

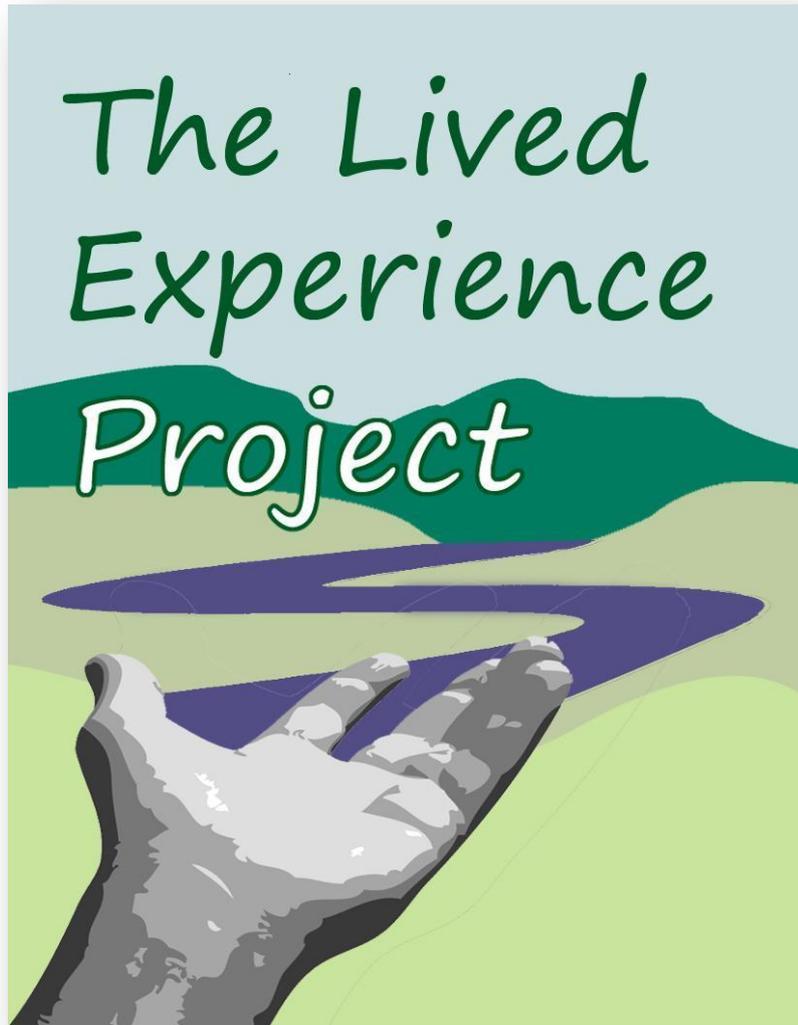


Australian Government

**Department of Education, Employment
and Workplace Relations**

PROJECT PROTOTYPE

The Lived Experience Project



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Acknowledgements

The author would like to acknowledge the contributions made by *The Lived Experience Project* partners, participants and peer workers in designing and delivering an outstanding and innovative project, working together to challenge the status quo of mental health services, and creating new possibilities for people with a lived experience of mental illness and recovery.

***The Lived Experience Project* Partners:**



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01 Introduction

Purpose

People with experiences of mental illness and recovery working as consumer or peer workers can make a unique contribution to the responsiveness and effectiveness of mental health service delivery. The development of a mental health peer workforce has become a priority in Australia and internationally. This document presents recommendations and strategies based on learning from The Lived Experience Project (LEP) delivered by the Department of Education, Employment and Workplace Relations in partnership with Northern Rivers Social Development Council, ACE Community Colleges, CRS Australia, ONQ Human Resources, On Track Community Programs and NSW Government Department of Education and Communities State Training Services.

The LEP was a pilot designed to build the capacity of clinical and non-clinical mental health and community services sector organisations to support the successful integration of peer workers. Run initially as a one year pilot, the project supported people with lived experience of mental illness and recovery to obtain qualifications in peer/mental health/community services work, gain work experience, and make the transition into employment as peer workers in mental health and community workplace settings. The model presented in this prototype is designed to be easily transferred across multiple mental health and community workplace settings in an Australian context.

The LEP Prototype incorporates:

- lessons learned from the design, co-ordination, implementation, delivery and evaluation of the LEP in Northern NSW from 2011-2012
- feedback and recommendations compiled through independent evaluation conducted with consumers, employers and participants of the LEP, and
- a comprehensive literature search of Australian and overseas models of mental health consumer worker development.

Background

The LEP was an initiative developed through the Federal Governments Priority Employment Area (PEA) program, as a strategy under the Keeping Australia Working Regional Employment plan.

The success of the LEP pilot resulted in the implementation of a second separate “Making the Lived Experience Count Project” (LECP). The LECP was funded through Building Australia’s Future Workforce under the Local Employment Manager’s Flexible Funding Pool to:

- Address the barriers to employment experienced by peer workers and to entrench the sustainability of the model produced under the LEP, and
- Research and development of a sustainable, replicable project model.

The research was undertaken by the LEP Project Manager over a 6 month period between July and December 2012. It is anticipated that this document will contribute to the creation of a ‘roadmap’ for similar peer worker initiatives to be implemented across different sectors by community managed organisations throughout Australia.

Lived Experience Pilot Project

The LEP was funded by the Australian Government Department of Education, Employment and Workplace Relations (DEEWR) through the Innovation Fund. This 12 month pilot project was delivered during 2011-2012 in Northern NSW by the Northern Rivers Social Development Council (NRSDC) and ACE Community Colleges in partnership with the New South Wales Department of Education and Communities – State Training Services, On Track Community Programs, CRS Australia and ONQ Human Resources.

The LEP developed, implemented and evaluated a training, coordination and support to facilitate the transition of people with a lived experience of mental illness and recovery into education, work experience and employment as peer workers in mental health and community services sector organisations.

The Project was conceived in response to the high levels of unemployment experienced by people with mental illness and the identified shortage of skilled staff in mental health services (COAG, 2008). In 2011, the North Coast of New South Wales was identified as an appropriate location, with an average unemployment rate of 6.8%, compared to 5.5% for NSW and 5.3% national average. The regional labour market participation rate was 55.3% in December 2011, compared to 63.7% for NSW and 65.5% nationally (DEEWR, Small Area Labour Markets data). According to the Northern Rivers Regional Economic and Industry Plan (Regional Development Australia, Northern Rivers, 2011), this disparity has trended consistently over at least a decade.

Peer Work: efficacy and policy context in Australia

Current research and literature increasingly recognises the efficacy of peer work as an evidenced based model of accessible and effective mental health support, both nationally and internationally (Mowbray et al., 1997; Campbell, 2005; Cleary, Walter and Escott, 2006; Lawn, Smith & Hunter, 2008; Basset et al., 2010; National Mental Health Consumer and Carer Forum, 2004). Since 1992 consumer participation in mental health service development and delivery has been embedded in Australian policy frameworks at both a state and federal level.

The Project's promotion of the value of the expertise of 'lived experience' reflects a number of different policy frameworks. The 1991 *Mental Health: statement of rights and responsibilities* included the right of consumers to contribute to and participate as far as possible in the provision of mental health care. More recently, the *Australian Standards for Mental Health Services 2010* identified an urgent need for mental health organisations to ensure consumers and carers are actively involved in the development, delivery and evaluation of services.

The LEP's contribution to the development of a peer workforce also aligns with Australia's *Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009 – 2014*, the *National Practice Standards for the Mental Health Workforce 2002*, and the *National Mental Health Workforce Strategy 2011* in prioritisation of social inclusion for people with mental illness and the need to expand workforce profiles and career pathways for consumer workers in clinical and community mental health settings.

“A peer worker is someone who has a lived experience of mental illness and recovery, is living well and is able to utilise their experiences to foster hope and assist others with their recovery”
(Peer Work Project, 2005)

LEP Project Aims

- Identify 20 people with a lived experience of mental illness and link them to local employment partners in mental health services to access work experience and potentially a continuing job at the completion of the project.
- Identify 20 positions of paid employment for project participants. Support participants to successfully complete prevocational training and work experience to meet the requirement of a Certificate IV in Community Services Work.
- Develop an employment education package to inform employment partners to ensure peer workers and employees with a lived experience of mental illness are adequately supported in the workplace.
- Provide an evaluation of the project which addresses: project success, sustainability and examples of best practice/lessons learned.

Project Outcomes

The LEP supported up to 30 people with a lived experience of mental illness and recovery to access education and to engage with local employment partners in mental health and community services via mentoring, work experience placements and paid employment. The Project made considerable progress against its expected outcomes including:

- 30 participants successfully completed prevocational training which included the provision of a 6 week pre-vocational skills course and an audit of participant learning support needs prior to commencement of the Certificate IV course.
- 30 participants engaged in study and work experience placements designed to meet the requirement of a Certificate IV in Community Services Work.
- 25 participants completed a Certificate IV in Community Services Work
- 25 participants engaged in a mentoring relationship with a mental health worker from clinical and non-clinical mental health services.
- An education and training package was developed, disseminated and presented to employment partners to enhance their capacity to employ peer workers and assist their identification of reasonable adjustments and adequate support for employees with a lived experience of mental illness and recovery in the workplace.
- Identification of 19 positions of paid employment for project participants in 18 months (includes both the initial LEP pilot and the 6-month Making the Lived Experience Count Project).
- 3 additional participants completed a Diploma in Community Services (Mental Health) and 4 participants commenced further tertiary education upon completing the LEP.

Key Stakeholders

Project participants

LEP participants identified as having a lived experience of mental illness and recovery, unemployed and in receipt of income support payments or eligible for DES assistance. Participants reported a range of experiences of illness including: Schizophrenia, Bipolar Disorder, Anxiety Disorder, Depression, Eating Disorder, Personality Disorder, Substance Use Disorder and Post Traumatic Stress Disorder. Project data identified the average length of time since engagement in education among participants as 20 years and the average length of time since an

employment related activity as 6 years.

Mental health consumers

Mental health consumers accessing support services from a range of public mental health and community managed organisations interacted with project participants during work experience placements and in the course of participant employment. A number of consumers also attended public education and media events associated with the project and reported inspiration at participant's stories of recovery from mental illness and successful obtainment of vocational goals. Consumers from a number of different organisations were interviewed by an independent evaluation consultant to identify the impacts of people with 'lived experience' working alongside consumers in mental health settings.

Consumer Representatives

An Expression of Interest and recruitment process was undertaken to identify people with a lived experience of mental illness and recovery to perform the role of Consumer Representatives on the project's Steering Committee. To successfully fulfil the requirements of these two paid positions it was vital that candidates were able to demonstrate their knowledge of the impact of mental illness on people living in the local area, the consumer/survivor movement and the challenges associated with peer workforce development. See Appendix 4 for Consumer Representative Position Description.

Peer Educators

Peer Educators and leaders included people with a lived experience of mental illness and recovery with education and training qualifications or experience who provided training in peer work competencies to project participants.

Funding bodies

The LEP was funded by the Australian Government Department of Education, Employment and Workplace Relations (DEEWR) through the Innovation Fund. The project was also funded by the NSW Department of Education and Communities – State Training Services.

Project partners

The Project was delivered by a consortia including: Northern Rivers Social Development Council (NRSDC), ACE Community Colleges, NSW Department of Education and Communities – State Training Services, On Track Community Programs, CRS Australia and ONQ Human Resources.

Mentors

The project identified a number of mental health and community services workers as suitable mentors to project participants. Mentoring led to the identification of work experience placements and employment opportunities for participants and contributed to increased knowledge among mental health and community workers about the LEP. A number of mentors reported valuing their mentoring relationship and learning new ways of working in mental health from the expertise of lived experience.

Employment partners

Prospective employment partners in public mental health and community managed organisations were targeted throughout the duration of the Project. Employment partners included all staff working in organisations that hosted project participants during work experience placements and employed them as peer or mental health and community workers.

02 Peer Worker Project Prototype

Project Description

The Peer Worker Project (PWP) is a two-year project funded and delivered by agencies and organisations associated with education, training, mental health and disability services. It provides co-ordination and appropriate support to people with a lived experience of mental illness and recovery to facilitate their access to education, training and mentoring to make the transition to paid employment as peer workers in mental health and community services organisations.

The Project aligns with the aspirations of the current National Mental Health Plan and Strategy in its prioritisation of the social inclusion of people with mental illness by increasing the employment of consumers in clinical and community mental health settings and the development of a Peer Workforce in Australia.

The PWP project team works alongside a registered training organisation (RTO) and Disability Employment Service Consultant to ensure each participant has access to specialised individualised assistance to achieve their education and employment goals. As each participant works toward an industry recognised qualification they are supported by an experienced Peer Worker and mentors from the field. The project team and partners work collaboratively to identify suitable work experience placements and instil employer confidence in the recruitment, training and retention of peer workers.

The PWP promotes Peer Work to mental health and community services organisations to support the identification of employment opportunities for peer workers. It identifies that mental illness, often perceived as a deficit, can be an asset with social and economic value. When viewed as an asset, the lived experience of mental illness provides consumers with competitive advantage in a growing employment sector.

The PWP also assists employers by offering an education and training package to support the integration of reasonable adjustments and appropriate strategies to support people with lived experience of mental illness in employment.

“There is a great deal of strength gained in knowing someone who has walked where you are walking and who now has a life of their choosing. In this way peer support is different from support work or clinical work or community work – it comes from a profoundly different philosophical base” (The National Centre of Mental Health Research, Information and Workforce Development, 2010, p 8).

Project Aims

- Support 25 people with a lived experience of mental illness and recovery by linking them to local employment partners in mental health and community services to access mentoring, work experience and a continuing job at the completion of the project.
- Develop, implement and monitor a mentoring program to link 25 participants with mentors in the mental health and community services sector.
- Support 25 people with lived experience of mental illness and recovery to successfully complete a Certificate IV in Community Services Work/Mental Health/Mental Health Peer Work

- Identify 25 work experience placement opportunities in mental health and community services organisations.
- Identify 25 positions of paid employment for project participants in mental health and community service organisations.
- Facilitate employment partner training and develop and update existing resources for dissemination to facilitate appropriate support for Peer Workers and people experiencing mental health issues in the workplace.
- Provide an independent evaluation of the project which addresses: project success, sustainability and examples of best practice/lessons learnt

Project Timeline

A proposed timeline is presented in Appendix 2. The timeline incorporates lessons learned from the development, implementation and evaluation of the LEP and is designed to be delivered over a two-year period by a project team including a Project Manager and a Peer Worker supported by the lead agency and project steering committee.

Project Phases

Phase 1 – Recruitment and establishment

- Establish agreement on project budgets and allocations
- Develop memorandums of understanding, contracts and agreements
- Employment of project staff
- Recruitment of steering committee members, and
- Finalisation of tender process for DES organisation and independent evaluation consultant.

Phase 2 – Project implementation

- Develop project plan, schedule and risk assessment
- Develop communication strategy, and
- Steering committee agreement on project plan.

Phase 3 – Community education and capacity building

- Develop project logo and promotional materials for steering committee and project partner approval and dissemination
- Develop media materials and commence implementing media campaign
- Develop and disseminate employer and sector education resources
- Deliver employment partner, consumer and community project information sessions
- Identify opportunities for traineeships and work experience placements
- Recruit and train mentors, and
- Plan and hold project launch.

Phase 4 – Participant recruitment and engagement

- Develop participant recruitment strategy and promotional materials
- Host information sessions for potential participants
- Recruit participants including WRAP/wellness planning
- DES Consultant registers participants and commences vocational support
- Evaluation consultant commences research with participants
- Mentoring induction for participants
- Mentoring match up for participants and their mentors
- Pre-vocational training commences, and
- Commencement of peer support and supervision.

Phase 5 – Participant education and training

- Participants complete peer worker training e.g.: Mind Australia/IPS/eCPR
- Individual peer support and peer group supervision meetings
- Participants commence and complete Certificate IV training
- Participants complete story telling workshops
- Employer training and education including canvassing to identify work experience placements and peer worker job opportunities
- Work experience placements pre, mid and post meetings
- Evaluation consultant conducts research with employers and consumers of mental health services
- Evaluation consultant submits mid-project evaluation report, and
- Project Manager submits mid-project evaluation report.

Phase 6 – Participants transition into employment

- Meetings between participants, project team and DES Consultants to develop employment pathway plan outlining development of job searching skills and strategies for managing a successful return to work.
- Review of mentoring program
- Employer training and education including canvassing to identify peer worker job opportunities
- Consultation to employment partners to develop suitable peer worker job descriptions for their organisations.
- Supporting participants with job applications and interview skills
- Individual peer support and peer group supervision meetings, and
- Ongoing consultation to employers and participants to support sustainable job outcome.

Phase 7 – Evaluation

- Evaluation consultant liaises with project team regarding submission of evaluation report
- Participant graduation
- Review of mentoring program
- Evaluation consultant submits final evaluation report, and
- Project Manager completes and submits final evaluation report.

Coordination and Facilitation

Lead organisation

The lead organisation for the PWP would ideally be a community managed organisation with demonstrated mental health expertise and some capacity for community services training and/or sector representation.

It may be possible for the lead organisation to be a registered training organisation (RTO) providing the organisation offers the Certificate IV course in Mental Health Peer Work, Non-clinical Mental Health Work or Community Services Work. To be considered suitable, it would be imperative for an RTO to employ appropriately qualified project staff to ensure the provision of appropriate support to participants.

A mental health peak body operating as an RTO would be exceptionally well placed to deliver the PWP, as it performs a highly influential representative function, employs field experts and specialises in the dissemination and delivery of innovative evidence based training initiatives in mental health work.

Project manager

The PWP would be best co-ordinated by an experienced mental health worker with project management expertise or an experienced project manager with a history of working in mental health (see Appendix 4 for position description).

The PWP Steering Committee should consider recruiting a Project Manager with a lived experience of mental illness and recovery as this would enable the project to 'walk its talk' by role modelling hope and vocational opportunity to project stakeholders. A Project Manager with 'lived experience' demonstrates to the mental health sector and wider community that people who have, had or will have mental health issues are capable of engaging in socially valued roles and contributing positively to society.

The Project Manager would ideally hold a number of qualities and skills including:

- Qualifications and demonstrated experience in mental health and/or project management
- Lived experience of mental illness and recovery
- Knowledge of peer workers and current issues affecting consumer workforce and mental health sector development
- Recovery oriented practice framework
- Case management, counselling, mentoring, advocacy and group facilitation skills
- Expertise in adult education and training
- Research and evaluation skills

- Experience in community development and capacity building, and
- Passion, commitment and drive for innovation and social change.

Supervision and support

It is important that the lead agency provide the Project Manager with appropriate clinical and non-clinical supervision as project development, co-ordination, delivery and evaluation to timelines can be challenging and stressful.

Regular structured supervision with a qualified professional would assist the Project Manager to manage further challenges associated with the implementation of a peer worker project in mental health including:

- Mental health sector resistance to innovative and consumer led change
- Lack of industry knowledge of peer work and peer worker positions
- Industry resistance to consumer identified positions of employment
- Staff skills shortages
- Inadequate funding for peer worker positions
- High support needs of participants, and
- Risk of compassion fatigue, vicarious trauma and burn out.

It is also essential for the Project Manager to receive appropriate support and guidance from the active membership and influence of the project's Steering Committee. It may further assist the Project Manager to consider engaging in a mentoring relationship with a recognised leader in the mental health industry to enhance project delivery, promotion and uptake.

Project Delivery Plan

NOTE: The project timeline in Appendix 2 identified each phase and activity, the durations, scheduled start and end of each activity, and hold points such as Steering Committee approvals.

