a greater emphasis on the person and the relational**

# The MH Peer Workforce

Has:

Is; and

Will continue to:



**Voice key life and practice changing themes – *‘nothing about me without me’* and *‘people remember and put high value on how they are made to feel’***

# The development and formal recognition of the Australian MH Peer Workforce ...

**... is among the top 10 threshold or watershed moments in mental health in this country!**



# What are your top 10 watershed moments?

Here are mine in rough chronological order:

1. Mental health revolution after World War II
2. Legalisation of voluntary treatment in 1958
3. More effective psychological and pharmacological treatments from the 1950s onwards
4. Communities, consumers and carers form partnerships and organisations to deliver services from 1950 onwards
5. Rapid expansion of community mental health services in the 1970s and 80s – crisis, outreach, intensive support, rehabilitation, mobile services



# What are your top 10 watershed moments?

Here are mine in rough chronological order:

6. UN Principles early 1990s
7. Commonwealth enters mental health in the early 1990s – Statement of Rights and Responsibilities, National Strategies, national and state advisory processes
8. Consumer representative organisations: national, state, regional and local – VMIAC, AMHCN, ACT Mental Health Consumer Network, Top End Consumer Network etc.
9. Employment of consumer and carers across mental health services and across government
10. The formal recognition of a Mental Health Peer Workforce



# **We need to pause to reflect on the enormity of the achievement of formal recognition**

**My 1982 university assignment, then a pipe dream now a reality....**

**Also need to reflect on and honour the blood, sweat and tears  
by so many**

**Particularly of those who have not lived to see today or**

**Who have been burned and do not realise their contribution**

# The term of 'workforce' denotes:

- Expertise and experience that are recognised;
- Expertise and experience that are needed and sought;
- Roles and services being provided and remunerated;
- Worker and workplace rights and conditions;
- Career pathways.



# **Growing evidence base – all of which we are not surprised by:**

**Why? People who are experts by experience:**

- **Have understanding and empathy as fellow travellers**
- **Know what works and doesn't work**
- **Understand how to reach out and how to respectfully communicate**
- **Understand and appreciate the expertise in those who undertaking similar journeys**
- **Understand how that expertise can be unlocked and nurtured**
- **Have an understanding of the type of services people want, wish to use and will use**
- **Have a vision for better and more effective services**
- **Have a vision for better practice**
- **Have a vision for more effective and broader mental health workforces**

**Respectfully celebrate the  
opportunity to be here today and to  
be a part of this significant moment**



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# Reflection on Consumers Past



Janet Meagher, AM – Consumer Activist

**The power of one ... the power of many!**

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# Reflection on Starting a Peer Workforce



Larry Fricks, USA

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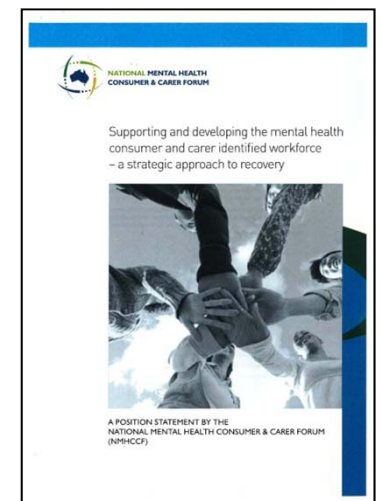
# Supporting and Developing the Australian Consumer and Carer Identified Peer Workforce

Isabell Collins, Consumer Representative and  
Eileen McDonald, Carer Representative

National Mental Health Consumer and Carer Forum  
(NMHCCF)



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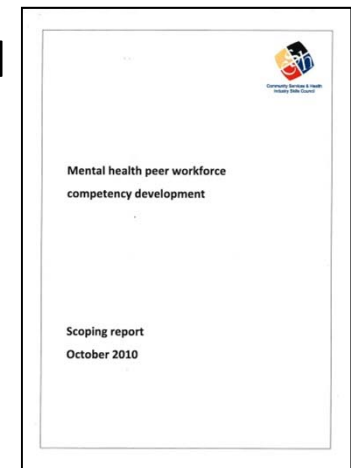