PHASE	OBJECTIVE	DURATION	ACTIVITIES	LEAD RESPONSIBILITY	SUPPORT RESPONSIBILITY	OUTCOMES	RESOURCES
PHASE 1: Recruitment and establishment	Establish Implementation Committee	4 weeks	Funding bodies and lead agency representatives form an implementation committee to finalise funding allocations, drive project recruitment and establish appropriate membership of an effective steering committee.	Lead agency representatives	Funding body representatives	Confirmed establishment and membership of project's implementation committee	Administrative Financial Funding body staff Lead agency staff
	Recruit Project Manager and Peer Worker	8 weeks	Develop position descriptions Advertise positions Identify contact for enquiries Identify suitable applicants for interview Identify suitable panel members for interview including a consumer representative Confirm successful applicants Provide appropriate induction to organisation and to consumer workforce development where required	Lead agency representatives	Partner organisation and sector leader representatives Consumer representatives	Successful recruitment of a qualified mental health worker/project manager, ideally with a lived experience of mental illness and recovery. Successful recruitment of a Peer Worker with a lived experience of mental illness and recovery and qualifications or training in mental health and community work	Administrative Financial Lead agency staff Interview panel staff
	Recruit Steering Committee representatives	12 weeks	Funding body and lead agency representatives invite expressions of interest from education, employment, mental health and consumer sector leaders to establish membership of a steering committee If multiple applications received complete interview and selection process	Implementation Committee Project Manager	Peer Worker Independent interview and selection panel members comprised of industry and sector leaders	Confirmation of steering committee membership	Administrative Financial Project staff Independent interview panel staff
	Develop Steering Committee Terms of Reference	4 weeks	Develop terms of reference	Steering Committee members	Project Manager	Steering Committee develops and accepts terms of reference	Project staff Steering Committee representatives
	Identify and recruit independent evaluation consultant	8 weeks	Compile evaluation proposal including timeframes and budget Distribute EOI to local consultants and invite applications for tendering quotations Identify appropriate candidate to undertake independent evaluation	Project Manager Lead agency representatives	Steering Committee	Independent evaluation consultant is recruited to complete an evaluation of the project	Financial – service fees for the consultant
PHASE 2: Project implementation	Develop project plans	4 weeks	Develop project plan Develop project schedule Develop project risk assessment management plan Develop project communications strategy, including community education, promotion, media relations, external stakeholder engagement and consultation activities Communicate project plans and gain approval (Steering Committee)	Project Manager	Funding body representatives Steering Committee Peer Worker	Project has specific, deliverable plans to guide best practice implementation	Project staff

PHASE	OBJECTIVE	DURATION	ACTIVITIES	LEAD RESPONSIBILITY	SUPPORT RESPONSIBILITY	OUTCOMES	RESOURCES
PHASE 3: Community education and capacity building	Develop project education and promotional material	12 weeks	Research and develop project education and promotional material including: <ul style="list-style-type: none"> Project logo brochures/posters Clear definitions of peer work Participant recruitment Work experience documents Mentoring information Employer education resource 	Project Manager Graphic and/or web designer	Peer Worker Lead agency line management	Completion of brochures and online site relating to project targeting prospective applicants, employers and wider community	Project staff Information technology expert/web designer Financial including: printing and photocopying
	Conduct sector and community education and information sessions	12 weeks	Deliver project information sessions and disseminate associated resources to industry leaders from education, employment and mental health/community services sector	Project Manager	Peer Worker	Distribution of information related to the project, education and capacity building in the mental health sector in preparation for project delivery	Project staff Graphic Design? Photocopying
	Conduct DES Tender Process	8 weeks	Facilitate information sessions related to the Project and invite attendance from all local DES organisations Distribute selection criteria related to tender process and invite DES organisations to apply to be the project's partner employment support services provider Review applications and select appropriate organisations for interview Conduct interviews and recruit appropriate DES organisation as partner employment provider Develop MOU and welcome DES organisation to steering committee	Project Manager Steering Committee members	Lead agency line management Peer Worker	Commencement of MOU and establishment of working partnership with local DES organisation	Administrative Financial Project staff Steering Committee representatives
	Conduct Official Project Launch	4 weeks	Develop and co-ordinate an official launch of the project, invite appropriate elected members and education, employment and mental health industry leaders. Write a media release related to the project and distribute to local media	Project Manager Steering Committee members	Peer Worker Lead agency line management	Confirmation in community of official commencement of project and continuation of project promotion, community education and capacity building process	Financial Project Staff Steering Committee representatives
	Conduct community promotion and employer education	24 weeks	Research and develop project associated resources for distribution to community / mental health sectors, including expression of interest forms inviting mental health and community workers to become mentors to project participants Research / develop employer information kit for distribution to prospective employment partners Facilitate education and information sessions that target community / mental health orgs AND prospective employers	Project Manager Peer Worker	Lead agency representatives Steering Committee	Reps from local community / mental health sector organisation participate in education sessions/workshops Managers, Co-ordinators of prospective employment partners participate in education sessions/workshops Receipt of up EOIs from mental health / community services staff to participate in mentoring program	Project staff Financial resources including: venue hire, tea/coffee and amenities printing and photocopying
PHASE 4: Participant recruitment and engagement	Recruit and train mentors	8 weeks	Research and develop appropriate mentoring program, including compilation of a mentoring workshop for mentors OR engage services of an external trainer Collate mentor applications and contact suitable mentors to invite their attendance at a free mentoring training workshop Facilitate mentoring workshop for mentors	Project Manager Peer Worker External Trainer if required	Lead agency representatives	Up to 30 people working in mental health and community services sector are trained as mentors Up to 25 people complete application forms and become mentors in the project	Project staff Financial including: venue hire, tea/coffee amenities, printing, photocopying and external trainer fees

PHASE	OBJECTIVE	DURATION	ACTIVITIES	LEAD RESPONSIBILITY	SUPPORT RESPONSIBILITY	OUTCOMES	RESOURCES
	Recruit project participants	12 weeks	<p>Disseminate application forms and promotional material including closing date for applications to all mental health related organisations and consumer frequented settings.</p> <p>Distribute media release and respond to media requests, inviting people from wider community with lived experience of mental illness to apply.</p> <p>Facilitate applicant information sessions in a number of locations/times to optimise participation</p> <p>Confirm participant selection panel members including: Project Manager, Peer Worker, Trainer and DES Employment Consultant</p> <p>Review / cull applications and invite appropriate candidates for interview. Interview process to include focus on capacity for completing training at Certificate IV level including assessment of computer skills. Identify 25 participants to commence.</p>	<p>Project Manager</p> <p>Peer Worker</p> <p>DES Consultant</p> <p>Trainer</p>	Lead agency representatives	25 participants selected to commence with the project	<p>Project staff</p> <p>DES Consultant</p> <p>Trainer</p> <p>Financial including: venue hire, tea/coffee/amenities, photocopying and printing and access to computers</p>
	Project participants referred to DES provider	8 weeks	Project participants referred to DES provider to ensure appropriate support provided throughout training course and transition into employment	<p>Project Manager</p> <p>Peer Worker</p> <p>DES Consultant</p>	Steering Committee	All participants linked to DES Consultant and have engaged in assessment process and employment pathway plan in relation to a successful return to education and work	<p>Project staff</p> <p>DES Consultant</p>
	Conduct pre-project commencement evaluation	4 weeks	<p>Independent evaluation consultant to interview each participant via individual interviews and/or focus groups (participation in evaluation process is voluntary) prior to their commencement with the project.</p> <p>Consultative process enquires about: Aims and goals, individual recovery journey, motivations in relation to peer work, education/training and employment</p>	Independent evaluation consultant	<p>Project Manager</p> <p>Peer Worker</p>	Collation of qualitative data to identify common themes and explore comparative analysis against data obtained at various points throughout project to inform project report and to contribute to the research and literature surrounding peer work	Financial - Independent evaluation consultant's fees
	Provide pre-vocational training to participants	4 weeks	<p>Develop and deliver or engage services of external Peer Educator to facilitate storytelling and Intentional Peer Support (IPS), Wellness Recovery Action Plan (WRAP) or Emotional CPR (eCPR) course</p> <p>Participants to attend and complete IPS/WRAP/eCPR course and storytelling workshops prior to commencing with the project</p> <p>Identified participants to complete a preparation for employment skills course (computer skills, numeracy and literacy, administration skills etc)</p>	Project Manager	<p>Peer Worker</p> <p>External Peer Educator</p> <p>Trainer</p>	<p>All participants complete both storytelling and IPS or WRAP workshops</p> <p>Identified participants complete preparation for employment course and/or literacy and numeracy</p>	Financial – venue hire, tea/coffee and amenities, external peer educator training fees, external trainer fees, preparation for employment course fees,
	Provide mentoring training, matching and linking	4 weeks	<p>Develop and deliver mentoring workshop for mentees.</p> <p>Ensure all participants have completed mentoring application process</p> <p>Link each participant with an appropriate mentor.</p>	<p>Project Manager</p> <p>External Trainer where required</p>	<p>Peer Worker</p> <p>Steering Committee</p>	Each participant completes mentoring training and is linked with an appropriate mentor from mental health and community services	Financial – external trainer course fees, venue hire, tea/coffee and amenities
PHASE 5: Participant education and training	Support participants to complete semester 1 of Certificate IV education/training	16 weeks	<p>Support participants to enrol and participate in appropriate identified course including: Certificate IV in Mental Health Peer Work, Non-clinical Mental Health Work or Community Services Work</p> <p>Develop and promote an online support mechanism where participants can virtually connect and support each other.</p>	<p>Peer Worker</p> <p>Trainer</p> <p>DES Consultant</p>	Project Manager	<p>All participants complete enrolment process, attend ongoing classes and study until successful completion of Certificate IV</p> <p>Online support group enables project participants to connect / support each other throughout the project. Subject to consent, this website also becomes a useful mechanism to facilitate effective communication between trainer, project staff and participants</p>	Financial – Certificate IV course fees
	Identify work experience placement opportunities	24 weeks	<p>Identify appropriate work experience placement opportunities for each project participant</p> <p>Liaise with manager and/or co-ordinator of each organisation to ensure attendance of all staff at employment partner training</p> <p>Provide managers and work experience placement supervisors with copies of work placement information and assessment pack and send copies of interested participant's resumes and criminal record check results to identified organisation leaders.</p>	<p>Project Manager</p> <p>DES Consultant</p>	<p>Steering Committee</p> <p>Peer Worker</p> <p>Trainer</p>	Up to 25 work experience placement opportunities identified and all staff at participating agencies complete employment partner training	Financial – criminal record check fees, printing, photocopying and postage

PHASE	OBJECTIVE	DURATION	ACTIVITIES	LEAD RESPONSIBILITY	SUPPORT RESPONSIBILITY	OUTCOMES	RESOURCES
	Provide support to participants to commence work experience placements	1 to 2 days per week for up to 12 weeks during or upon completion of 2nd semester	Organise and facilitate meetings with managers/co-ordinators of participating host organisations and project participant to ensure communication of expectations and completion of insurance documents Set dates for reviews of participant's progress at mid and end point of work experience placements If any placements unsuccessful or unable to be identified consider work training opportunities via DES organisation Ensure each participant is linked in with online support from peer advocates and peak peer representative bodies	Peer Worker DES Consultants	Steering Committee Project Manager	Each project participant successfully completes work experience placement in mental health and community sector organisations Host organisations receive training and support to ensure successful work placement experiences for all stakeholders.	
	Conduct Mid program evaluation	4 weeks	Evaluation consultant to organise and facilitate individual interviews and/or focus groups with each project participant subject to their approval and consent Evaluation consultant to organise and facilitate individual interviews and/or focus groups with each employment provider subject to their approval and consent Evaluation consultant to organise and facilitate individual interviews and/or focus groups with mental health consumers in organisations hosting peer workers subject to their approval and consent	Evaluation consultant	Project Manager Peer Worker	Collation of qualitative data to identify common themes and explore comparative analysis against data obtained at various points throughout project to inform project report and to contribute to the research and literature surrounding peer work and the consumer workforce	Financial – evaluation consultant fees
PHASE 6: Participants transition to employment	Provide Employment Partner training	52 weeks	Use resources previously developed and researched to support facilitated workshops designed to educate / inform employment partners and sector leaders in employment of peer workers Provide ongoing consultative services to employment partners on the development of peer worker positions, supervision and support, ethical conduct and changes to policies and procedures Encourage employment partners to apply for and participate in <i>Sane's</i> 'Mindful Employer' program and complete evaluation process	Project Manager Peer Worker	DES Consultant Steering Committee Project Participants	All employment partners hosting work experience placements or providing consumer worker employment opportunities participate in education / information workshops (it is vital that all staff working alongside peer workers attend at least one information session to ensure they are adequately informed about the benefits associated with the integration of peer workers into mental health services)	Financial – venue hire, tea/coffee and amenities, printing and photocopying
	Provide Peer to peer supervision	18 months	Facilitate 1 to 1 support meetings where there is an identified need Facilitate peer supervision groups at monthly or bi-monthly intervals	Peer Worker	Project Manager Lead agency representatives	Project participants are provided with regular, ongoing adequate support throughout their engagement with project	Financial – venue hire fees, tea/coffee and amenities fees,
PHASE 7: Participant education and training	Support participants to complete 2 nd semester of Certificate IV education and training	16 weeks	Provide individualised support to each project participant to ensure access to effective mentoring, adherence to WRAPs, and workload management through the transition into education and employment Hold regular progress meetings between project staff, trainer and DES consultant to identify strategies to support participants at risk of non-completion	Peer Worker Trainer	Project Co-ordinator DES Consultant	Each participant has access to individual, strengths based recovery oriented support to ensure successful completion and engagement in employment as a peer worker	
	Host participant graduation ceremony	4 weeks	Design / host graduation ceremony to celebrate achievements participants Write media release and invite media representatives to attend graduation ceremony Distribute awards to host organisations and employment partners	Project Manager	Peer Worker Lead agency representatives Steering Committee members	Celebrate achievements of project participants Media covers the event and provides project promotion	Financial – venue hire fees, tea/coffee and amenities fees, printing of certificates, hire of PA and sound equipment
PHASE 6: Participants transition to employment	Provide support for Job seeking to employment	24 weeks	Participants to attend job seeking skills groups to develop resume and to begin cold-canvassing and/or applying for employment in mental health and community sector	DES Consultant	Project Manager Peer Worker	Up to 25 participants identify appropriate opportunities for employment and commence part-time or full-time work	
	Support participants making the transition into employment	24 weeks	Conduct workplace risk assessments and facilitate the introduction of any reasonable adjustments required Provide regular contact to both peer worker and employment provider at agreed times to ensure provision of effective ongoing support and sustainable employment outcomes for project participants	Peer Worker DES Consultant	Project Manager	Participants experience job satisfaction and increased skills development in their new position of employment. Employment partners receive ongoing information / support with issues that arise in relation to the employment of a peer worker	

PHASE	OBJECTIVE	DURATION	ACTIVITIES	LEAD RESPONSIBILITY	SUPPORT RESPONSIBILITY	OUTCOMES	RESOURCES
PHASE 8: Evaluation	Conduct Post program Evaluation	8 weeks	Subject to consent: Consultant to organise / facilitate individual interviews and/or focus groups Consultant to organise / facilitate individual interviews and/or focus groups with mental health consumers in organisations hosting peer workers	Evaluation consultant	Project Manager Peer Worker	Collation of qualitative data to identify common themes and explore comparative analysis against data obtained at various points throughout project. Contribute to knowledge base of peer work and consumer workforce	Financial – evaluation consultant fees
	Complete Evaluation reports	10 4 weeks	Compilation of ongoing milestone reports and comprehensive evaluation report to funding bodies to ensure capture of important data and findings related to outcomes	Project Manager	Peer Worker Lead agency representatives	Submission of a comprehensive project summary including lessons learned to funding bodies to report of project outcomes and inform future peer workforce development	

03 Stakeholder involvement

Key Stakeholders

Funding body representatives

Funding body representatives steer the project through committed and active membership of the steering committee in addition to promoting and supporting project aims and outcomes in the wider community.

Auspecting body or lead agency

The auspecting body or lead agency delivers the project by committed and active membership of the steering committee, employing and supporting the work and professional development of the Project Manager and Peer Worker, promoting and supporting project aims and outcomes in the wider community and administering project funds.

Project Manager

The Project Manager is employed on a full-time basis to develop, implement, monitor and evaluate the project. The Project Manager is required to work collaboratively with participants and partners to ensure achievement of project aims. This includes:

- Project design and development of resources and promotional material
- Community development and sector capacity building
- Media liaison and management
- Participant recruitment and support
- Development of a mentoring program
- Delivery of employment partner education and training
- Identification and monitoring of work experience placements
- Monitoring, quality improvement, evaluation and regular reporting, and
- Ongoing liaison with the funding body, project partners and steering committee members.

Project Peer Worker

A Peer Worker is employed to support the work of the Project Manager in the development and dissemination of promotional material and resources and the delivery of education and training to prospective employers and community members.

The most essential role of the Peer Worker is to role model living well and to inspire hope, and provide peer support to participants. Peer support may be provided through facilitation and review of the Wellness Recovery Action Plan (WRAP) process, individual meetings and group supervision to ensure achievement of project aims.

“I feel confident and comfortable talking with the Peer Worker because they don't see me as a label or a tag or with a sense of detachment. The Peer Worker understood me better than a worker could have because of their personal experiences of mental illness. The Peer Worker inspired me to believe in myself and to realise that I could one day be a Peer Worker too!”
(Participant, LEP, 2012)

Registered training organisation

RTO employees include steering committee representatives, Trainer and administration staff. Some of these stakeholders contribute to steering the PWP by committed and active membership of the steering committee, in addition to supporting/reporting on participant progress through education/training, delivering the designated qualification, tutorial support and mentoring training to mentors and project participants.

Peer Educators

Peer Educators facilitate peer worker training, storytelling workshops and Intentional Peer Support, Emotional CPR (eCPR) workshops/courses in peer worker competencies to project participants as required and dependent upon skill set of project staff.

Peer Educators role model the value of 'lived experience' in mental health and community services workplace settings and demonstrate the importance of self-responsibility in recovery. Peer Educators also offer essential inspiration to project participants surrounding the achievement of their personal education and vocational goals.

DES partner organisation

A DES organisation is selected by competitive tender process at commencement of the PWP. DES organisational representatives may contribute to steering the project by committed and active membership of the steering committee and promoting and supporting project aims and outcomes in the wider community.

The DES identifies a suitable employment consultant to work with project participants and the project team to:

- Provide information regarding income support and employment
- Ensure participant access to financial support schemes
- Support and report on participant progress through education/training and into employment, and
- Canvas prospective employers and facilitate access to wage subsidy incentives.

Project Participants

People with lived experience of mental illness and recovery, identifying as unemployed and eligible for DES assistance complete associated education and training and make the transition to employment as Peer Workers in mental health and community workplace settings.

Carers, family members and support networks

Carers, family members and support networks provide vital support to participants through the journey of returning to education and employment and should be considered throughout PWP delivery with consent of Participants.

Consumer representatives

Consumer representatives contribute their experiences of mental illness and recovery in addition to their knowledge of consumer workforce development needs and the issues affecting people with a lived experience of mental illness to guide and steer the project toward appropriate support and achievement of outcomes for PWP Participants.

Clinical and non-clinical mental health and community services sector directors, managers, Managers

Clinical and non-clinical mental health and community services sector directors, managers, coordinators and team leaders are prospective employment partners to the project. These stakeholders may also contribute to steering the project by committed and active membership of the steering committee and promoting the PWP in the wider community.

These stakeholders also participate in education/information sessions, provide work experience opportunities with appropriate levels of supervision and support, and identify positions of employment for PWP Participants.

Clinical and non-clinical mental health and community services sector staff

Clinical and non-clinical mental health and community services sector staff to attend and participate in education/information sessions, offer expertise as mentors to participants, work collaboratively and provide support to PWP Participants in the workplace.

Independent evaluation consultant

An independent evaluation consultant is identified through a competitive tender process. The Consultant conducts research into the effectiveness of the project by analysis of statistical data and pre/post project semi-structured interviews with participants, employment partners and consumers of mental health services to inform the submission of a mid and final independent evaluation report.

Media stakeholders

It is vital to form working relationships with media stakeholders across all forms of radio, print, television and social media. These stakeholders may assist in community education and creating a public profile of the PWP by illustrating and disseminating key project milestones and achievements, and inspiring the identification of employment opportunities for people with lived experience of mental illness.

Lessons Learned

Despite development of some key relationships with mental health sector organisations, independent evaluation of the LEP identified insufficient time within a 12 month period to adequately incorporate partnership and stakeholder relationships. Due to inadequate time frames a number of key employment and stakeholder partnerships were omitted or had insufficient time to develop.

Another challenge in relation to stakeholder engagement was the lack of prior knowledge and unanticipated resistance from mental health managers and workers to Peer Workers which sometimes resulted in a lack of acceptance to their inclusion as colleagues in mental health workplace settings.

This resistance may have been amplified due to the regional context in which the LEP pilot was delivered but needs to be taken into consideration as a potential risk associated in any future projects. Mental health sector resistance proved very time consuming for the Project Manager and demonstrated the need for investing time early in the project into building strong employment partner relationship and providing comprehensive training to all staff.

It is anticipated that investment of appropriate time in the early phases of the PWP will result in an increase in the identification of appropriate work experience placements and employment

opportunities for project participants.

Recommendations

- i. Allocate the first 6 months of PWP schedule to community education and sector capacity building to increase the development of key partnerships with strategically influential mental health organisations including the public health service, mental health community managed and consumer representative organisations, and peak bodies.
- ii. Allocate time (at least 8 weeks) from project commencement to meet with key leaders in mental health including influential members of corporate governance from public and community managed organisations and invite them to join the PWP Steering Committee. These relationships increase promotion of the project and contribute to the PWP achieving its aims of work experience and employment for participants.
- iii. Ensure all DES organisations are aware of tender process and informed about project design, timeframes, aims and expected outcomes. DES organisations operate in a competitive environment, it is critical to the success of the PWP that a suitable DES organisation with demonstrated capacity for working effectively with people who experience mental illness is selected in this critical project partnership role.
- iv. Develop relationships with media organisations early in the project timeline to ensure accurate documentation of project achievements and widespread dissemination of Participants' journeys toward employment as peer workers that focuses on important project milestones.
- v. Invite Participants to extend invitations to project information sessions to their carers, family members and support networks. Carers, family members and support networks are pivotal support relationships for people who experience mental health issues. Where possible and with consent, it is important that Participant support networks are informed about the design, aims, timeframes, expectations and support needs associated with the project. It is more likely that Participants will have access to the support they need to reach their education and employment goals if their support networks are informed and included throughout project duration.

“Having a peer worker in our organisation means that consumers can access someone who really understands. It is also a great perspective check and source of information for staff. Our organisation has been inspired by hosting someone with a lived experience who is in recovery, engaging in study and pursuing a career path – this has been fantastic role modelling to everyone especially other consumers” (Employment partner, LEP, 2012).

04 Consumer representation and participation

Steering Committee Representation

It is vital that the Implementation Committee conduct a thorough and equitable Consumer Representative recruitment process in line with evidence based best practice approaches to avoid tokenism and ensure inclusion of the expertise of lived experience throughout the project's design and delivery (Epstein and Shaw, 1997; Department of Health and Family Services, 1998; Consumer Affairs Advisory Council, 2002; Kroschel, 2002; Lloyd and King, 2003; Department of Human Services, 2006; Edan, 2006; Happell and Roper, 2006).

The recruitment process for Steering Committee Consumer Representatives is completed during Phase 1 to enable the consumer voice to be an active contributor to project design and achievement throughout the project's duration.

Best practice identifies the need for two paid Consumer Representative positions to create a safe environment and to ensure consumers on the committee have access to peer support and opportunities for debriefing. Consumer Representatives should also have access to education and/or training to support their effective representation and contribution to Steering Committee proceedings.

For a comprehensive guide to consumer representation see *The Little Purple Book of Community Rep-ing* published by Adelaide Central Community Health Service and available at: www.healthissuescentre.org.au/documents/items/2008/08/226726-upload-00001.pdf.

Project Participants

To be eligible to participate in the project, applicants are required to have a lived experience of mental illness and recovery, and be prepared to share aspects of their recovery journey to enhance the well-being of others. It is also necessary for participants to be unemployed and eligible for DES assistance.

Due to the challenges associated with returning to study and work after prolonged absences it is important that Participants are adequately informed about expectations and requirements prior to commencement with the PWP. It is also essential to identify any barriers individual Participants may experience during the project including:

- Literacy and numeracy issues
- Lack of computer skills and/or access to a computer and internet connection
- Housing and homelessness
- Physical and mental health issues
- Transport, and
- Childcare issues.

“People who have experience of using the system and who have done some thinking about this and know other people using the system can offer sensible advice about how to make it better. It's about being experts by experience” (Anglicare, 2009, p. i).

Participants then work with the project team and DES Consultant to identify strategies to overcome any barriers to participation prior to project commencement.

To ensure Participants have an opportunity to investigate their personal experiences of mental illness and to focus on maintaining wellness in recovery, it is essential for them to work with the Project's Peer Worker to complete a Wellness Recovery Action Plan (WRAP) or similar course / workshop as part of the initial recruitment process. Information related to the WRAP and how to implement it into a Peer Worker Project is available online at: <http://www.mentalhealthrecovery.com/wrap/wellness-recovery.php>.

Applicants to the project are also required to demonstrate their capacity to complete study toward the obtainment of a Certificate IV level qualification and to have access to a working computer with an internet connection. Those who lack the necessary computer and associated literacy skills to complete a Certificate IV level qualification may still participate in the project, provided they are willing to complete a pre-vocational training course and engage in ongoing tutorial support to ensure successful completion of their qualification. Each Participant should be linked to the DES organisation and to a mentor from mental health and community services prior to education commencement.

Project Peer Worker

The PWP Peer Worker contributes their lived expertise of mental illness and recovery and ideally holds a related qualification in mental health and/or community services (see Appendix 4 for position description). It is important that the Peer Worker has a willingness and ability to share their knowledge and experiences with participants, sector leaders, employment partners and the wider community to successfully emulate and promote the benefits and possibilities of implementing and sustaining a peer based workforce.

“Peer support is based on reciprocity and experiential knowledge – that is support is provided by and for people with similar conditions, problems, or experiences” (Mead and McNeil, 2006).

The inclusion of a Peer Worker role demonstrates the capacity of the Project to ‘walk its talk’ which significantly enhances community education and sector capacity building as this commitment role models the benefits of peer work to the mental health and community services sector.

The Project’s Peer Worker should complete a Wellness Recovery Action Plan (WRAP) and an Emotional CPR (eCPR) or Intentional Peer Support (IPS) course in the initial phase of their employment as a large part of their role focuses on the provision of peer support. A combination of the WRAP and one other of these courses will provide the Peer Worker with access to the essential knowledge and skills necessary to incorporate self-care strategies whilst facilitating appropriate support to peers. Further information related to eCPR and accessing further training in this area is available online at: www.emotional-cpr.org.

Further information about IPS and how to access the training is also available online at: www.intentionalpeersupport.org.

The inclusion of peer support is critical to the achievement of PWP outcomes as it significantly increases the capacity of the project to provide essential support to Participants including:

- WRAP development
- Accessible, meaningful, holistic support based on shared experiences
- Role modelling self-responsibility

- Provision of peer supervision, and
- Inspiration for the possibility of meaningful employment and encouraging ongoing engagement in study and work placement activities.

Lessons Learned

Consumer Representatives

Two paid Consumer Representatives were recruited post development and design phase of the LEP. Consequently, Consumer Representatives reported role confusion and difficulties in adequately representing issues of concern related to project management.

Participant recruitment

The LEP's short time frame and span across a large regional area resulted in rushed and inadequate participant recruitment. Despite integrating a thorough application process with a written application form and an informal panel interview, there was a lack of suitable participants recruited in some areas due to lack of time for project promotion and community education.

The application process tested work readiness and capacity for study in accordance with specific eligibility criteria and ensured the majority of applicants possessed the necessary skills and abilities required for successful completion of qualification and transition to employment. However, the application process did not adequately assess literacy and numeracy skills, conduct a computer skills test or verify whether participants had computers and internet access at home. Further, there was no preliminary identification of any further barriers or strategies identified to overcome them.

Consequently, a large number of participants emerged as having higher than anticipated support needs which impacted on their mental health and wellbeing throughout the project and significantly increased the Project Manager's workload.

Participant support

A number of Participants experienced higher than anticipated support needs during their engagement in the LEP due to:

- Short time frame in which the project was delivered
- Considerable length of time since engagement in study or work
- Literacy and numeracy issues
- Impact of medication and/or symptoms of mental illness on cognition
- Additional barriers such as poverty, transport, child care and physical health issues, and
- Participants declining to engage with DES organisations due to past negative experiences or disinterest, or mental health related symptoms.

Increased Participant support needs resulted in an untenable workload for the Project Manager. A Peer Worker was employed at mid-point in the project timeline to increase the capacity of the project to provide more strategic and effective support to enable participant's to reach their goals and the project to achieve its outcomes.

Recommendations

- i. Consumer Representatives are recruited prior to implementation process and from commencement of Steering Committee.
- ii. Consumer Representatives are provided with opportunities for briefing pre meeting and debriefing post meeting to ensure maximisation of genuine participation
- iii. Consumer Representatives have access to training related to consumer representation and meeting participation to support engagement and participation in project steering process.
- iv. A suitably qualified Peer Worker should be employed at commencement of the project to:
 - Inspire hope and demonstrate that recovery from mental illness and re-entry into education and work is possible
 - Increase the likelihood of achievement of project outcomes through the facilitation and provision of effective individual and peer support and group peer supervision to participants making the transition to education and employment
 - Enhance community sector education and capacity building through sharing their recovery story at project information/promotion sessions and employer partner education sessions, and
 - Demonstrate that the project 'walks its talk' and providing employers with an accessible example of the benefits that peer workers bring to mental health and community services organisations.
- v. Allow for adequate time (at least 8 weeks) to promote project to potential participants including development and delivery of participant information and recruitment sessions to clearly convey time, commitment and expectations required to participate in and graduate from the project.
- vi. Focus on local media coverage to advertise project recruitment as this is likely to increase the number of appropriate applicants and thereby increase the likelihood of achieving project outcomes.
- vii. Participant interviews are conducted by varying combinations of Project Manager, Peer Worker, Trainer and DES Consultant to ensure that a variety of perspectives and observations are taken into consideration regarding the participant selection process.
- viii. Computer skills assessments are incorporated into recruitment process to identify any need for further pre-vocational training if commenced with the project
- ix. Conduct a review of literacy and numeracy skills with successful applicants and design and develop the pre-vocational training to meet the specific needs of identified candidates.
- x. Identify any barriers likely to prevent successful achievement of project goals and incorporate management strategies into support structure.
- xi. Link participants with higher educational support needs to tutors at commencement of course to facilitate the development of a positive working relationship
- xii. Incorporate individualised management of mental health and wellbeing as each potential Participant is required to complete a WRAP or similar workshop/course prior to commencement with the project.
- xiii. Consolidate support structure for each participant by ensuring they are registered with a DES

organisation prior to commencement with the project.

- xiv. Develop and communicate a clear Rights and Responsibilities document to all stakeholders and Participants which includes:
- An overview of the project
 - Participant rights and responsibilities
 - Roles and expectations role of the Project Manager, Peer Worker and DES Consultant in relation to participant support; and
 - Informs participants regarding their choice to leave the project or reasons for which they could be asked to leave the project.

It is important to ensure this document is clearly explained to project participants at project information sessions.

- xv. Provide all Participants with a copy of a complaints form with accompanying information that clearly details the complaints and appeals processes and policy. Participants should receive this documentation prior to commencement with the PWP.

05 Education

Education offers people with lived experience of mental illness and recovery opportunities for personal transformation, knowledge and skill development, increased earnings, career pathway development and reintegration into society (Mowbray et al., 2005). Appropriate education and training is an essential component in the PWP, to support the development of a qualified peer workforce and to facilitate increased opportunities in competitive employment for each participant.

To achieve success in an education placement it is important to ensure adequate learning support and to maximise the fit between the participant and the learning environment (Sullivan et al., 1993). Current research and literature identifies the importance of providing collaborative support from all stakeholders including carers, family, friends, institutional staff and vocational and mental health specialist providers for adults with mental illness to succeed in their education goals (Mowbray et al., 2005). Essential support includes: academic survival skills, career planning and outreach to services and resources (Brown, 2002).

It is important for PWPs to focus on a person's strengths, provide support and reassurance and instil opportunities to develop a new positive identity as a student in contrast to the stigmatised role of psychiatric patient (Collins et al., 2000). Participation in education and completion of a qualification is also linked to improvements in self-esteem and health and wellbeing, increased social connections and reduced hospitalisations (Unger et al., 1991).

Pre- employment education and training

It is essential to PWP success and achievement of outcomes that each Participant is assessed according to their capacity to undertake a course at Certificate IV level. Considerations should be given to literacy, numeracy and computer skills of each Participant prior to commencement with the project, to accurately determine educational support needs. This role is best undertaken by the course Trainer at the time of Participant recruitment.

After evaluation of each Participant's skills, a pre-vocational course can be developed by the RTO to suit the needs of individual Participants. It is important that this training take place prior to commencement with the Certificate IV course. Any Participant that is identified as in need of further more intensive support should then be linked to a tutor for ongoing assistance throughout course delivery.

Certificate IV Courses

It is recommended that the PWP incorporate training at Certificate IV level in mental health, mental health peer work (where available), or community services work. The achievement of a Certificate IV level course enables Participants to effectively compete in the open employment market against other candidates. Further, it reassures employment partners that Participants have obtained the necessary level of nationally recognised training to ensure development of appropriate knowledge and skills required to work with people experiencing mental illness.

It is recommended that future PWPs research their local labour markets and training providers to identify the most suitable qualification to ensure Participants remain competitive and able to access employment in a variety of mental health and related public and community managed organisations.

Further information on nationally recognised training options is available online at:

www.training.gov.au

In 2012 the Certificate IV in Mental Health Peer Work was launched in Australia. To develop this qualification, extensive research was undertaken by the Community Health Skills and Industry Council through interviews, surveys and focus groups with consumers and carers all over the country. The consultation process and subsequent research contributed to the development of a nationally standardised qualification in peer work that was recently delivered by the Mental Illness Fellowship of South Australia and Baptist Care Incorporated. Ideally, Participants would complete this qualification in addition to competencies toward a Certificate IV in mental health or community services to enhance employment options across a variety of organisations, particularly in regional contexts. Further information related to the Peer Work qualification and its current delivery information is available online at: <http://peerwork.baptistcaresa.org.au/info-for-peers/>

Training in Peer Work with Peer Educators and leaders

There are a number of well regarded peer educators and leaders both nationally and internationally available to provide essential training in peer work competencies such as WRAPs, eCPR and IPS. Some Australian mental health peak bodies and community managed organisations have also developed training courses in Peer Work. A sample course guide in peer work training from Mind Australia is provided in Appendix I and further information on peer worker training in South Australia is available at:

<http://www.mifa.org.au/peer-work-project>

The type of Peer Work training and the mode in which it is delivered may vary from project to project and be dependent on courses available at the RTO and/or mental health peak body. The selection and mode of delivery of Peer Work competencies may also depend on the knowledge, skills and work history of the project team.

“Having a famous peer leader come and deliver training to us was so inspiring. I was already excited by the project but realising that I could use my experiences to help others and that what I had gone through could now be of use to society made me even more determined to finish the course and start working” (LEP participant, 2012)

If the project team and partners are not equipped to deliver specialised peer training it is essential that Participants have access to specialised training in Peer Work through a consultant Peer Educator. Specialised training is important, as it is their ability to use personal knowledge and experience of mental illness and recovery to support others that differentiates PWP Participants from any other graduate of a Certificate IV course.

Lessons Learned

Pre-employment training and Certificate IV qualification

Pre-employment training and access to tutors is essential to project success. During the LEP the pre-employment training was developed after focus groups and consultations with employers and a number of Participants reported that it failed to meet their training needs. It would therefore be more beneficial to develop appropriate training after evaluation of and in response to participant's identified training needs. Only Participants requiring extra support need attend these sessions as LEP Participants who were capable of studying at Certificate IV level identified they were bored and

disinterested during this phase of the project's delivery.

Participants attending the pre-employment training would learn more confidently in a small group and have increased access to tutor support, further they would have the opportunity to develop strong relationships with tutors prior to commencement of the course which would encourage greater levels of participation and attendance.

Peer work training with Peer Educators and leaders

The inclusion of workshops by consulting Peer leaders and educators was an essential to the success of the project. LEP Participants reported the workshops with peer educators as inspiring, informative and educational. Peer leaders demonstrated the possibilities for future career pathways and were able to provide answers to the ethical and other challenges associated with working as a peer worker in mental health settings. Further, they provided much needed follow up support and worked toward promoting the project at a state and national level with key figures in mental health.

Recommendations

- i. Recruitment process to include evaluation of literacy and numeracy levels and computer skills prior to course commencement. Refer Participants in need of intensive educational support to complete the pre-employment training.
- ii. The RTO supports participants to complete Certificate IV enrolment process and responds effectively to the training needs of participants through development and provision of a pre-employment course and the provision of access to tutors on a regular basis.
- iii. DES Consultant assists with enrolment process.
- iv. Develop pre-employment training in response to specific needs of identified Participants.
- v. Link Participants in need of intensive support to Tutor at commencement of project.
- vi. Project Peer Worker to work alongside Participants and support obtainment of educational goals through encouragement and recognition of strengths.
- vii. Review knowledge, skills, experience and capacity of project team to deliver Peer Work training. Identify suitable Peer Educator to provide essential peer training during planning and development (phase 2).
- viii. Networks are developed from project commencement with Consumer Representative organisations and Peer leaders/educators to identify and plan for provision of peer worker training.

06 Training

Employment partners

All staff of mental health and community service organisations both public and community managed should receive promotional peer worker project materials and regular updates on project progress in addition to invitations to attend project information sessions to ensure they are fully informed of how the project will be delivered and how their service and its consumers can maximise their participation.

Every mental health and related community services organisation has the potential to become a project partner, Steering Committee member, work experience placement host or employer. Consequently, each participating organisation should be offered the opportunity to participate in training sessions and receive an education resource package.

For examples of employer education resources see Appendix I and “The Employer Toolkit: Employing Peer Workers in your Organisation” developed by the Peer Work Project through the Mental Illness Fellowship of South Australia and Baptist Care SA Inc and available online at: http://www.peerwork.org.au/files/2009/03/toolkit_-_20091.pdf

The success of a subsequent work experience placement and/or employment opportunity is related to the number of staff attending and participating in the training. It is essential for directors, managers and co-ordinators of services to attend the training to ensure organisational investment in the project and the implementation of identified workplace supports and adjustments.

Recent research provides up to date and detailed information for employers in relation to countering stigma and discrimination and implementing appropriate workplace support for people with mental illness (see Hull & Read, 2003; Lennon & Wyllie, 2005; Mental Health Foundation of New Zealand, 2007; DEEWR, 2008; Centre for Youth Mental Health, 2011).

The training sessions are facilitated by the Project Manager and/or Peer Worker to provide employment partners with an introduction and opportunities to interact and discuss aspects of Peer Work including:

- Peer Worker Project overview
- Definition of a Peer Worker and peer work
- Project Peer Worker shares personal story of recovery
- Mental health consumers and unemployment/employment
- Peer work in an Australian and international context
- Evidence base for peer workers
- Benefits of Peer Workers
- Challenges associated with introducing peer workers to an organisation
- Strategies to enhance the employment of people with lived experience of mental illness as peer workers in mental health and community sector organisations, and
- Employer best practice - reasonable adjustments and support options for people with mental illness in the workplace

Work experience placement

Each Participant should have the opportunity to complete a work experience placement in a mental health / community service organisation. Work experience is an essential component of education and training as it provides Participants who have been out of study and work for prolonged periods with a supported opportunity to enter a workplace setting and to test their newly acquired knowledge in working with people who experience mental illness. Work experience opportunities often lead to paid work; both the DES Consultant and Project Manager should seize any opportunity to facilitate this transition.

It is important for participants to complete their education and to attend a work experience information session prior to entering work experience placements, to ensure they are adequately prepared before entering a workplace. Where possible the Project Manager should attempt to link each Participant with a work experience placement that aligns with their employment goals and interests to ensure opportunities for future work are maximised and that the experience is positive and beneficial for both participant and employment partner.

“The majority of our staff did the training which really assisted with their acceptance and understanding of the concept of peer work. I wasn’t 100% convinced until I did the training and got a better perspective/more open minded about how the role could work on the Unit. All staff gave very positive feedback about the training, it was essential to the success we have since experienced with our Peer Worker”. (Manager and employment partner on LEP’s Peer Worker training, 2012)

Each Participant will need to complete a Criminal Records Check which should be undertaken at commencement of the second semester of the Certificate IV qualification to ensure currency and adequate time frame on return of paperwork. Each Participant should then attend a pre-work placement meeting with the Project Manager and/or Peer Worker and the manager of the host organisation to clarify a job description and address any concerns identified by either party. Insurance and other agreements associated with the placement should also be signed at this first meeting.

Working with people who experience mental illness can be challenging and there is a risk of vicarious trauma, compassion fatigue and burn out. It is important for each Participant to review their WRAP with the Project Peer Worker and to participate in group peer supervision sessions to discuss challenging situations in the working environment. Each Participant should review and update their Employment Pathway Plan with their DES provider to ensure they have additional and appropriate support during work experience placements.

Lessons Learned

Employment partner training

The LEP Project Manager was unable to prepare the education resources and deliver the required number of employer education sessions in the project time frame. This was largely due to the unanticipated lack of sector knowledge of Peer Work, as well as the large size of some organisations that required multiple training sessions to be delivered.

In addition, a number of organisations appeared disinterested or detached from the project which was reflected in a lack of engagement with the Project Manager and poor attendance at scheduled training sessions. Few training sessions were attended by organisational leaders and multiple organisations cited poor timing, busy schedules and lack of funds for staff to attend training as

reasons for their non- or partial participation.

Work experience placements

The LEP Project Manager was responsible for the identification and review of work experience placements. This role proved time consuming and challenging with participants competing for work placements alongside non-lived experience students of other education or training institutions and a number of organisations identifying that they were not able to host a person with lived experience of mental illness. The Project Manager's workload and short project time frame resulted in inadequate time to identify suitable placements for all participants and/or to facilitate employment partner training prior to commencement of work experience placements. It was also difficult for the Project Manager to follow up with a pre, mid and post placement review meeting for each participant.

Some mental health specific organisations would not allow Participants to practice Peer Work whilst undertaking work experience, despite their attendance at employment partner training and participation in work experience placement information sessions/meetings. It is important that a clear job description is developed from commencement of each work experience placement to ensure clarification of role and boundaries and to avoid Participant disappointment.

A number of Participants experienced stigma and discrimination from some mental health workers who were challenged by the concept of working alongside a person with a lived experience of mental illness. This stigma was possibly heightened by the project's regional location which meant that a number of Participants were known to mental health workers as previous consumers of mental health services. The most successful work experience placements were those in which the majority of staff had attended the peer worker training and in which the manager or leaders in the organisation were supportive and connected to project outcomes.

Recommendations

- i. Allocate 12 weeks during Phase 2 to develop resources and deliver project information sessions to mental health and community services sector staff. Use these sessions to invite sector leaders and staff to participate in the project as employment partners, work placement hosts, mentors or steering committee members and offer free training in peer work. Ensure the Project Peer Worker participates in sector education by co-facilitating information sessions and sharing inspirational stories of recovery.
- ii. Project Manger and Peer Worker to share employment partner training workload to ensure that all targeted organisations participate in training and larger organisations are provided with multiple training opportunities.
- iii. Distribute PWP promotional material across mental health services and invite strategic leaders to a meeting to discuss their involvement in the project and confirm their commitment to the training.
- iv. use relationship/partnership with mental health peak body and consumer representative organisations to assist with promotion of employment partner training
- v. Use the media as a promotional tool for the project to increase sector interest and promote their involvement.
- vi. Develop an email list and invite interested employers to sign up for regular updated project information.
- vii. Allow adequate time prior to commencement of work experience placements (up to 6

months) to deliver employment partner training to all mental health and related community service organisations. Ensure booking of training occurs with advance notice to facilitate maximum attendance of all staff.