# MH Peer WF Competency Development Project:

## Development of the Australian Peer Worker Qualification and Launch of the Draft 2 Qualifications Framework

Michael Burge, Consultant on Consumer Issues and  
Vanessa Dayeh, Project Coordinator

Community Services and Health Industry Skills Council  
(CS&HISC)



# Community Managed Organization Perspectives on Peer WFD in Australia

Phil Nadin - CEO, Psychiatric Rehabilitation Australia (PRA)

Community Mental Health Australia – CMHA Representative



# Keynote Speakers Panel

- **Larry Fricks**, USA
- **Janet Meagher** AM, Consumer Activist and Consultant on Consumer Issues
- **Isabell Collins**, Consumer Representative – NMHCC<sup>E</sup>
- **Eileen McDonald**, Carer Representative – NMHCCI
- **Michael Burge**, Consultant on Consumer Issues
- **Vanessa Dayeh**, Project Coordinator – CS&HISC
- **Phil Nadin**, CEO PRA – CMHA Representative

**National MH Peer Workforce Forum:  
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# Breakout Sessions

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**Identifying & prioritizing peer WFD needs**

# Identifying Peer Workforce Development Priorities

## Competency development breakout sessions

1) consumer 2) carer & 3) service provider perspectives

- Was there general support for the qualification?
- What was most liked?
- What was least liked?

## Other peer WFD breakout sessions

1) career progression 2) ethical foundations in professional development  
3) service provider issues & 4) boundary issues

- Identify top 3 priority issues

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## **Other peer WFD breakout sessions**

1) career progression 2) ethical foundations in professional development 3) service provider issues & 4) boundary issues

- Identify top 3 priority issues

Breakout Session	Support	Most Liked	Least Liked
<b>Peer Workforce CD: Consumers</b>	<p>We all supported the peer workforce competencies</p> <p>Identified a difference in values between consumers (dignity of risk) &amp; Carers (risk averse) which impacts the application of these competencies (skills &amp; knowledge)</p>	<p>That we could modify the competencies so that they reflected peer support</p>	<p>Some electives need to be as core aspects of the job</p>
<b>Peer Workforce CD: Carers</b>	<p>Everyone supported the need for the qualification</p>	<p>The recognition the qualification to the workforce</p>	<p>Need AOD electives and Comorbidity</p>
<b>Peer Workforce CD: Service Providers</b>	<p>Comprehensive, robust</p> <p>Good start and we are on the right track</p>	<p>Good job of outlining the components of using lived experienced</p> <p>It is at the right level and reflects what the workforce is doing</p>	<p>Management – team work needs to be included</p> <p>Orientation to Mental Health Peer work needs to include research and value of the contribution of peer workforce</p>

Breakout Session	Priority 1	Priority 2	Priority 3
<b>Career Progression Concerns</b>	No national peer workers union/awards/structure/pathway/remuneration	Lack of resources	Clinical management and supervision of peer workers other than by peers
<b>Ethics and Professional Development</b>	Need to further explore need for Code of Ethics /Conduct/practice and related training (esp focus on discrimination)	Strengthen PWF supervision/mentor/coaching systems that CPD.	Lobby for additional funding for COSPs and develop a PSW recruitment/retention campaign.
<b>Service Provider Issues</b>	Develop an umbrella/generic statement of the components of the peer workforce roles	Identify supervision resources for peer workers across the sector	Explore or develop a national association for peer workers
<b>Boundary Issues</b>	Having a basic framework of guidelines, but being adaptable & flexible in a given situation.	Maintaining professionalism through empowering consumers to make their own choices.	Flexible, respectful, purposeful, intentional relationships based on mutually agreed values.

# Summation: Learning and Outcomes of the Day and Next Steps

## Peer Workforce Development

Common and shared responses

Areas of difference

Specific issues

## Development Priorities

Common themes

Specific themes

## Next steps

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