- viii. Issue a Certificate of Completion to attendees at training as recognition and reward promotes and encourages attendance and participation
- ix. Provide follow up consultation sessions with managers and co-ordinators to ensure implementation of identified support strategies.
- x. Promote the need for work experience placement opportunities during the first 6 months of the PWP (Phase 2) in community education and development. By focussing on work experience placements from project commencement the Project Manager and partners have 12 months to identify and secure appropriate placements for Participants.
- xi. Commence work experience placements immediately following completion of Certificate IV course to ensure momentum and smooth transition into workplace settings
- xii. Ensure all work experience placement hosts have attended peer worker training and are informed and prepared to host a participant by conducting pre, mid and post work experience placement meetings with organisation manager and supervisors.
- xiii. Facilitate development of a job description for each Participant on placement to ensure both organisation and Participant have a clear understanding of the role and boundaries.
- xiv. Ensure participants are prepared for work experience placements by facilitating a pre-placement information session and encouraging review of WRAPs and employment pathway plans with the Peer Worker and DES Consultant.
- xv. Project Peer Worker to provide intensive support to participants whilst on placement and to facilitate group peer supervision settings.
- xvi. Project Manager, Trainer and DES Consultant work together as a team with clear delineation of boundaries to identify, secure and review work experience placements.
- xvii. Ensure employment partners are aware of opportunities for wage subsidies on creation of employment for Participants.

07 Employment

People with a lived experience of mental illness experience high rates of unemployment. Reasons for this include discrimination, stigma, the episodic nature of mental illness, side effects of medication, low self-concept, lack of appropriate workplace support and material difficulties such as homelessness or lack of transport (COAG, 2008). Compelling evidence links participation in the workforce with improved mental health and recovery from mental illness (see Hanois and Gabriel, 2000; Boardman et al., 2003; Huxley and Thornicroft, 2003; Morrow et al., 2009, Waghorn & Lloyd, 2005), whereas unemployment reinforces socioeconomic disadvantage, social exclusion and vulnerability.

The mental health sector is currently also experiencing significant growth and faces chronic skills and staff shortages and there is no shortage of evidence that mental health consumers want and are able to work (COAG, 2008). This presents a unique and meaningful opportunity for prospective employers and mental health services.

Peer Worker projects seize this opportunity by supporting people who experience mental illness to move into employment in the mental health sector. Prior to delivering a PWP it is recommended to carefully consider the challenges and barriers faced by people who experience mental illness entering the workforce after a significant period of absence and to ensure the provision of appropriate support to find and keep a job. A planned and collaborative approach to support that is tailored to meet the needs of individual participants and provided by the Project Manager, Peer Worker, DES Consultant, Trainer, Tutors, mentors, employers, carers, family and support networks will ensure and promote the best opportunity for success for all stakeholders.

Disability Employment Service (DES) Organisations

Essential to PWP success is a working partnership with a Disability Employment Service (DES). Research identifies that support from professionals such as employment consultants or employment specialists may increase the employment rate and quality of jobs for people who experience mental illness (Migliore et al., 2012). Support strategies used by DES include: knowing job seekers' individual preferences and needs, finding jobs, negotiating customized job descriptions, facilitating transition, and providing follow-up supports.

Evidence based practices for career planning and assessment include:

- Developing a detailed understanding of the job seeker's strengths, skills, and preferences (Callahan, 2003; Kluesner, Taylor, & Bordieri, 2005; Griffin et al., 2008; Callahan, Shumpert & Condon, 2009)
- Using job restructuring or job creation to expand employment opportunities; understanding workplace culture and structure, including developing a relationship with the employer and understanding the work environment (Butterworth, Hagner, Helm & Whelley, 2000; Carlson, Smith, & Rapp, 2008), and
- Using personal and professional networks to identify job opportunities (Bissonette, 1994; Hagner, Fesko, Cadigan, Kiernan, & Butterworth, 1996; Luecking, Fabian, & Tilson, 2004; Griffin et al., 2008; Owens & Young, 2008; Bolles, 2009; Levinson & Perry, 2009).

Job entry and post-employment supports including transportation, work-incentives planning, and building and ensuring natural supports are also critical for a smooth transition to employment (Becker

& Drake, 2003).

Participant support into employment

The successful DES organisation is elected as a result of a competitive tendering process during Phase 1 of the Project. The Project Manager and Peer Support Worker work alongside each participant and the DES Consultant to facilitate a successful return to study and transition into work.

It is important for the project team and DES Consultant work collaboratively by discussing Participant progress regularly and ensuring that any barriers affecting successful completion of project goals are addressed and management strategies identified. It is anticipated that the DES Consultant will provide support with educational goals and job seeking expertise whilst the Project Manager and Peer Worker provide essential mental health and peer support.

The Project team also works alongside the DES Consultant in the community whilst canvassing appropriate work experience placements and opportunities for employment. As the Project Manager and Peer Worker hold essential mental health and community services sector knowledge, networks and connections to the industry and the DES Consultant specialises in building employer relationships it is anticipated that a consistent team approach will result in identification of sustainable employment opportunities and successful achievement of project outcomes.

Lessons Learned

During the LEP DES support was provided by eight different organisations and a number of different consultants. A great deal of the Project Manager's time was spent training DES provider organisations in Peer Work and engaging in regular contact with a large number of different DES consultants regarding Participant progress. In addition, some Participants were reluctant to register with a DES organisation due to previous experiences with DES organisations, concerns associated with loss of benefit (Disability Support Pension), or due to symptoms associated with mental ill-health.

A number of Participants also reported inadequate support from DES organisations including lack of regular contact and consistency as they were allocated new consultants without being informed of any changes. Further, a number of DES consultants lacked mental health specific knowledge and skills required when working with people with lived experience of mental illness. This was demonstrated by poor assessments and inadequate employment pathway plans. Some consultants were reluctant to support participants to disclose their experiences of mental illness which is the foundation upon which peer worker positions are built.

Recommendations

- i. DES providers and/or Department of Human Services, Centrelink representatives to facilitate information session with Participants related to their participation in DES programs and the impact of work on income support payments prior to commencement with the Project so that Participants can make an informed decision in relation to their engagement with DES support.
- ii. DES Consultant and manager of DES organisation are active members of Steering Committee.
- iii. The PWP incorporates an appropriate time frame to allow completion of Participant registration process to ensure inclusion of employment specialist support.

- iv. The DES Consultant attends and participates in peer worker education and training workshops to ensure a working understanding of peer work and the role of a Peer Worker.
- v. Project Manager and/or Peer Worker to meet with each Participant and their DES provider (where appropriate) at commencement of project to develop an employment pathway plan and to build a co-case management relationship with DES provider.
- vi. Participant, Project Manager and DES Consultant to collaboratively canvass potential employers in the industry to ensure identification of appropriate employment opportunities and to ensure provision of reasonable adjustments and support to people with lived experience of mental health issues in the workplace.
- vii. Employment is the focus of the project and is incorporated into project information, education and promotion sessions throughout project delivery. Information detailing the benefits of employing peer workers and subsidies available to potential employment partners should be made freely available and secured successful employment should be, with consent the focus of local media to inspire identification of future employment opportunities.

08 Mentoring

Several studies suggest that mentoring is positively related to the likelihood of obtaining and sustaining employment (McDonald et al., 2007; Dworking, 2012; Migliore et al., 2012). Entrance into the world of work facilitates the development of mentoring relationships, especially among people who experience mental illness as they also experience significant barriers against participation in education and employment.

Mentoring is considered an important addition to training because learning is enhanced by individually discussing experiences and challenges with mentees (Hewitt et al., 2005; O'Neil et al., 2005). Mentors offer knowledge, guidance and skills development that can expand labour market information and significantly increase opportunities for employment among people who experience mental illness.

Mentors may also benefit from participating in a mentoring relationship. Research on social networks (Lin, 1999) and on mentoring within work organisations (Rosenbaum et al., 1999, Russell and Adams, 1997) highlight the importance of mentors in improving career opportunities for the adult workforce. As mentoring relationships have the potential for promoting attachment to education and work and may provide additional support that positively impacts on project outcomes, it is important to consider including a mentoring program in the PWP.

An effective mentoring program would require 12 weeks to identify and train suitable mentors and 4 weeks to train mentees and match them to suitable mentors. It is also important to regularly review the mentoring program to ensure participants are receiving regular and appropriate mentoring. Mentoring resources are provided in Appendices 6 and 8.

Lessons Learned

During the initial phase of the LEP the mentoring program and associated promotional material were developed and mentoring training was delivered to participants. The LEP developed a mentoring workbook and template mentoring agreement which was well received by Participants and mentors but seemed to be underutilised at commencement of the Project.

Despite positive Participant uptake in the mentoring process, dissemination of promotional material and facilitation of a mentoring workshop for mentors occurred late in the project's timeline, consequently, it was difficult to recruit appropriate industry mentors and a number of mental health and community services workers who elected to be mentors were unsure of how to undertake the role and lacked time to read through the workbook. In addition a number of Participants reported that their mentors had not been in contact regularly or that they were too busy to engage in an effective mentoring relationship.

Recommendations

- i. Increase the time allocated to project promotion and community education at project commencement to ensure industry awareness of the Project and to encourage participation from mental health and community services staff as mentors.
- ii. Provide mentoring training for Participants and workers in the field at commencement of the Project as practitioners are more likely to volunteer to mentor if they understand benefits, process and time involved in a mentoring relationship, and possess the necessary skills to act

as a mentor. Ensure training incorporates the workbook and agreement template to provide both mentee and mentor with an understanding of how to use it.

- iii. Host mentoring introduction sessions to facilitate mentors and mentees meeting each other and spending time to complete a mentoring agreement to ensure documentation is complete and a suitable arrangement is in place for each Participant.
- iv. Increase mentor uptake by incorporating local media involvement.
- v. Regularly review mentoring relationships to ensure Participants are receiving adequate and appropriate support.
- vi. Include mentor feedback in evaluation process to contribute to the expanding literature in relation to mentoring and its role in facilitating education and employment outcomes.

09 Approval

I, _____ (full name),

as _____ (position title)

of _____ (organisation),

confirm that:

- I am the authorised person to make this declaration on behalf of my organisation and all relevant persons have made a full disclosure of information
- The information provided in this document and all appended documents is complete and correct.
- I have reviewed and approve / endorse this document.

Date: ___ / ___ / ___

Signed: _____

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Appendices

A. Literature Review

Executive summary

This literature review provides a general overview of the history and development of the mental health peer workforce in Australia and internationally. Mental health peer workers are people with a lived experience of mental illness and recovery who are employed by mental health organisations in various roles to offer hope, inspiration and support to consumers of mental health services (Clay, 2005; Bennetts, 2009; O'Hagan et al., 2009; McLean et al., 2009; Scott, 2011). Current research and literature increasingly recognises the efficacy of peer work as an evidenced based model of accessible and effective mental health support (Mowbray et al., 1997; Campbell, 2005; Cleary, Walter and Escott, 2006; Lawn, Smith & Hunter, 2008; Basset et al., 2010; National Mental Health Consumer and Carer Forum, 2004). Overall, findings identify peer support as a distinctive, positive and essential mental health service that has resulted in numerous benefits for consumers, peer workers and the organisations that employ them. Evidence also reports on the barriers and challenges associated with the education, training and employment of peer workers in the mental health sector. Areas identified as in need of urgent funding and prioritisation include: the development of state and national guidelines to improve consistency in roles, job descriptions, competencies, education and training, supervision, documentation, equitable pay, opportunities for career advancement and the development of agreed upon ethical codes of practice.

The literature identifies a number of recommendations and strategies suggested to governments and employers to ensure the provision of adequate resources and capacity building required to facilitate the introduction and development of workplace standards and equity for the mental health consumer workforce (McLean, 2009; Nestor & Galletly, 2012). Although there is no current 'road map' identifying the most effective way to develop a consumer workforce, there are valuable lessons to be learned from exploring a number of peer work projects in regions and states across Australia as well as overseas (Anglicare Tasmania, 2009). Continued research and evaluation of the consumer workforce would further identify the unique qualities of peer support and contribute to the growing body of evidence around these important services. This literature review will inform and direct the development of a replicable project prototype to support people with a lived experience of mental illness and recovery to make the transition into training and employment as paid consumer workers in Australian mental health and community workplace settings.

METHODOLOGY

The literature search was conducted between September and November, 2012. The focus is on material dated from 2000 onwards, with the inclusion of some earlier articles that have been referenced as key documents.

Research and evidence was identified from the following sources:

- Journal database searches, including searches of PsycINFO, Journals@Ovid PsycArticles, Cochrane Library, Health Collection, PubMed, Informaworld Journals and Oxford Journals Online, using the keywords and phrases: "consumer workers", "consumer consultant", "peer workers", "peer support workers", "peer specialist", "peer advocate", "peer educator", "mental health workforce", "service user workforce", "peer support", "peer training", "consumer movement", "consumer participation", "mental health", "mental illness", "recovery", "lived experience", "unemployment", "employment",

“education”, “training”, “evaluation”, “challenges”, “benefits”, “employers”, “Australia”, “New Zealand”, “United States”, “United Kingdom”, “Scotland”, “Canada”.

- Google and Google Scholar were also searched using the above keywords and phrases.
- Key references that featured predominantly in the literature were also accessed.
- Australia’s previous and current mental health policies, guidelines and standards.
- International mental health policies from New Zealand, America, England, Ireland, Scotland and Canada

Preliminary readings indicated a need to include specific countries in the search terms. New Zealand, England, Ireland, Scotland, Canada and the United States are member countries of the International Initiative for Mental Health Leaders (IIMHL) and all have made some progress in the employment of consumer workers in mental health services. The IIMHL countries offered examples of best practice and empirical studies conducted into the mental health consumer workforce that have been integrated into the review.

LIMITATIONS

This review focuses on the provision of formal, paid peer services as opposed to the widespread informal/unpaid and naturally occurring peer support provided by peers in a variety of settings throughout the world. The extent of research and evidence that could be incorporated into this literature search was limited by the two month time frame to write the review. The review was also limited by its lack of scope to expand on key issues related to specific population groups of consumer workers including Indigenous peoples, women and people experiencing co-existing challenges such as mental illness and substance use. Despite these limitations the review attempts to provide a general overview of the themes identified in the literature relating to the employment of consumer workers.

TERMINOLOGY

It is important to note that a variety of terms are used to refer to individuals who experience mental illness and/or use the mental health service system. These terms include: ‘consumer’, ‘survivor’, ‘service user’, ‘person with lived experience’, ‘people with mental illness or mental health problems/issues’. It is recognised that different terms may have different meanings to individuals and that people have a right to name and define their own experiences. Many do not see the terms ‘peer support’, ‘consumer/survivor’, or ‘service user’ as interchangeable as peer support is largely viewed as a way of delivering a service and building a relationship, whereas the terms ‘consumer or survivor’ imply a political voice (Peters, 2010).

In Australia, the term ‘consumer’ is most commonly used in relation to people who have used, are using or might use mental health services (McInerney, 2008). In some contexts it can be used to refer to both consumers and carers of those with mental illness. However in this review it refers solely to users of mental health services, not to carers. The terms ‘peer worker’ or ‘consumer worker’ and ‘consumer workforce’ or ‘peer workforce’ are used in this review as they are commonly used in relation to people with lived experience of mental illness who are living well and are employed to use their experiences to support others in recovery (Peer Work Project, 2007). This is not meant to indicate a preference for some values or approaches over others, rather they are used as generally descriptive and encompassing terms that are commonly used in Australia.

This literature review refers to number of different consumer designated roles in the mental health

sector across Australia including:

- Consumer/Peer Consultants
- Consumer/Peer Advisors
- Consumer/Peer Educator/Trainer
- Consumer/Peer Advocate
- Peer Worker/Peer Support Worker
- Peer Mentor
- Peer Specialist

INTRODUCTION

There are several different models of consumer involvement in mental health services across Australia and internationally ranging from self-help groups to the employment of consumers as service providers (Mowbray et al., 2001; Anglicare Tasmania, 2009; McKenzie, 2010). The mental health sector currently faces the challenge of developing an understanding of the current situation for the peer workforce and needs to increase opportunities to share innovations and learning in its development (Peters, 2010; Nestor & Galletly, 2012). This literature review examines research relating to the paid or formal mental health consumer workforce in Australia and across other member countries of the IIMHL to highlight the barriers, challenges and recommendations associated with the employment of consumers as paid staff in mental health services and the associated development of a consumer workforce. The findings will inform the development of a replicable project prototype designed to support people with a lived experience of mental illness and recovery to complete training and make the transition into employment as peer workers in Australian mental health workplace settings.

The review investigates:

- Unemployment and mental illness in Australia
- Definitions of peer work.
- History of the mental health consumer workforce.
- Barriers and challenges facing the consumer workforce.
- Benefits associated with consumer provided mental health services.
- Development of a replicable project prototype to support the training and employment of people with lived experience of mental illness and recovery.

UNEMPLOYMENT AND MENTAL ILLNESS IN AUSTRALIA

People with a lived experience of mental illness experience high rates of unemployment and are among the most socially and economically disadvantaged members of society (Harnois & Gabriel, 2000). Reasons for this include discrimination, stigma, the episodic nature of mental illness, side effects of medication, low self-concept, lack of appropriate workplace support and material difficulties such as homelessness or lack of transport (Lindow & Rooke-Matthews, 1998; Frese, 2000; Boardman et al., 2003; COAG, 2008). Compelling evidence links participation in the workforce with improved mental health and recovery from mental illness (see Huxley and Thornicroft, 2003; Morrow, Wasik, Cohen & Elah Perry 2009, Waghorn & Lloyd, 2005), whereas unemployment reinforces socioeconomic disadvantage, social exclusion and vulnerability (Mowbray et al., 1996). People with experiences of mental illness and recovery want to work (COAG, 2008) and the availability of productive and meaningful work is consistent with rehabilitation philosophy (Mowbray, et al., 1996). Further, people with mental illness have a right to the same opportunities to participate in life

activities and their local communities as any other person (Leung & de Sousa, 2002; Corrigan, 2003).

Since 1992 consumer participation in mental health service development and delivery has been embedded in Australian policy frameworks at both a state and federal level. The 1991 Mental Health: statement of rights and responsibilities included the right of consumers to contribute to and participate as far as possible in the provision of mental health care. More recently, the Australian Standards for Mental Health Services 2010 identified an urgent need for mental health organisations to ensure consumers and carers are actively involved in the development, delivery and evaluation of services. The development of a peer workforce also aligns with Australia's Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009 – 2014, the National Practice Standards for the Mental Health Workforce 2002, and the National Mental Health Workforce Strategy 2011 in prioritisation of social inclusion for people with mental illness and the need to expand workforce profiles and career pathways for consumer workers in clinical and community mental health settings. Despite these recommendations, large numbers of Australian mental health organisations have only recently recognised the importance and value of utilising people's lived experience to inform improvements to the accessibility, quality and responsiveness of mental health services (Anglicare Tasmania, 2009; Peters, 2010; Nestor & Galletly, 2012).

In Australia there is significant evidence to indicate that the vocational rehabilitation needs of people with lived experience of mental illness are not being adequately addressed (Waghorn et al., 2002; White & Waghorn, 2001; COAG, 2008). There is little evidence to support the efficacy of Australia's health treatment system in reducing the employment restrictions imposed by mental illness (White & Waghorn, 2005). There are also gaps in evidence surrounding the accessibility and effectiveness of the public funded vocational assistance providers established to support and include people with mental illness (Waghorn et al., 2002; White & Waghorn, 2005). A recent survey (see Commonwealth Department of Family and Community Services, 2002) of 134 Disability Employment Service (DES) providers assisting 3025 jobseekers identified that psychiatric or psychological disabilities represented the largest group at 30 percent, and were the least able to secure and retain employment. After 16 months of disability employment assistance, 44 percent of people with identified mental health issues remained unemployed, while only 23 percent attained more durable employment of up to 8 hours per week. These statistics indicate that although people experiencing mental health issues have access to employment assistance, the majority are excluded from vocational opportunities.

To counter this disadvantage, more effective assistance appears needed to support people with mental illness to build and re-build career pathways and increase opportunities for social inclusion and equity of access to social and economic participation (Nestor & Galletly, 2012; Anglicare Tasmania, 2009; McLean et al., 2009). Specific strategies are needed to restore the career disruption caused by mental illness and to restore functioning in socially-valued roles. Several authors (Higgs, 2001; McDonald, 2009; Franke et al., 2010; MHCC, 2010; Ockwell, 2012; Repper and Watson, 2012;) identify the development of meaningful employment as consumer workers as a solution to address the high unemployment experienced by people with mental illness and staff skills shortages in the mental health sector. Peer work enables people with lived experience of mental illness and recovery to use experiences that were previously considered a 'deficit' and transform them into an asset that can be used to support others (Solomon, 2004; McLean et al., 2009; Leung & de Sousa, 2002).

WHAT IS PEER SUPPORT?

Solomon (2004) defines peer support as "social emotional support, frequently coupled with instrumental support, that is mutually offered or provided by persons having a mental health condition

to others sharing a similar mental health condition to bring about a desired social or personal change” (p. 393). Peer support offers people an opportunity to be active participants in their own recovery rather than passive consumers of the mental health system (Adame & Leitner, 2008). As peer workers offer support and in turn receive support from others with similar experiences they may develop a new sense of self-worth as their experiences are valued in a new way. Peer support operates from recovery philosophies that aim for the minimisation of hierarchy and encouragement of the development of deep, transformative, authentic relationships (Chamberlin, 2004; Clay, 2005; Mead et al., 2001; Scott, 2011). A number of authors (see Mead et al., 2001; Chamberlin, 2004; Clay, 2005; Mead & MacNeil, 2006) trace the discouragement of the use of mental health diagnostic labels and the sharing of personal experiences as key strategies to minimise the trauma and distress associated with mental illness. Further, peer providers have a unique understanding of the internal workings of the mental health system rendering them potentially powerful advocates and allies for the people they work alongside (Solomon, 2004).

HISTORY OF THE MENTAL HEALTH CONSUMER/PEER WORKFORCE

The origins of the consumer workforce are linked to self-help groups and mental health consumer/psychiatric survivor movements in the context of the deinstitutionalisation of people living with mental illness during the 1970s and 1980s (see Chamberlin, 1978; Everett, 1994; Chamberlin, 2004; Campbell, 2005; Archibald, 2007; McDonald, 2010; Scott, 2011). During this time consumer groups formed to educate consumers about the mental health system and to reform mental health services (Tower, 1994; Mowbray et al., 1996). Consumer advocacy groups campaigned to promote human rights and to action change in the policies, planning, implementation, delivery and evaluation of mental health services (Mowbray et al., 2006; Tower, 1994). Many of these groups promoted self-help and prioritised peer support. This led to the development of large numbers of programs, networks, agencies and services that provide peer support across the IIMHL countries. These initiatives vary in governance and operations and can be: funded or unfunded; staffed by volunteers or paid employees; operating out of consumer/survivor run organisations or other agencies; and delivered by a group of peers or an individual peer in a team of professionals (Anglicare Tasmania, 2009; MHCC, 2010; Peters, 2010).

As a result of consumer activism and consumer workers' demonstration of the unique and positive contribution they can make to improve the responsiveness and effectiveness of mental health service delivery, the development of the consumer workforce has become a priority in some parts of IIMHL countries (Peters, 2010). Peer workers usually have access to some form of education and training and are employed by mental health organisations to use the knowledge and skills they have acquired from having experienced mental illness and their personal experiences of accessing mental health services (McDonald, 2009). They share a common experience of illness or distress with the people they work with and provide support toward recovery and wellbeing (Peters, 2010). The underlying principle behind the employment of peer workers is “the belief that people who have faced, endured and overcome adversity can offer useful support, encouragement, hope and perhaps mentorship to others facing similar situations” (see Davidson et al., 2006, p 443).

A diverse cross section of public, private and non-government mental health organisations have introduced opportunities for paid employment to people with lived experience of mental illness and recovery in mental health workplace settings (see Stewart et al., 2008). Consumer workers have various roles and responsibilities including: provision of peer support, role modelling and mentoring to consumers within a recovery framework, supervision and debriefing with other consumer workers, individual and systemic advocacy, education and training of mental health workers and administrative duties (Solomon, 2009; McDonald, 2010; Nestor & Galletly, 2012). Despite broad policy support for

consumer participation in mental health service delivery and the emergence of a hundreds of initiatives and projects throughout Australia and overseas, support for the education, training and employment opportunities for peer workers has yet to translate into the resources and capacity building required to assist consumers in these roles to effectively fulfil the requirements of their positions (Anglicare Tasmania, 2009; Bennetts, 2009; Peters, 2010).

THE PEER WORKFORCE

Australia, New Zealand, England, Scotland, Ireland, Canada and the United States have national policy documents that identify the necessity of planning to include peer support services as part of future service delivery (Peters, 2010). In some of these countries the consumer workforce is viewed as a key component of effective mental health services, however it is difficult to ascertain the extent of consumer workforce development as each country is at a different stage of innovation and integration (MHCC 2010; Peters, 2010). Consumer workers currently work across the continuum of tertiary, secondary and community services for mental health organisations and primary care services. They are employed in forensic inpatient services, acute inpatient units, community mental health services, community managed organisations, respite services, peer operated 'warm lines' and training, recovery education and evaluation services throughout IIMHL countries (Peters, 2010). In Australia, different states and health regions exhibit diverse approaches to the employment of peer workers and it is common for some small, particularly regional areas to demonstrate examples of effective and innovative practice (Peer Worker Project, 2008; Anglicare Tasmania, 2009).

Several countries have training programs that have been developed for consumer workers that vary in structure, delivery and content depending on the program and country of origin (O'Hagan et al., 2010). Some countries have certified training programs with a core curriculum based on a recovery model of support as opposed to a clinical model. Two key models of training are Wellness Recovery Action Plan (WRAP), developed by Mary Ellen Copeland (Ellen Copeland, 2012) and Intentional Peer Support, developed by Shery Mead (Mead et al., 2006). Consumer workers also regularly access shorter specialist provided training courses and workshops on topics such as co-supervision, crisis work, self-care, working with voices and recovery. Recently, in Australia, professional qualifications and specific training has been developed to support people's transition into employment as peer workers. The Certificate IV in Mental Health Peer Work was researched and developed by the Health Skills and Industry Council of Australia and was recently piloted by the Mental Illness Fellowship of South Australia (Peer Work Project, 2008). It is anticipated that a number of Australian registered training organisations will be offering this qualification from 2013.

BARRIERS AND CHALLENGES FACING THE MENTAL HEALTH CONSUMER WORKFORCE

The literature identifies a number of barriers impeding the employment and engagement of consumer workers in the delivery of mental health services. A consistently identified barrier is the attitude of mental health professionals (Chamberlin, 1978; Mosher & Burti, 1994; Everett, 2000; Estroff, 2004; Lloyd & King, 2003; Gordon, 2005; Lammers & Happell, 2003). Hodges and Hardiman (2006) suggest that medically oriented mental health professionals are often sceptical and pessimistic about the usefulness of experiential knowledge and are reluctant to facilitate consumer involvement during individual treatment and more broadly in mental health service systems. Mental health clinicians have been reported to treat consumer workers with suspicion, perceiving them as having divided loyalties and lacking professional boundaries (Meehan et al., 2002; Cleary et al., 2006; Davidson et al., 2006;). Some mental health staff exhibit ambivalent or negative attitudes toward peer workers as they are perceived as a cheaper staffing option to replace existing workers (Nestor & Galletly, 2006). Further studies indicate that mental health clinicians stigmatise people with a lived experience of mental illness (Davidson et al., 2006; Hodges & Hardiman, 2006) and lack awareness of the benefits

associated with the different types of roles that can be undertaken by consumer workers (Hodges & Hardiman, 2006).

A number of authors (see Lammers & Happell, 2003 & 2004; Gordon 2005;) identify consumer participation in the planning and delivery of mental health services as a tokenistic or bureaucratic requirement fuelled by 'political correctness'. Consumer workers lack clearly defined roles in mental health service systems which also impedes employment (Meehan et al., 2002; Davidson et al., 2006). The varying tasks required of a consumer worker can result in unclear and vague position descriptions which lead to role conflict and confusion as job titles do not often reflect the work performed by consumer workers (McDonald, 2010). There is a need for clearer definition of what a consumer or peer worker is and the work they perform in mental health. Watson (2007) identified concerns that many consumer workers are allocated tasks that fall outside their job descriptions and should be carried out by other health or allied staff.

Some studies (see Anglicare Tasmania, 2009; Mental Health Commission Canada [MHCC]; 2010; Peters, 2010) report an increasing demand for involvement and representation from of consumer workers in mental health services to enable them to fulfil their statutory requirements, combined with a general inadequacy of resources and sustainability issues. Consequently, these organisations are unable to provide adequate remuneration, access to education and training for professional development, or appropriate support and supervision structures. A national conference of Australian peer workers met in February 2012 and made recommendations concerning standardised work practices for consumer workers. Areas included for improvement include: consistent titles, roles and responsibilities; standard remuneration awards; minimum training and education standards and a consumer worker Code of Professional Standards/Conduct (Mental Health Co-ordinating Council of New South Wales, 2012).

BENEFITS OF CONSUMER PROVIDED MENTAL HEALTH SERVICES

A number of Australian studies have been undertaken to measure the efficacy of consumer provided mental health services (Higgs, 2007; Peer Work Project, 2008; MHCC, 2010; Lawn et al., 2008; Nestor & Galletly, 2012). In 1995, Felton et al reported significantly improved rates of recovery for people who received support from consumer advocates compared to those who did not. More recent investigations indicate that consumer involvement significantly improves the implementation and delivery of mental health services (see Tobin et al., 2002; Lammers & Happell, 2004). The literature also identifies a number of enhanced outcomes for consumers working with peer support workers, including: improved social functioning (Yanos et al., 2001), lower rates of isolation, larger support networks, increased support seeking, greater pursuit of educational goals and employment, and reduced psychiatric symptoms and hospitalisation (Davidson et al., 1999; Humphreys & Rappaport, 1994; Froland et al., 2000; Rivera et al., 2007; Faulkner et al., 2012).

Research further indicates considerable benefits for people with lived experience of mental illness and recovery when employed as peer workers including: increased self-esteem, confidence, increased opportunity for social connection (Yanos et al., 2001; McDiarmid, 2005; Davidson et al., 2006; McDonald, 2010), reduced hospitalisations, improved finances, stable employment, knowledge and skill development and career advancement (Hutchinson et al., 2006;). There is also substantial evidence to support the positive impact that consumer workers have on mental health services both nationally and internationally (see McDonald, 2010;). Mowbray (et al., 1996) suggests that consumer workers are more able to understand people's problems and solutions and are better at developing trust, building rapport and promoting empowerment through role modelling. The provision and addition of peer support to existing mental health services significantly increases their capacity to: provide early intervention and support to young people; role model wellness and recovery to

inspire people with mental illness to play a more active role in managing and their health and wellbeing; and educate families to have a better understanding of psychosis (Nestor & Galletly, 2008). Further, the development of consumer worker roles and the provision of peer support has enabled some mental health organisations to provide more accessible, holistic services by using a less coercive approach (Peters, 2010).

Some studies (see O'Donnell et al., 1998; O'Donnell et al., 1999) were unable to demonstrate any significant quantitative differences in outcomes for consumers assisted by peer workers when compared with consumers who received standard case management. However, qualitative findings from these investigations reported that people who received support from peer workers found the experience both positive and useful (O'Donnell et al., 1998 & 1999). Further studies have identified that the employment of peer workers as mental health service providers and the establishment and implementation of consumer-run agencies has produced similar outcomes to standard clinical based service delivery. In addition, the literature indicates that clinical staff who work alongside consumer workers are able to engage more effectively with consumers in distress as they seem more effectively 'hear' the consumer voice, thus reducing stigma and improving communication (McLean et al., 2009; Leung & de Sousa, 2002).

The employment of people with lived experience of mental illness can have a transformative effect on larger systems of care and in wider society, by enhancing the possibility for recovery and increasing professional and public perceptions toward the belief that recovery is possible (White, 2009). Collaborative practice and meaningful relationships with clinical staff can result in reductions in demand on acute inpatient and other mental health services thus reducing the use and strain on resources in the statutory sector (Peters, 2010; MHCC; 2010). The employment of consumers in these settings may also contribute to reducing stigma and discrimination against people with mental illness as people in mental health organisations and communities witness consumers in socially valued roles and contributing their expertise to services (Anglicare Tasmania, 2009).

A MODEL FOR TRAINING AND SUPPORTING THE PEER WORKFORCE

Research emphasises the importance of providing consumers with appropriate training (see Leung & de Sousa, 2002; Higgs, 2007; Nestor & Galletly, 2008;) to enable them to work effectively and safely in mental health services whilst bringing their unique experiential understanding of illness and recovery. Peer workers would benefit from the provision of education and training in leadership, mentoring, group facilitation, advocacy, and ethics and boundaries (Leung & de Sousa, 2002; Lawn et al., 2008; Mc Lean et al., 2009;). As traditional mental health staff training does not include the importance of peer support, it may be necessary to include a variety of training strategies to enable mental health workers to learn and engage with peer workers and their philosophy of care (Leung & de Sousa, 2002). Nestor and Galletly (2006) further identify the necessity of staff information sessions, ongoing consultation and involvement of staff in the successful development of the Peer Worker role. Partnerships between clinicians, mental health workers and consumer workers are necessary for the identification of employment opportunities for consumers and the future development of the peer workforce (Davidson, et al., 1999; Leung & De Sousa, 2002; Lawn et al., 2008). It is considered essential that administrative leaders and clinical opinion leaders support a common vision and mission that values peer support (O'Hagan et al., 2010). This support and commitment could lead to the identification of informal leaders or 'internal champions' to encourage their colleagues to develop the knowledge, skills and support to work alongside peer workers (Leung & de Sousa, 2002).

The literature identifies the importance of Peer Workers planning wellness management and preparing for the possibility of mental health relapses by introduction and utilisation of advanced care

directives listing the course of action to be taken should a Peer Worker become unwell whilst at work (Higgs, 2007; Lawn et al., 2008; Ellen Copeland, 2012). As personal experience of a mental illness is an essential criteria for employment as a Peer Worker there is considerable debate as to whether an advanced care directive should be a compulsory safeguard for both Peer Worker and mental health service (Nestor & Galletly, 2006). It is further suggested that where possible, peer workers elect to work in geographically separate regions from where they have received or may continue to receive treatment. This separation keeps the boundaries between the role of employee and consumer clearly defined (Lawn et al., 2007; Nestor & Galletly, 2008).

The literature warns about the possibility of retraumatisation and triggering for Peer Workers who recollect and share their story in the course of daily work activities (McLean et al., 2009). It is vital that Peer Workers engage in training to learn how to talk about the parts of their story they wish to share and to provide support for one another (Leung & de Sousa, 2002; Nestor & Galletly, 2006; Higgs, 2001; McLean et al., 2009). It is also identified as essential for Peer Workers to have regular access to supervision, training and ongoing support to be successful in their role (Higgs, 2001; Lawn et al, 2008; O'Hagan et al., 2010). Employers could increase the provision of reasonable adjustments and support for people with lived experience of mental illness. Recent research provides up to date and detailed information for employers in relation to countering stigma and discrimination and implementing appropriate workplace support for people with mental illness (see Hull & Read, 2003; Lennon & Wyllie, 2005; Mental Health Foundation of New Zealand, 2007; DEEWR, 2008; Centre for Youth Mental Health, 2011).

CONCLUSION

This literature review identifies a clear need for further evaluation of Peer Worker programs and the collection of outcome data to inform the future development of the consumer workforce. Important issues for the future include a paradigm shift from consumer participation to consumer leadership and greater participation by consumers in the planning and implementation of mental health research and service delivery. In Australia, the employment of peer workers has resulted in a number of benefits for people with lived experience of mental illness and the industry that employs them. The employment of peers has also resulted in a number of challenges that need to be addressed to ensure that consumer workers have access to resources and support to enable them to effectively fulfil the requirements of their positions and to inform and guide the development of an effective and sustainable consumer workforce in Australia. Important issues for further investigation include education and training, effective support and supervision, career pathway development and the achievement of wage equity for the consumer workforce. There is also an urgent need to research the training, development and support needs of specific population groups including Indigenous peoples, women and people from culturally and linguistically diverse backgrounds in relation to peer work.

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B. Prototype Timeline

PHASE	ACTIVITY	HOLD POINTS	DURATION	START
Project establishment	Form Implementation Group (Partners)		4 weeks	week 1
	Recruit Project Manager		8 weeks	week 5
	Tender for DES partner		8 weeks	
	Recruit Steering Committee		12 weeks	week 5
	Establish agreements, MOUs and contracts	*	8 weeks	week 1
	Agree project budgets and allocations	*	8 weeks	week 1
Project Implementation	Recruit Peer Worker		8 weeks	week 9
	Develop project plan		4 weeks	week 13
	Develop project schedule		4 weeks	week 13
	Develop project risk assessment		4 weeks	week 13
	Develop communication strategy (internal, external, community and stakeholder engagement)		6 weeks	week 13
	Steering committee approval for project plan	*	4 weeks	week 17
Project delivery: Community and stakeholder communications	Develop project logo and promotional materials		8 weeks	week 13
	Funding body approval of promotional materials		4 weeks	week 17
	Develop media materials and implement media campaign		67 weeks	week 19
	Project information sessions		12 weeks	week 19
	Develop sector education resources		8 weeks	week 13
	Disseminate sector education resources		75 weeks	week 21
	Deliver employment partner education sessions		75 weeks	week 21
	Deliver consumer education sessions		18 weeks	week 65
	Identify work experience placement positions		28 weeks	week 21
	Recruit independent evaluation consultant		8 weeks	week 17
	Independent evaluation consultant meets with stakeholders to inform mid and final reports		72 weeks	week 24
	Recruit and train mentors		12 weeks	week 21
	Project Launch		8 weeks	week 17
Project delivery: Participant engagement	Develop participant recruitment strategy and materials		4 weeks	week 16
	Hold information sessions for potential participants		3 weeks	week 22
	Recruit participants including WRAP/EST		14 weeks	week 19
	DES Consultant registers participants		6 weeks	week 31
	DES Consultant provides vocational support		as required	week 31
	Mentoring induction for participants		2 weeks	week 33
	Mentoring match up and introductions		2 weeks	week 34

	Prevocational training (computer skills etc)		4 weeks	week 33
	Participant involvement in community education, media and events		63 weeks	week 33
	Peer supervision and support - quarterly group meetings for duration of project		55 weeks	week 41
Project Delivery: Participant education, training and employment	Participant education/training - Certificate IV semester 1		12 weeks	week 38
	Participant education/training - Certificate IV semester 2		12 weeks	week 57
	Participant storytelling workshops		4 weeks	week 60
	Work experience placement pre-meeting		4 weeks	week 65
	Participant training - Peer Work		2 weeks	week 36
	Mentoring program review		3 weeks	week 68
	Work experience placement		12 weeks	week 69
	Work experience mid placement meeting		3 weeks	week 74
	Work experience final placement meeting		3 weeks	week 80
	Transition into employment		29 weeks	week 73
Project delivery: monitoring and reporting	Data gathering and record keeping - report to Steering Committee		91 weeks	week 13
	1st milestone report at 6 months		3 weeks	week 24
	2nd milestone report at 12 months		3 weeks	week 50
	Mid project independent evaluation report		6 weeks	week 48
	3rd milestone report at 18 months		3 weeks	week 76
	Final independent evaluation report		8 weeks	week 96
Project closure	Graduation		4 weeks	week 86
	Participant transition support meetings		4 weeks	week 83
	Final peer group support and supervision meeting		2 weeks	week 87
	Final mentor review meeting		3 weeks	week 83
	Lessons learned review workshop		2 weeks	week 96
	Final report submission		8 weeks	week 96

C. Lived Experience Project brochures

BE PART
OF THE
CHANGE

Consumers and carers are encouraged to have input into the Lived Experience Project.

If you are interested in participating or would like to obtain further information, please contact:

Gabrielle Le Bon
The Lived Experience Project Officer
Northern Rivers Social Development Council

Phone: (02) 6620 1819
Mobile: 0409 173 599
Fax: (02) 6620 1899
Email: gabriellelebon@nrsc.org.au
Postal: PO Box 5419
East Lismore NSW 2480

The Lived Experience Project is funded by the Australian Government Department of Education, Employment and Workplace Relations through the Innovation Fund.



Australian Government
Department of Education, Employment and Workplace Relations

The Lived Experience Project will be delivered by the Northern Rivers Social Development Council (NRSDC) and ACE North Coast Community Colleges in partnership with the Department of Education and Communities - State Training Services, CRS Australia, ON-Q Human Resources and On Track Community Programs.



On Track Community Programs[™]
connecting people to their communities



Australian Government
CRS Australia

The Lived Experience Project



Realising Recovery

Connecting people with a lived experience of mental illness to employment in mental health services

T₂ | H₂ | E₁ | L₂ | I₁ | V₂ | E₁ | D₁ | E₁ | X₂ | P₂ | E₁ | R₁ | I₁ | E₁ | N₁ | C₂ | E₁ | P₂ | R₁ | O₂ | J₁ | E₁ | C₂ | T₂

The Lived Experience Project supports people with a lived experience of mental illness to access education, training and mentoring to assist them to become employed Peer Workers in mental health organisations on the NSW North Coast. Peer Workers are living proof to consumers and staff in mental health organisations that recovery is possible. We promote Peer Work to the community and support organisations to create paid Peer Worker positions. The development of a peer workforce will ensure that everyone engaged in mental health services has options to access the wisdom and experience of Peer Workers on their recovery journey.

Education

Participants will complete Certificate IV in Community Services at ACE North Coast Community Colleges in Lismore and Tweed Heads. The Lived Experience Project Officer and Disability Employment Consultants will provide mentoring and support to ensure access to appropriate work experience and a continuing Peer Worker job.

Employment

Work is good for mental health; it aids recovery and has therapeutic value. We aim to contribute to the development of a peer workforce by facilitating the creation of Peer Worker roles. The Project Officer and Disability Employment Consultants will support organisations to feel confident in the recruitment, training and retention of Peer Workers. The Project Officer can further assist organisations to prepare for Peer Workers by offering training and ongoing support for the Peer Worker and organisation staff.

What is a Peer Worker?

Consumers on the road to recovery learn how to maintain their own health and wellbeing. Many gain expertise in managing their illness from their own life experiences, including their experiences during periods of illness.

A Peer Worker is someone who has a lived experience of mental illness, is living well and is able to utilise their experiences to foster hope and assist others with their recovery. (Peer Work project, SA, 2005)

Peer Workers may take on various job roles in government and non-government organisations including:

- Peer Support Worker
- Peer Specialist
- Peer Advocate
- Peer Mentor
- Consumer Consultant
- Peer Educator



People who choose to use their lived experience of mental illness in a peer work role are driven to give something back by sharing their experiences and many report that helping others has contributed to their own recovery.

"If I had met a peer worker in the early days of my diagnosis, ten years of my life may not have been lost."
(Peer Worker from the Peer Work Project, SA, 2005)

Peer work has resulted in significant benefits to consumers, peer workers and mental health services including:

- meeting the needs of consumers more effectively
- improved self-esteem
- increased social support
- a sense of empowerment and hope
- changing attitudes of health providers and community
- improved financial circumstances for Peer Workers
- professional growth
- reduced use of hospital and/or crisis services
- reduced pressure on health professionals

Eligibility

- Lived experience of mental illness
- Living on North Coast of NSW
- Motivation and capacity to complete Cert IV
- Ability to engage in employment.

BE PART
OF THE
CHANGE

The current Australian Standards for Mental Health Services urges organisations to actively involve consumers and carers in the development, planning, delivery and evaluation of services. The Lived Experience Project presents your organisation with a unique opportunity to embrace this fundamental principle of Recovery Oriented Mental Health Practice.

If you and your organisation would like to be a part of this change in mental health service provision and are ready to employ a Peer Worker, please contact:

Gabrielle Le Bon
The Lived Experience Project Officer
Northern Rivers Social Development Council

Phone: (02) 6620 1819
Mobile: 0409 173 599
Fax: (02) 6620 1899
Email: gabriellelebon@nrsc.org.au
Postal: PO Box 5419
East Lismore NSW 2480

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Australian Government
Department of Education, Employment
and Workplace Relations

The Lived Experience Project will be delivered by the Northern Rivers Social Development Council (NRSDC) and ACE North Coast Community Colleges in partnership with the Department of Education and Communities - State Training Services, CRS Australia, ON-Q Human Resources and On Track Community Programs.



On Track Community Programs™
connecting people to their communities



Australian Government
CRS Australia

The Lived Experience Project



Be part
of the
change

ARE YOU AN EMPLOYER?

We connect people with a lived experience of mental illness to employment in mental health and community services

T₂ | H₂ | E₁ | L₂ | I₁ | V₂ | E₁ | D₁ | E₁ | X₁ | P₂ | E₁ | R₁ | I₁ | E₁ | N₁ | C₂ | E₁ | P₂ | R₁ | O₂ | J₁ | E₁ | C₂ | T₂

The Lived Experience Project supports people with a lived experience of mental illness to access education, training and mentoring to assist them to become employed Peer Workers in mental health organisations on the NSW North Coast. The development of a peer workforce will ensure that everyone engaged in mental health services has options to access the wisdom and experience of Peer Workers on their recovery journey.

What is a Peer Worker?

Consumers on the road to recovery learn how to maintain their own health and wellbeing. Many gain expertise in managing their illness from their own life experiences, including their experiences during periods of illness.

It is important to employ peer workers in Mental Health Services as peer workers have first hand experience of mental illness and have a better understanding than any other mental health professional as they have lived with such things as delusions, psychosis, paranoia, anxiety, depression etc. and first hand experience of these symptoms and how to live with them is the key to living well.

(Peer Worker from the Peer Work Project, SA, 2007)

Peer Workers may take on various job roles in government and non-government organisations including:

- Peer Support Worker
- Peer Specialist
- Peer Advocate
- Peer Mentor
- Consumer Consultant
- Peer Educator

Are you an Employer in Mental Health or Community Services?

Peer Workers are living proof to consumers and staff in mental health organisations that recovery is possible. The Lived Experience Project promotes Peer Work to the community and supports government and non-government organisations like yours to create Peer Worker positions to maximise the number of jobs and types of Peer Work roles available in mental health and community services.

We understand that effective support structures are vital to the success of this project. The Lived Experience Project Officer and Disability Employment Services Consultants are dedicated to supporting you to feel confident in the recruitment, training and retention of Peer Workers. The Project Officer can further assist your organisation to prepare for Peer Workers by providing free training to all staff and ongoing support to both the Peer Worker and organisation employees.



The Benefits of Employing a Peer Worker

If you employ a Peer Worker your organization can expect to experience many benefits including:

- Financial incentives provided in recognition of employing someone with a disability.
- Increased outcomes for consumers by adding peer work to traditional services.
- Increased outcomes and cost saving associated with decreased hospitalization rates, shortened lengths of stay and reduced support needs in mental health services.
- Creating a mechanism for serving individuals who are in need of support but alienated from the traditional mental health system.
- An opportunity to actively contribute to the destigmatisation of mental illness by acknowledging and realising the contribution that consumers and carers can make to mental health service provision.
- Providing staff in your organization with an opportunity to experience peers functioning successfully in productive social roles.
- An opportunity to respond innovatively to a changing mental health landscape that more effectively meets the needs of the wider community.

It is important to employ peers because there is a big gap in current mental health services between what mental health workers can provide and how they relate to consumers. They have many constraints on what they do and how they relate to consumers and this creates an imbalance in the relationship which often further stigmatizes consumers and makes them more dependent. As a peer worker, I believe my relationship with other consumers is a more open and equal one that acknowledges consumers' personal strengths.

(Peer Worker from the Peer Work Project, SA, 2007)

D. Position Descriptions

Position Title: Project Manager

Purpose of the Position

Project Officers are integral to NRSDC's work to strengthen communities and human services organisations in the Northern Rivers region of NSW. Project Officers manage and deliver projects within the NRSDC Development and Innovation Branch. Development and Innovation projects aim to achieve the following results within the Northern Rivers:

- A vibrant, responsive, diverse, strong and effective humans services system to meet local needs
- A community with capacity to try new ways of working.

The Project Manager of the Lived Experience Project is a senior project officer position, responsible for coordination, evaluation, and delivery of the project within specifications, including quality, cost, schedule, consumer involvement standards and guidelines, and the National Mental Health standards.

Reporting to NRSDC's Manager, Development and Innovation, the position will ensure high quality project development and implementation underpinned by a culture of collaboration and continuous improvement.

This project supports people with a lived experience of mental illness to develop sustainable careers as mental health support workers in the community-based mental health sector.

The Lived Experience Project

The Lived Experience Project is funded by the Australian Government Department of Education, Employment and Workplace Relations through the Innovation Fund. The Project is being delivered by the Northern Rivers Social Development Council (NRSDC) and ACE North Coast Community Colleges in partnership with Commonwealth Rehabilitation Services (CRS), OnQ Human Resources and On Track Community Programs. The Lived Experience Project is developing and piloting a new training, coordination and support package to transition people with a lived experience of mental health and recovery into paid employment as peer workers in the mental health and community services sector across the Far North Coast of NSW.

A Peer Worker is someone who has a lived experience of mental health and recovery, is living well and is able to utilise their experience to foster hope and support others with their recovery. Peer Workers may take on various job roles in government and non-government organisations including:

- Peer Support Worker
- Peer Specialist
- Peer Advocate
- Peer Mentor
- Consumer Consultant
- Peer Educators

The Lived Experience Project is currently supporting 29 people with a range of lived experience of mental illness and recovery to access training, education and mentoring to become Peer Workers.

All participants are funded to complete a Certificate IV in Community Services and are linked to local employers in mental health services to access work experience and a continuing job at the end of the project.

The Lived Experience Project actively promotes peer work to the community, and encourages and supports organizations to create Peer Worker positions to ensure, in alignment with National Mental Health Policy, Standards and Plans, that the expertise and support of peer workers become an accessible option for all mental health consumers during their recovery journey.

Job Specifications

Award:	SCHADS Award Grade 5
Reports to:	Manager, Development and Innovation
Duration:	24 months
Probationary Period:	Three months from date of appointment
Hours:	Full time – 38 hrs per week
Based at:	Lismore NSW

Selection Criteria

1. Project management, time management and organisational skills
2. Communication, advocacy, negotiation and conflict resolution skills
3. Problem solving ability and capacity to generate innovative solutions
4. Relevant qualifications and/or experience. Experience in community based mental health services, understanding of the mental health recovery model, experience in employment support services and/or the civil society (NGO) sector will be highly regarded.
5. Knowledge and experience in community development, sector development, and/or social research
6. Understanding of issues that impact on social development in the Northern Rivers, particularly as they apply to people with a lived experience of mental illness

The Lived Experience Project Steering Committee

The Lived Experience Project Steering Committee is comprised of representatives from organisations associated with the project (Please see Figure 1 below). The Committee is responsible for the project's feasibility, business plan, achievement of outcomes and replicability. They also provide guidance to those directly involved in the project with accurate information and cross sectional expertise. A Project Officer, employed by the Northern Rivers Social Development Council also sits on the Steering Committee and is responsible for the effective design, implementation and evaluation of the project.

Figure 1: Lived Experience Project Steering Committee members



Organisational Relationships

The NRSDC Development and Innovation Branch manages NRSDC community sector development, research, communication and project development activities.

Branch Projects vary according to the current work of NRSDC but include the following recurrently funded programs:

- NRSDC Home and Community Care (HACC) Development Project
- NRSDC Regional Community Services Development Project
- NRSDC Transport Development Project, and
- NRSDC Training and Professional Development Program.

The position reports to the NRSDC Manager, Development and Innovation. The position works closely with staff across NRSDC and will contribute to a collaborative and cohesive culture within NRSDC.

Key external relationships include:

- Community and health services across region
- Industry Peak Bodies
- Government Departments and Agencies
- Non Government Organisations
- Community Groups
- Private industry

- Community Members
- Funding bodies

Key Accountabilities

- Work collaboratively with the Steering Committee to manage the Lived Experience project in accordance with NRSDC's strategic and operational plans
- Promote professional and positive relationships between and with human services agencies, funding bodies and other external stakeholders
- Work actively to develop a positive, collaborative and respectful culture within NRSDC.

Key Duties & Responsibilities

<p>Work collaboratively with the Steering Committee to manage the Lived Experience project in accordance with the project's aims and objectives as defined by the Project plan</p>	<ul style="list-style-type: none"> ■ Develop and implement an annual work plan for the project in consultation with Steering Committee, stakeholders and NRSDC management ■ Monitor progress against work plan(s) and take appropriate action to ensure project outcomes are achieved within required timeframes ■ Undertake day to day management of the project within the approved project budget in accordance with relevant legal requirements including funding agreements, the NRSDC rules and policies, Industrial Awards and State and Commonwealth legislation ■ Provide a monthly progress report to the Steering Committee ■ Prepare progress reports, acquittals and other documentation required under NRSDC funding agreements ■ Market the project and the benefits of support workers with lived experience of mental illness to potential employers ■ Consistently communicate in ways that assist in reduction of stigma associated with mental illness ■ Where required, supervise project staff, contractors and consultants who are engaged to carry out activities related to the project ■ Assist other members of the Development and Innovation team to achieve project outcomes.
<p>Promote professional and positive relationships</p>	<ul style="list-style-type: none"> ■ Represent the Project and NRSDC positively and professionally to all external stakeholders ■ Actively encourage collaborative service delivery ■ Seek and develop opportunities for partnership and collaboration with other agencies ■ Assist to develop and strengthen human services networks within the region ■ Where necessary, facilitate and contribute to human services planning ■ Research and disseminate information on relevant community issues, strengths and needs ■ Provide input into and analysis and comment on policy development at local, state and national level ■ Assist in maintaining NRSDC's knowledge base on issues that affect the social development of the Northern Rivers Region and needs of the humans services sector within the region

	<ul style="list-style-type: none"> ■ Assist in the development of NRSDC training programs, seminars and conferences ■ Help ensure that NRSDC & the Lived Experience Project is regularly represented at interagency meetings within the region
<p>Work actively to develop a positive, collaborative and respectful culture within NRSDC</p>	<ul style="list-style-type: none"> ■ Promote and model NRSDC values, code of conduct and professional standards to all staff, clients, partners and external stakeholders. ■ Work actively and collaboratively across the organisation to assist all staff to achieve their work objectives ■ Assist with the supervision of any students, trainees or volunteers who are involved in activities that support the work of NRSDC. ■ Ensure compliance with OHS, Child Protection, EEO, Ethical Work Practice and other legal requirements. ■ Any other duties as required to support the objectives of NRSDC.

Position Title: Peer Support Worker

Position Overview

The Peer Support Worker is responsible for using their unique knowledge and expertise to provide quality recovery oriented support to participants of the Lived Experience Project. The Peer Support Worker will work collaboratively with Lived Experience Project participants, their supporters, employment partners and the community to maximise the mental health, wellbeing and engagement of participants in Project outcomes.

This role is pivotal in supporting participants to remain engaged and committed to the achievement of their recovery goals in relation to the Project, as well as supporting the ongoing planning, implementation successful delivery and evaluation of the Lived Experience Project.

Job Specifications

Award:	NSW SCHADS Award Grade 3
Responsible to:	Lived Experience Project Manager
Duration:	20 months
Hours:	16 hours per week
Based at:	Lismore, NSW
Performance Review & Development Planning:	
Ongoing reporting and monitoring, information, education and training for this position will be provided where possible.	

Selection Criteria

1. Lived experience of mental illness and recovery and willingness to share this with others.
2. Relevant qualifications in mental health or equivalent at Certificate IV or tertiary level
3. Ability to work collaboratively with people who experience mental illness, carers and family members.
4. Ability to share your knowledge with colleagues and Project participants through your insight into the impact of living with mental ill-health and embracing recovery
5. Demonstrated understanding of the key issues impacting on people who experience mental illness, their carers and family members and knowledge of local services available to them
6. Ability to network effectively with a range of mental health and community organisations
7. Good communication skills and willingness to further develop skills in this area
8. Ability to work independently and as an effective team member
9. Understanding of the core values and principles of the Australian Mental Health Consumer Movement and current context/issues impacting on the consumer workforce.

Roles and Responsibilities

1. Provide individual peer support and facilitate support groups with Lived experience Project participants.

2. Proactively engage participants by providing services that facilitate the development of skills, networks and relationships.
3. Work collaboratively with the Project Manager and partner organisations to identify and provide referrals to appropriate services to support and progress a participant's goals in relation to the Project.
4. Address issues and potential barriers to Project participation.
5. Encourage and support ongoing feedback and input from participants to facilitate effective representation of their views, ideas, suggestions and concerns regarding the Project.
6. Plan, develop, implement and evaluate peer led initiatives and drive the development of a Peer Support Network across the Far North Coast.
7. Promote consumer empowerment, recovery orientated practice and the Lived Experience Project to other agencies and service providers
8. Maintain effective working relationships with colleagues and regularly participate in team and organisational activities where possible.
9. Participate in relevant mental health service forums, workshops and working parties related to the Project if required.
10. Demonstrate an understanding of the National Standards for Mental Health Services and other relevant mental health policy and planning.
11. Demonstrate an understanding of the underpinning consumers' rights focus, core precepts, principles and philosophies of the Australian Consumer Movement, empowerment and self advocacy.
12. Ensure statistical records and accountability information is prepared and forwarded in a timely manner.
13. Be conversant with computer systems and other technology relevant to the position.
14. Consistent with the strategic directions of the Lived Experience Project and the Northern Rivers Social Development Council, carry out all other duties as required.

Position Title: Consumer Representative

Position Overview

The Lived Experience Project partners recognise that consumers provide essential input to mental health service planning, policy, research and service delivery. A consumer representative holds a nominated position and is accountable to a group of consumers to bring a consumer perspective to matters under deliberation. The consumer representatives on the Lived Experience Project Steering Committee will be required to represent consumers' views, ideas, suggestions and concerns regarding matters discussed by the Committee in relation to the planning, implementation, delivery and evaluation of the Lived Experience Project.

Job Specifications

Award:	NSW SACS Award Grade 3, Year 1 (\$27.07 ph) plus incurred expenses (e.g. travel costs)
Responsible to:	Chairperson of the Lived Experience Project Steering Committee
Duration:	Twelve months
Hours:	3 hours per Committee meeting - held monthly initially and then bi-monthly (up to 8 meetings)
Based at:	Lismore, NSW
Performance Review & Development Planning:	This position is a nominated position. Ongoing reporting and monitoring, information, education and training for this position will be provided where possible.

Selection Criteria

1. Lived experience of mental illness and recovery
2. Demonstrated ability to work collaboratively with other consumers and Steering Committee members
3. An understanding of the issues and concerns for consumers of mental health services
4. Ability to attend and participate in Steering Committee Meetings on a monthly and/or bi-monthly basis
5. An approachable and accepting manner and attitude
6. Good communication skills and willingness to further develop skills in this area
7. Understanding of consumers' rights, responsibilities and avenues for self-empowerment
8. Understanding of the core values and principles of the Australian Mental Health Consumer Movement and/or a willingness to increase knowledge in this area
9. Understanding and commitment to the National Standards for Mental Health.

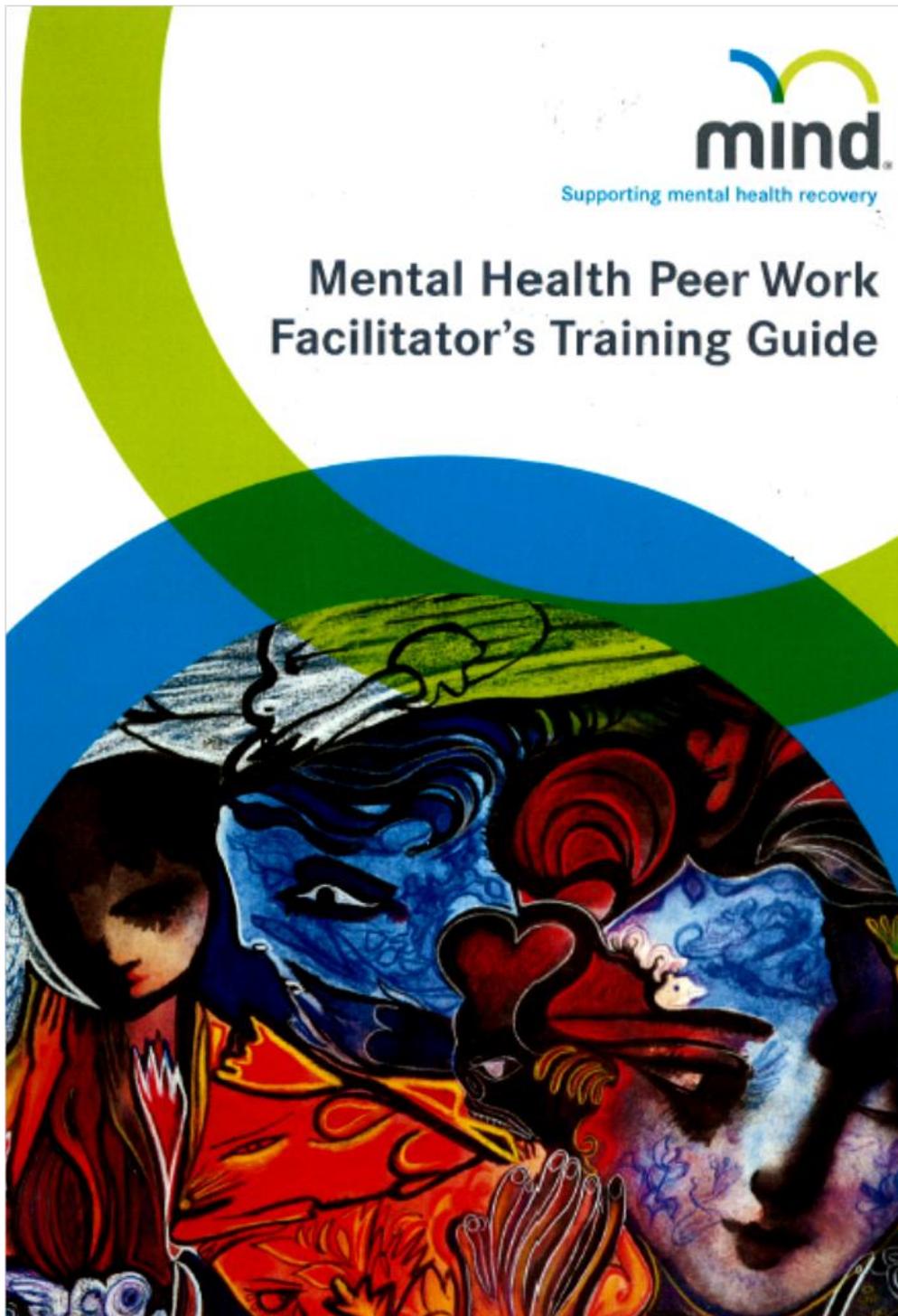
Roles and Responsibilities

1. Liaise with consumers and committee members where appropriate
2. Attend the monthly Lived Experience Steering Committee Project meetings and complete a meeting report sheet.

3. Lived Experience Project Steering Committee – Consumer Representative Position Description 5
4. As a nominated consumer representative effectively represent consumers as a whole and participate in relevant mental health service forums, workshops and working parties related to the project if required.
5. Be prepared to become empowered by becoming informed, including undertaking the required reading of documentation to effectively put forward the consumers' perspective and enhance participation in committee meetings.
6. Be prepared to request feedback from the committee on the implementation of ideas, suggestions and concerns put forward which address the improved delivery of the project to North Coast communities.
7. Notify the Project Officer if you are unable to attend the committee meeting at any given time.
8. Encourage and support ongoing feedback and input from consumers in order to facilitate effective representation of consumers' views, ideas, suggestions and concerns regarding the project.
9. Gain an understanding of the National Standards for Mental Health Services and other relevant mental health policy and planning.
10. Gain an understanding of the underpinning consumers' rights focus, core precepts, principles and philosophies of the Australian Consumer Movement, empowerment and self advocacy.

E. MIND Australia's Peer Worker Training Modules

Reproduced with permission from MIND Australia Institute





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Adaptation/Training Design by Illumina Consulting Pty Ltd
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 M101/0911

Acknowledgements

The authors of this learning resource recognise the courage, perseverance and strength of people who have experienced personally the effects of mental ill health, have survived and have overcome much personal adversity, distress and suffering to pursue recovery. We wish to acknowledge our mentors, guides and teachers in the recovery movement. We acknowledge all the families and carers who have supported their loved ones, often against all odds, to strive for and achieve a meaningful and rewarding life, although they are still challenged by a mental health diagnosis.

A Note from the Authors

Recovery from mental ill health is an individual experience which takes place in a broader social, political and historical context. We are uniquely placed as peers to support people's recovery in many different working environments. Peer workers support clients' recovery not only through utilising their lived experience of mental ill health but drawing on the strategies they employed and skills they learned in the pursuit of health and wellbeing. Peer workers bring their experience and skills not only to support and advocate for clients, but to collaborate and partner with clients and colleagues. Peer workers collaborate to work within organisational guidelines according to context and circumstance. This collaboration creates caring and empowering environments and resources that not only support recovery but contribute to social change in the broader context.

This facilitated training and learning experience is designed to explore the role of peer work in mental health. The intention is to provide a structured learning resource which will assist people to understand the requirements and skills for effective peer work. The resource outlines core issues related to peer work, and provides for interactive learning opportunities to gain skills, and prompt discussion and reflection about the work. It is hoped Peer Workers will benefit from the interactive learning. We also offer this resource in the hope that peer workers find the content both intellectually stimulating and of practical use in guiding and strengthening their professional identity and role.

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Mind Australia
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Robyn A Callaghan

Project Worker
Mind Australia
BA (Hons) Swinburne University
B Theology
Australian College of Theology

Anthony and Robyn are peers with a 'lived experience' of mental ill health and recovery.

Prepared in October, 2009:
1st Revised January, 2011

F. Sample media releases

Lived experience leads the way



Leisa Hoffman with mental health academic and visionary for change, Anthony Stratford from MIND Australia, LEP participant Gary Shalala Hudson, Meaghan Vosz and Tony Davies from the Northern Rivers Social Development Council.

PARTICIPANTS in the innovative Lived Experience Project are set to change the future of mental health services now they have graduated.

Yesterday 25 North Coast students with a lived-experience of mental illnesses took part in an inspiring graduation ceremony at the Byron Bay Community Centre.

The students each achieved a Certificate IV in Community Services and Mental Health and are now ready to transition into employment as peer workers in mental health and community services.

After experiencing mental illnesses such as schizophrenia, bipolar disorder, post traumatic stress disorder and eating disorders, completing the long, hard journey of re-entering education and completing work-experience placements was a major achievement for participants.

For some of them, it had been more than 23 years since they had been in a classroom, and for others, it had been more than 20 years since they had held a job.

The Lived Experience Project prioritises the social inclusion of people with mental illness

and celebrates the students' achievements in study and work.

One of the project's participants, Leisa Hoffmann, successfully sourced her dream job as a Mental Health Support Worker with On-Track Community Programs after spending six months as a student placement peer worker at Lismore Adult Mental Health Unit.

Because Leisa and the other peer support workers have a 'Lived Experience' of mental illness and recovery, they're able to genuinely empathise with those they are supporting.

Peer workers are living proof to those with mental illness and staff in mental health organisations that recovery from mental illness is possible.

"The Lived Experience Project has not only helped me gain a qualification in Community Services, it has given me the confidence to go back and work in places I had visited as a client when I was in the depths of depression," Lisa said.

"I no longer feel traumatised by my experiences, instead I have been empowered to take my Lived Experience, find a job and provide valuable support and advice to people going through similar situations to mine."

The Lived Experience project aims to train and empower people who have experienced mental health issues and provide them with the skills to become employed as Peer Workers within mental health organisations throughout the North Coast.

It focuses on showing that people with mental health issues can not only make a full recovery, but can then use their experiences to help others with their journey to become gainfully employed and reduce the burden on an under-resourced health system.

The Lived Experience Project is funded by the Australian Government Department of Education, Employment and Workplace Relations under the Innovation fund. The Project is being delivered by the Northern Rivers Social Development Council in partnership with Commonwealth Rehabilitation Services Australia, On-Track Community Programs and ON-Q Human Resources.

The course has been funded by the NSW Department of Education and Communities - State Training Services and is being delivered by ACE North Coast Community Colleges at their Tweed and Lismore campuses.

Lived Experience Project Manager Gabrielle Le Bon from the social development council said peer workers are living proof that recovery from mental illness is possible.

"People who have a lived experience of mental ill-health and recovery can use their experiences to inspire hope," Ms LeBon said.

"They challenge stigma and ensure that our mental health services remain focused on recovery and solutions by being open to learning from, and being changed by service users."

Photo: Leisa Hoffman with mental health academic and visionary for change, Anthony Stratford from MIND Australia, LEP participant Gary Shalala Hudson, Meaghan Vosz and Tony Davies from NRSDC.

MEDIA RELEASE

DATE: 17.5.12

Lived Experience Breaks Free!

Students launch ground-breaking new resource for mental health

A group of Northern Rivers' Community Services students, all of whom have a Lived Experience with mental health issues, are launching the 'Ulysses' project, an exciting new online resource for people affected by mental illness, either directly or indirectly, including family, friends, carers and community service providers.

The online Magazine nicknamed a "zine" is the brainchild of students currently studying a Cert IV in Community Services. The zine provides information on a range of subjects and topics related to the vast range of mental health issues affecting people in the community. In addition to interesting articles, recovery stories and a comprehensive list of local services, the zine also provides links to other resources and services.

From the students' perspective: 'We have all been on a journey through adversity to recovery. The lived experience project, has been the vehicle to reach our destination of hope, wellness and inspiration for ourselves and others.'

To celebrate the project the zine will be showcased to the public at a launch event in Lismore on Thursday 31st May from 2:00PM till 4:00PM at the 'Fountain Room', Lismore City Hall. The event will be free and there will be live music performed by the 'Hearing Voices Choir' & 'Odysseus', guest speakers and afternoon tea.

'Ulysses' is part of an initiative called The Lived Experience Project. It is funded by the Australian Government Department of Education, Employment and Workplace Relations under the Innovation fund. The Project is being delivered by the Northern Rivers Social Development Council (NRSDC) in partnership with Commonwealth Rehabilitation Services (CRS) Australia, On-Track Community Programs and ON-Q Human Resources. The course is funded by the NSW Department of Education and Communities – State Training Services and is being delivered by ACE North Coast Community Colleges at their Tweed and Lismore campuses.

The Lived Experience project aims to train and empower people who are 'acutely sensitive' (have experienced mental health issues), and provide them with the skills to become employed as Peer Workers within mental health organisations throughout the North Coast. The focus is on showing that people with mental health issues can not only make a full recovery but can then use their experiences in order to help others with their journey, become gainfully employed and reduce the burden on an under resourced health system.

Lived Experience Project Officer, Gabrielle Le Bon from NRSDC states that "Peer workers are living proof that recovery from mental illness is possible. People who have a lived experience of mental ill-health and recovery can use their experiences to inspire hope, challenge stigma and to ensure that our mental health services remain focused on recovery and solutions by being open to learning from, and being changed by service users."

Trainer Maureen McDermott is an enthusiastic advocate for the Lived Experience project. "It is rewarding to facilitate the learning of highly intelligent and motivated students. They are already making a positive difference to mental health care in our community. I expect they will also influence mental health policy decisions at the highest level."

Media, Community Services, and Government agencies are invited and encouraged to attend what is guaranteed to be an exciting and informative community event.

ENDS -

For further information or to arrange an interview, please do not hesitate to contact....

G. Steering Committee Terms of Reference

1. Lived Experience Project

The Lived Experience Project is funded by the Department of Employment, Education and Workplace Relations and will be delivered by the Northern Rivers Social Development Council (NRSDC) and ACE North Coast Community Colleges in partnership with NSW Department of Education and Communities – State Training Services, Building Australia’s Future Workforce, Commonwealth Rehabilitation Services (CRS), OnQ Human Resources and On Track Community Programs. The project will focus on developing and piloting a new training, coordination and support package to transition people with a lived experience of mental illness into permanent employment as peer support workers in the mental health and community sector on the Far North Coast of NSW.

A peer worker is someone who has a lived experience of mental illness, is living well and is able to utilise their experiences to foster hope and assist others with their recovery. Peer workers may take on a variety of job roles in government and non-government organisations including:

- Peer Support Worker
- Peer Specialist
- Peer Advocate
- Peer Mentor
- Consumer Consultant
- Peer Educator

Peer Workers are living proof to consumers and staff that recovery is possible. The development of a Peer Workforce will ensure that everyone engaged in mental health services has options to access the wisdom and experience of Peer Workers on their recovery journey.

2. Vision

- To change the culture of mental health providers
- To achieve and surpass project goals/expectations and influence the provision of services nationally
- Our project is so successful that it is replicated nationally

3. Objectives

- To identify 20 participants with a lived experience of mental illness and identify 20 positions of paid employment for Peer Workers.
- To create a replicable model for transitioning people with a lived experience of mental illness into peer workers in mental health and community services.
- To contribute to the development of a peer workforce in Australia and the achievement of recovery orientated services that are consumer, carer and community focused
- To align project outcomes with the aspirations of the National Mental Health Strategy as outlined in the National mental health Policy, Standards and Plan, including:
 - peer workforce development
 - the anticipated development of standardised work competencies and roles in clinical,

- community and peer supported mental health service delivery
- increasing consumer and carer employment in clinical and community settings.

4. Scope

The Lived Experience Steering Committee will take responsibility for the business issues associated with the Lived Experience Project including approving budgetary strategy, defining and realising benefits, and monitoring risks, quality and timeliness.

5. Deliverables

The key deliverables outlined in the Lived Experience Project’s funding agreement include:

- Identify 20 people with a lived experience of mental illness and link them to local employment partners in mental health services to access work experience and a continuing job at the completion of the project.
- Identify 20 positions of paid employment for project participants.
- Participants to undertake training and work experience to meet the requirement of a Certificate IV in Community Services.
- Develop an employment education package to support potential employers and employees with mental illness providing peer support in the workplace.
- Provide an evaluation of the project which addresses: project success, sustainability and examples of best practice/lessons learnt

6. Membership

The Lived Experience Project Steering Committee shall be comprised of:

- Consumer representatives
- General members
- Special representatives, consultants or advisors
- Project Officer

Name	Position Title	Organisation

7. Guiding principles and values of the Lived Experience Project Steering Committee

- Open and honest
- Inclusive of all stakeholders
- Collegiate approach
- Collaborative
- Non-competitive
- Transparent – involvement broader than self-organisational interest
- Passionate

- Committed across the life of the project and to seeing the project through to its completion
- Keeping focused on goals and outcomes
- Building relationships and support for the project across the sector

8. Role and responsibilities of the Lived Experience Project Steering Committee

- Project's feasibility, business plan, achievement of outcomes and replicability
- Ensure the project's effort, scope and expenditure aligns with the expectations and requirements of the stakeholder groups
- Provide those directly involved in the project with accurate information, guidance and cross sectional expertise on project business issues
- Collaboratively address any issue that has major implications for the project
- Keep the project scope under control as emergent issues force changes to be considered
- Reconcile differences in opinion and approach, and resolve disputes arising from them
- Invite knowledge/skills from outside the committee if required
- Form subcommittees if required
- Report on project progress to those responsible at a high level, such as funding bodies

9. The role and responsibilities of individual Steering Committee members

The role of an individual member of the Lived Experience Project Steering Committee includes:

- understanding the strategic implications and outcomes of initiatives being pursued through the project
- appreciating the significance of the project for some or all major stakeholders and in some cases, represent their interests
- being genuinely interested in the initiative and the outcomes being pursued in the project
- being an advocate for the project's outcomes
- having a broad understanding of project management issues and the approach being adopted
- being committed to, and actively involved in pursuing the project's outcomes

In practice, this means they:

- ensure the requirements of stakeholders are met by the project's outputs
- help balance conflicting priorities and resources
- provide guidance to the Project Officer and users of the project's outputs
- consider ideas and issues raised
- review the progress of the project
- check adherence of project activities to standards of best practice, both within the organisations and in a wider context

Convenor/Chair

The Lived Experience Project Steering Committee Chairperson is

The Chairperson, ... shall convene the Lived Experience Project Steering Committee meetings.

In lieu of absence the Acting Chairperson will be elected by Committee members as appropriate at the meeting. The Acting Chairperson is responsible for informing the Chairperson as

to the salient points/decisions raised or agreed to at that meeting.

10. Agenda Items

All Lived Experience Project Steering Committee agenda items must be forwarded to the Project Officer by C.O.B. 7 working days prior to the next scheduled meeting.

The Lived Experience Project Steering Committee agenda, with attached meeting papers will be distributed at least 7 working days prior to the next scheduled meeting.

11. Minutes & Meeting Papers

The role of taking minutes will rotate among the Lived Experience Project Steering Committee members and the format of the minutes shall be as per The Lived Experience Project Steering Committee's Minutes Template.

Full copies of the Minutes, including attachments, shall be provided to all Lived Experience Project Steering Committee members no later than 10 working days following each meeting.

The Minutes of each Lived Experience Steering Committee meeting will be monitored and maintained by the NRSDC as a complete record.

By agreement of the Committee, out-of-session decisions will be deemed acceptable. Where agreed, all out-of-session decisions shall be recorded in the minutes of the next scheduled Lived Experience Steering Committee meeting.

12. Frequency of Meetings

The Lived Experience Project Steering Committee shall meet monthly for the first 3 months of the project's implementation and then be subject to reassessment.

13. Proxies to Meetings

Members of the Lived Experience Steering Committee shall nominate another member of the Steering Committee as a proxy to attend a meeting if the member is unable to attend.

The Chairperson will be informed of the substitution as soon as possible prior to the scheduled nominated meeting.

The nominated proxy shall have voting rights at the attended meeting. The nominated proxy shall provide relevant comments/feedback, from the Lived Experience Steering Committee member they are representing, to the attended meeting.

14. Quorum Requirements

A minimum of 7 of Lived Experience Project Steering Committee members is required for the meeting to be recognised as an authorised meeting for the recommendations or resolutions to be valid.

15. Managing Conflicts of Interest

Lived Experience Project Steering Committee members agree that conflicts of interest will remain a standing agenda item and invite comment and discussion on potential conflicts of interest during committee meetings.

16. Dispute Resolution

Lived Experience Project Steering Committee members agree that in the event of a dispute they will

use respectful language and try to see the others point of view. If a resolution can't be agreed upon a vote by all committee members a vote will be taken.

H. Mentoring Workbook

So, what is mentoring?

Introduction

If you have knowledge or experience or are simply a good listener you have probably already been a mentor – helping someone to learn, sort out a problem or devise a plan. It may have happened spontaneously and the word ‘mentor’ may never have been used.

The term ‘mentoring’ is being used more widely now in our society and people are often encouraged to seek out a mentor. So, what is mentoring and how does one become a mentor?

Mentoring is often seen as a relationship between a senior and a more junior person – like a master and an apprentice. This can be a useful approach to mentoring but can also pose some problems for adult learners. Mentors can get just as much out of the relationship as a guided learner and being seen as a teacher, coach etc can be unhelpful and limiting. Mentors may also be asked, often inappropriately, to lobby on behalf of their mentoree.

Viewing mentoring as a learning partnership can be more helpful. Status and power can be ignored, mentors do more listening and questioning and advice is only offered once the mentoree has had the opportunity to explore the options for themselves. This approach has a lot to recommend it.

Definitions

Mentor: “A wise and trusted guide” The Macquarie Concise Dictionary (2nd Edition)

“Mentors are helpers. Their style ranges from that of a persistent encourager who helps us build self-confidence, to that of a stern taskmaster who teaches us to appreciate excellence in performance.

Whatever their style, they care about us and what we are trying to do.” Shea, Gordon (1992)

Mentoring – a practical guide Crisp Publications

“Mentoring is a relationship which gives people the opportunity to share their professional skills and experiences, and to grow and develop in the process. Typically, mentoring takes place between a more experienced and a less experienced employee.” Office of the Director of Equal Opportunity in Public Employment. (1997) Mentoring Made Easy: A practical guide for managers.

Mentoring Model

When mentoring is defined broadly there are many possibilities for its use. Mentoring can be used in the following contexts:

- *Job orientation* – someone who helps you settle in to your new job
- *Career coach* – someone with whom you review your career goals and plans
- *Skills coaches* – someone who will help you develop specific skills
- *Professional or personal development* – someone who will help you grow
- *Confidant* – someone who is there for you
- *Technical advisor* – someone with whom you can discuss technical questions
- *Correspondent* – someone to whom you explain your ideas

In its simplest form the mentoring model can be the mentor enabling their guided learner to figure out where they are going, where they want to be, how they will get there and how they are progressing.

Mentoring that takes place between individuals can be given different labels depending of the extent of the formality of relationship and the difference in status of the people participating in the relationship. For example, Peer mentoring is a type of mentoring relationship where colleagues or staff at similar stages in their careers support each other either individually or in groups.

Mentoring Model

Initiate exploration

What is the current situation?

What factors are impacting on the situation?

How do they affect the situation?

Why should it change?

Facilitate learning

What do we know?

What are the implications?

What could be different?

What might be done?

What might be the consequences of the actions contemplated?

What then, are realistic goals?

Guide the planning process

How might the goals be achieved?

What actions would be needed?

How will it be done?

What resources will be needed?

How will progress be monitored?

Support experimentation

How is it going?

Are adjustments needed?

Are the expected outcomes being produced?

Are there unexpected outcomes?

What could be done differently next time?

Benefits of mentoring

Mentoring benefits both people in the mentoring relationship. By approaching mentoring using the model described above the mentoree does not become dependent but develops their critical thinking skills. The mentoree is empowered and they take responsibility for their actions. In this model, the mentor does not have to be older, wiser or specialised in a particular field. Both parties can find the experience rewarding and satisfying.

Activity: Personal benefits of being a mentor

Below are some benefits mentors have identified. Which ones do you think apply to you?

- Contribute
- Extend your network
- Re-energise career
- Self-development
- Awareness of own skills
- Put something back
- A sense of satisfaction
- Grow people better
- Challenge and achievement
- Contribute to the future
- Obtain new perspectives, opinions
- Gain additional recognition and respect
- Acquire and practice a coaching style of leadership
- Involvement, focus on others

Roles and Responsibilities

Mentor's role and responsibilities

The mentor's role is to listen, provide constructive feedback and help their mentoree consider options. They may refer them to resources and facilitate decision making and share their own experiences. They might help to identify areas for development, coach their guided learner and allow opportunities to practice new skills. They may be a sounding board, ask questions to cause further exploration of ideas or to challenge their guided learner's thinking. They provide guidance, not direction and do not solve problems but act as a collaborator in the problem solving process.

Primary responsibilities you have as a mentor include:

- Maintaining confidentiality
- Being accessible
- Listening actively to your guided learner
- Promoting responsible decision making
- Motivating and supporting your guided learner to achieve their goals
- Ensuring a professional relationship

- Acting as a role model
- Recognising when it is time to relinquish the mentoring role

There are a few key differences between a mentor and a supervisor. Where a supervisor has management responsibilities, a mentor is an advisor. Mentors are NOT empowered to take action on behalf of their mentoree.

Mentoree's role and responsibilities

Mentorees can approach their mentors to discuss issues and ideas. They may want feedback or advice or a chance to get something off their chest. Through the questioning of the mentor, the guided learner may achieve a greater clarity about a situation or see a different perspective.

Whatever is discussed, however, it is the mentoree who makes the decisions and takes any actions required. The mentoree is responsible for their decisions and actions.

Attributes of Mentorees:

- Motivated
- Proactive
- Open minded
- Self-directing
- Introspective
- Self-disciplined
- Enthusiastic
- Communicative
- Appreciative

Mentorees typically want:

- advice on career paths/options
- to learn how to develop maximum potential
- assistance in forward thinking
- to set career goal and strategies for achieving them
- to expand networks and broaden horizons
- to learn new skills
- a person has been successful to use as a role model
- to raise their profile
- to get the big picture view
- to develop better life perspective – balance work and home
- awareness of promotional opportunities
- help with job applications
- access to a variety of resources

Activity: Clarifying Expectations

What would you consider reasonable and unreasonable expectations of mentoring partners?

Reasonable to expect of mentorees:

Unreasonable to expect of mentorees:

Activity: Clarifying Expectations

What would you consider reasonable and unreasonable expectations of mentoring partners?

Reasonable to expect of Mentors:

Unreasonable to expect of Mentors:

Mentoring meetings

A typical mentoring conversation may follow this structure:

1. Establish rapport

- shake hands
- small talk
- match voice tone and tempo
- match posture
- ask a question

2. Opening questions/statement

- “Tell me about your career so far...”
- “What are your goals for this meeting?”
- “Do you have a goal you would like to achieve in the next 12 months?”

3. Active listening, minimal response

- “Tell me more about...”
- “Mm hm...”
- “Go on...”
- Nodding

4. Reflective questioning for clarification

- “So what you’re saying is...”
- “What I’m hearing you say is... Is that right?”
- “You seem concerned about this task?”
- “You feel ... because...”

5. Summarising

- “Let me see if I can draw this together...”
- “So, let’s summarise.”
- “The main points we’ve discussed are...”

6. Advice

- “What you may need to consider doing is...”
- “One way you could handle that might be to...”
- “Perhaps you need to gather more information before deciding...”

7. Options exploration

- “I see that... is an area to work on, let’s discuss some ideas for addressing that.”
- “Let’s see if we can figure out the best way for you to get the training/experience/exposure you need to ...”
- “What ideas do you have for developing your skills to achieve your
- goals?”

8. Action planning

- Create an action plan

First Meeting

Tips for your first meeting

- Set aside at least an hour of uninterrupted time
- Use your rapport building skills
- Have a 'getting to know you' type of conversation
- Discuss the purpose of your mentoring partnership and some principles for its operation
- Have a draft agenda to provide structure
- At the end of the meeting, set a time and date and place for the next meeting and a draft agenda for it
- Aim to develop a pattern for your meetings

Activity: Preparing for your first meeting

Take some time now to think about what preparation you can take to prepare for your first meeting with your guided learner (even if you don't have one yet!). What will you need to discuss in your first meeting? Where would the meeting take place? What would you take with you? What else?

Developing a mentoring plan

Steps in developing a mentoring plan:

1. Consider why you and the guided learner are entering into a mentoring relationship.

Write a statement of purpose describing why this is important.

2. Think about what you want to achieve through mentoring. What will you work to achieve? What outcomes will indicate you have achieved this?

3. Begin to plan how you will proceed. What special challenges might you expect as you work towards your goal? What will help you achieve your goal?

4. What else do you need to consider?

5. Time plan – list milestones, indicators of progress, actions steps and expected completion dates.

Mentoring Agreements

Many people in mentoring partnerships find it useful to create a formal mentoring agreement at the start of the relationship to help clarify the purpose and goals of the relationship.

Some partnerships create a written document outlining how the relationship will work, what goals are to be achieved and within what timeframe, how the relationship can be ended, frequency of meetings etc.

Of course, many relationships exist without such formal documentation, however it is recommended that, at the very least, some discussion of these aspects is covered in the initial mentoring meetings.

Best practice for the Mentoree

The role of the Mentoree is to take advantage of the opportunities offered them by their mentor. People enter into an agreement with a mentor in order to gain knowledge and experience. As such, they should be open to new information and learning experiences. Striking a careful balance between being critical and inquisitive in relation to the guidance offered by the mentor, and being respectful of the service they are providing, is important.

Some general tips for the Mentoree:

It is the mentoree who is expected to drive the mentoring relationship by developing the agenda or discussion points for the mentor to comment on. It is their responsibility to build rapport with the mentor and to ask the right questions, seek relevant information and utilise the connections given by the mentor.

Consult with your employer if appropriate to advise them of your intention to enter into a mentoring program.

People seeking a mentor should be: interested in developing their careers; good listeners and communicators; able to take responsibility for their own development; open to receiving feedback; willing to accept challenges; positive about change and growth; and able to set goals and work towards them.

Give great thought to what you want out of a mentorship prior to approaching either a facilitator who might recommend a mentor to you, or a potential mentor themselves. Consider your strengths and weaknesses, what you would like to learn and where you want your career to go.

Prepare an individual development plan. Start with a skeleton plan prior to meeting with the facilitator, and then use the first meeting with your mentor to flesh out greater detail. Ensure your objectives are specific, measurable and achievable.

Take an active role in the initial meeting with your prospective mentor. Ask them questions such as:

- What can you, as a mentor, bring to a mentoring relationship?
- What positions have you held in the past?
- What qualifications or training do you have?
- How much time do you anticipate being able to spend working with me?
- What type of communication methods (i.e. phone, in person, email) would you prefer for this mentoring relationship?

Be scrupulous in the notes you take during your mentorship.

Honour your commitments to the mentorship in terms of attendance at meetings and communication with the facilitator and mentor. Be courteous and provide advanced notice if you cannot honour a meeting commitment.

Ask for feedback often and take it onboard in a constructive manner. Remember that you are in a mentorship to learn and receive feedback so avoid taking this personally or getting defensive.

Make the most of opportunities offered such as networking possibilities, attendance at meetings and seminars etc.

Revisit your individual development plan often and assess the extent to which you are on track. Make adjustments where appropriate.

Consult the mentorship facilitator if you are unhappy with the arrangement.

Best practice for the mentor

The mentor enters into an agreement with a guided learner in order to provide expertise and practical experience. In addition to acting as a sounding board for the guided learner, mentors provide industry knowledge, an in-depth understanding of networking and protocol and advice on career progression.

Some general tips for the mentor:

In providing the mentoree with career guidance, the mentor might cover a range of areas, such as:

the guided learner's resume and job searching, performance reviews, technical skills, professional development and further study or training, work/life balance, job satisfaction, interpersonal and networking skills, and career management and planning.

A mentorship should not be viewed as only benefiting the mentoree. Mentorships provide mentors with the opportunity to invest in the lives of others and make a contribution to their industry. Mentors can also inadvertently learn from the guided learner.

Mentors must have: good listening skills, an inquisitive mind, a passion for their work and industry, the ability to provide constructive and positive feedback, patience, and good organisational skills.

Mentors are not required to provide all the answers, instead the mentor encourages the guided learner to use their available resources to identify solutions. It is therefore, a partnership where the mentor and guided learner work in a collaborative manner. Sometimes it might be easier to simply provide the guided learner with the answers, but this is not conducive to a meaningful learning experience.

Mentorees may be apprehensive about contacting their mentor, not wanting to intrude on the mentor's time or resources. Mentors can help alleviate this concern by periodically forwarding encouraging emails to give the guided learner confidence to maintain contact.

Ensure you have a good grasp of the mentoree's circumstances and structure your advice and feedback accordingly. Convey practical advice in terms of the guided learner's career development goals. This means continually asking questions of the mentoree, not making assumptions.

Understand that mentoring is a commitment and you should be in a position where you can be available to the guided learner in line with the mentorship agreement. There may also be instances outside of this agreement when the guided learner approaches you with questions or issues. You should be open to this possibility, but should approach the mentorship facilitator if the guided learner becomes too demanding.

Provide feedback wherever possible, and bear in mind that as an early-career employee, feedback should be conveyed in a constructive and sensitive manner.

Get the guided learner active. Involve them in appropriate meetings, either as an observer or as a presenter and introduce them to relevant contacts. Arrange projects or assignments for them if appropriate and achievable in terms of the mentorship agreement.

Consult the mentorship facilitator if you are unhappy with the arrangement.

Mentoring programs foster skills enhancement and information sharing, while providing a means to transfer valuable experience and expertise from experienced to early-career employees. Mentoring programs can offer a plethora of benefits for all parties involved so long as the systems are in place to ensure its success. Provided the individuals involved follow best practice, all parties including, learners, consumers of Mental Health services and the Community Services sector should benefit greatly from this initiative.

Activity: My Mentoring Goals

Before identifying a mentor, figure out what your goals are as a Mentoree. Consider the following questions.

1. What do I want to gain from a mentoring relationship?

2. What is my career goal or academic goal?

3. What are my skills and strengths?

4. What skills do I need to work on?

5. What kind of time can I commit to this mentorship?

6. How do I learn best: by reading, listening, seeing, or doing?

7. What kind of work do I want to do as part of this mentorship? Independent or self-development projects; or formal, structured work?

8. What kind of mentor will I work best with? One who provides a lot of structured feedback, or one who is simply there and accessible when I need them?

The Mentor for Me

Consider these questions when selecting a mentor. You might ask some of them outright to a potential mentor; others you may just want to keep in mind as you think about who your mentor might be.

1. Is my potential mentor's career a good match to my own career/academic goals?
2. Do we have common interests?
3. Is my potential mentor successful and well-respected in his or her field?
4. Does my potential mentor have enough time to commit to this mentorship? How much time does he or she see devoting to this? Does his or her schedule work with mine?
5. Can we agree on a timeline for reaching my goals?
6. What professional or practical opportunities can he or she help to connect me with?
7. Do our personalities click? Is he or she someone I can take constructive criticism from comfortably?
8. Is he or she a good listener?
9. Do I understand what the person says to me? Do I feel comfortable sharing my thoughts with him or her?
10. Does my potential mentor tell me things that make me think differently, or that are new to me?

Activity: Pitfalls and how to avoid them

Working in small groups, identify some of the pitfalls of mentoring and how you might avoid, minimise their impact or effectively handle these pitfalls.

What if it doesn't work?

There are no guarantees. It is helpful to agree at the beginning that if either partner for any reason wants to end the relationship, they are free to do so without fault finding, blaming or recriminations.

Resources for mentors

Support and Referral Information

Australian Mentor Centre: <http://www.australianmentorcentre.com.au>

Mentoring Australia: <http://www.dsf.org.au/mentor/>

The Growth Connection: <http://www.growconnect.com.au/mentor.html>

Mentoring Agreement

Mentor:

Mentoree:

Purpose and desired outcomes of the mentoring relationship:

Activities to be conducted:

Expectations:

Communication methods and frequency:

Actions to take if problems arise:

I agree to enter this mentoring relationship as defined above and will maintain confidentiality.

Mentoree: _____

Mentor: _____

Date: _____

Date: _____

I. Employer education resources



The Lived Experience Project

WHAT IS A PEER WORKER?

- A peer worker is a person who has a lived experience of mental illness, is living well and is able to utilize their experiences to foster hope and assist others with recovery (Peer Worker Project, SA, 2005)
- A peer worker is someone who draws from their lived experience of mental ill health and recovery to share understanding, insight and strategies to promote wellbeing and provide accessible, flexible and holistic support options to people experiencing mental illness, their families and support networks.
- Peer support refers to the mutual support provided by people with similar life experiences as they move through difficult situations. People who have had similar experiences can relate in a different way and offer a unique and authentic empathy and validation.
- Peer support focuses on wellness, strengths and recovery by supporting the positive aspects and abilities of a person as opposed to their illness, symptoms and problems.

“People who have experience of using the system and who have done some thinking about can offer sensible advice about how to make it better. It’s about being experts by experience “ (Anglicare Tasmania, 2009)

- There are many examples of roles which are currently filled by peer workers including:
 - ✓ Peer Specialist
 - ✓ Peer Advocate
 - ✓ Peer Worker
 - ✓ Peer Support Worker
 - ✓ Peer Mentor
 - ✓ Consumer Consultant
 - ✓ Peer Educator



PEER WORKERS IN MENTAL HEALTH AND COMMUNITY ORGANISATIONS

CLINICAL SERVICES	NON-CLINICAL	NON MENTAL HEALTH
Emergency departments & Acute in-patient units	Increased numbers throughout all mental health service providers	Substance use services
Secure Extended Care Units	Returning home programs	Guardianship and Administration
Prevention & Recovery Units	Support and Rehabilitation staff	Disability Employment Services
Continuing Care Units	Case Managers	Department of Housing and homelessness services
Crisis Assessment & Treatment Teams Mobile Treatment & Support Teams	Promotion, training and educational roles	Family and Childrens Services
Continuing Care Teams	Peer led services	Aged Care and Youth Services
Assist with mental health plans	Advocates employed by peak organisations	Criminal Justice



PEER WORKERS DO NOT NEED:

- Tokenism
- To hear derogatory remarks made about consumers in the staff room
- To be monitored for signs of ill health
- To be told they are unwell if they raise unwelcome or challenging issues.
- To experience horizontal violence from other consumers
- To be set up to fail by not providing job descriptions and other supports.
- To have to "beg" for funds in order to comply with consumer participation policy.

PEER WORKERS ARE SUPPORTED BY:

- ❖ Understanding and acceptance of the lived experience
- ❖ Government and organisational support
- ❖ National Standards and award wages
- ❖ Career pathways
- ❖ Promotion and marketing
- ❖ Focus on holistic health and Resilience

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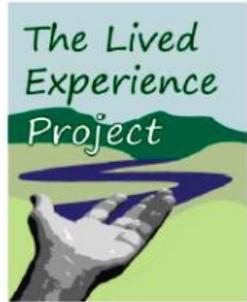
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One of the most essential benefits gained from peer support is the sense of hope (a belief in a better future) created through meeting people who are recovering, people who have found ways through their difficulties and challenges. The inspiration provided by successful role models is hard to over-state. So many people who have been supported by peers describe their surprise when meeting others who describe similar experiences (Repper & Carter, 2010).

<http://www.peerwork.org.au/>

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Employment of Peer Workers

What is a Peer Worker?

- The NSW Government has embraced a 'recovery approach' in mental health service planning and delivery. A recovery orientated mental health system focuses on strengths as opposed to dysfunction, educates the public and services to combat stigma, fosters collaboration as opposed to coercion, promotes autonomy and decreases reliance on professionals.
- Peer support is evidenced to be a vital component of in the recovery process. The idea of Peer Work is not new and is believed to have originated in the 1930's when Alcoholics Anonymous was formed; people who have recovered from alcohol related issues were of significant support to others in their recovery. Since then the concept of Peers or 'equals' as support workers has been used by many industries and disciplines world-wide, including mental health.
- A Peer Worker is a person with a lived experience of mental illness who is living well and is employed to share their experiences to assist other people in their recovery. A Peer Worker supports other people with a mental illness to discover their own strength and resilience, supporting them in achieving their goals and developing autonomy and independence (Peer Worker Project, 2003).
- Peer Workers are effective as they can offer a different degree of empathy, having experienced mental illness themselves; they are also often experienced at using the mental health system. Peer Workers are living examples to consumers, carers and staff that recovery is possible.

Why employ a Peer Worker?

- Employment of Peer Workers is the most visible example to consumers, their families/carers, other service providers and funding bodies that your organisation is committed to consumer participation and the adoption of a MH recovery orientated system (Richard, Longbloed & MacFarlane, 2009).
- Recovery oriented system = "consumers actively sought for employment at all levels of the organisation" (Anthony, 2000).
- Living examples to consumers of your service that it is possible to live rich, rewarding, fulfilling lives, build relationships, enter into partnerships and gain employment (Mowbray et al., 1998).
- Consumers identify Peer Support as a crucial factor in recovery, a vital source of inspiration, education and support (Mancini, Hardiman & Lawson, 2005)

Benefits to your organisation

- Reduces staff burn out and alter negative attitudes of mental health providers as Peer Workers provide an opportunity for staff to witness recovery in action and to be inspired by consumers functioning in successful socially productive roles.
- Evidence identifies that outcomes for consumers are enhanced and services are more effective.
- Enhances ability of organisations to meet needs of the community.
- Potential for significant savings – decreased hospitalisation, shortened lengths of stay & reduced support needs
- Increased outcomes and improved consumer satisfaction with services
- Offer a source of invaluable information and experience to consumers and staff – hosting inservices related to mental illness and service provision.
- Remoralisation of treatment resistant patients
- Enhanced management of challenging behaviours - peer invalidating communications showed favourable short term outcomes
- Expand support options to reach consumers who can't access or are unhappy with existing services
- Effectively meet expectations, as outlined in the Mental Health Services Standards (2011) surrounding consumer and carer involvement in planning, implementation, delivery and evaluation of mental health services
- Quintessentially, employment of Peer Workers is mental health promotion and intervention in action
- Robust capacity to respond innovatively to changing MH landscape
- Financial incentives for employing a person with a disability

Evidence of cost saving impact of Peer Workers

- Lawn (2008) SA Community Connections Hospital to Home Project saved 300 hospital bed days or \$90,000 during 3 month period – well received by MHS & GPs
- Forchuk et al.(2005) RCT in US peer support for 1 year – peer supported group were discharged on average 116 days earlier than control group saving \$12M
- Chinman (2001) peer support in outpatient program led to 50% reduction in rehospitalisations
- Queensland Health Service trialled Peer Workers in a 3 month pilot program across the state significant cost saving led to introduction and ongoing employment of Consumer Consultants, Peer Workers and Peer Companions as integral to service delivery since 2001.

Benefits for consumers of your service and Peer Workers

- Consumers and carers have increased options for finding the optimism and role models to support them or assist in their recovery
- Reduced use of hospital and crisis services
- Promotes insight and illness self-management
- Increases self-responsibility
- Offers hope and possibility to pursue and achieve goals

- Moderation of impact of stigmatisation on self-esteem of consumers
- Improved social functioning
- Improved self-esteem
- Improved physical health

Evidence for employment of Peer Workers

- Based on the 'working alliance' or 'therapeutic relationship' for explaining why therapy works as opposed to the therapy itself (Wall et al., 2007)
- Demonstrated in multiple RCTs & systematic literature reviews to be effective and promising in enhancing mental & physical health (Wall et al., 2007)
- Research shifting from feasibility to impact studies (Wall et al., 2007)
- Peer phone calls improved positive health behaviour 90 across US and 13 in NZ (Dale et al. 2008)
- Providing peer support can benefit wellbeing of peer workers themselves (Cushing & Kennedy, 1997; Dennis; 2002).
- Recent studies demonstrated peer provided case management has efficacy and other studies identify it as having equal merit with clinician case management (Rivera, Sullivan & Valenti, 2007)
- WA & SA HealthRight Peer Support Service (Biedrzycki, 2008)
- Remoralising treatment resistant patients – study established peers could engage with hardest to serve clients (Sells et al, 2006).

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J. Glossary of Terms

Advanced Care Directive – a written document in which people clearly specify how medical decisions affecting them are to be made if they are unable to make them, or to authorise a specific person to make such decisions for them. They are written by mental health consumers as a set of directions for others to follow, made in advance of an injury, psychiatric illness, or crisis.

Consumer – commonly used in Australia in relation to people who have used, are using or might use mental health services. In some contexts it can be used to refer to both consumers and carers of those with mental illness. However in this report it refers solely to users of mental health services, not to carers.

Consumer participation – can mean different things to different people and has contributed to some confusion in the mental health sector. It is variously defined as either voluntary or paid participation by consumers in all aspects of mental health care to facilitate the improvement of services.

Emotional CPR (eCPR) - is an education program from the United States designed to teach people to assist others through an emotional crisis by three simple steps:

C = Connecting

P = emPowering, and

R = Revitalizing.

The Connecting process of eCPR involves improving listening skills, practicing presence, and creating a sense of safety for the person experiencing a crisis. The emPowering process supports people to increase understanding in how to feel empowered themselves as well as to assist others to feel more hopeful and engaged in life. In the Revitalizing process, people re-engage in relationships with their loved ones or their support system, and they resume or begin routines that support health and wellness which reinforce their sense of self-esteem and accomplishment. eCPR is based on the principles found to be shared by a number of support approaches: trauma-informed care, post disaster counselling , peer support , emotional intelligence, suicide prevention, and cultural responsiveness.

Intentional Peer Support (IPS) – developed by Shery Mead, it is a way of thinking about purposeful relationships and a process where both people (or a group of people) use the relationship to look at things from new angles, develop greater awareness of personal and relational patterns, and to support and challenge each other as they try new things. IPS promotes intentional conversations for people to examine their assumptions about who they are, what power-shared relationships can look like, and ultimately what's possible. IPS has been used in crisis respite (alternatives to psychiatric hospitalization), by peers, mental health professionals, families, friends and community-based organizations.

Mental health consumer movement or user/survivor movement – a diverse association of individuals and organisations including small local groups and national networks that campaign for improved services and consumer facilitated alternatives. It developed in the 1970s and 1980s alongside the women's, disability and gay rights movements. Internationally its catch phrase is: 'nothing about us without us'.

Recovery - a process of change through which individuals improve their health and wellness, live a

self-directed life, and strive to reach their full potential.

Wellness Recovery Action Plans (WRAP) – is a 'self-management' tool used in many countries around the world to help individuals take more control over their own wellbeing and recovery. It emphasises that people are the experts in their own experience and is based on the premise that there are no limits to recovery. WRAP was developed in the United States by a group of people with mental health problems and has been successfully shared, both in the United States and internationally, by Mary Ellen Copeland and the Copeland Centre for Wellness and Recovery.

Incorporates:

- Wellness Toolbox
- Daily Maintenance Plan
- Identifying Triggers and an Action Plan
- Identifying Early Warning Signs and an Action Plan
- Identifying When Things Are Breaking Down and an Action Plan
- Crisis Planning
- Post Crisis Planning.