



FEASIBILITY STUDY

**PEERS AT WORK:
BUILDING BETTER LIVES**

FINAL REPORT

AUGUST 2019

ACKNOWLEDGMENTS

We pay respect to Aboriginal and Torres Strait Islander Elders, past and present, and further acknowledge the connection with the land and the important role of Aboriginal and Torres Strait Islander people, their culture and customs.

We further acknowledge people with a lived experience of mental health, their families and significant others who have paved the way for the possibilities that exist today.

This work is the result of the efforts and collaboration of many people, from the project's inception through to the production of the current report.

The Peers at Work feasibility study would like to thank the Fay Fuller Foundation, whose generous grant made exploring the feasibility of Peers at Work possible.

Thank you to the Pioneering Group who headed, reviewed drafts and finalised the feasibility study and report. They have developed a potential blueprint for the Lived Experience Peer Workforce in South Australia.

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Further, thank you Guy Turnbull whose insights, experience and guidance enabled effective and thorough analysis of the possibilities for Peers at Work.

Finally, we would like to thank all the participants who agreed to be part of this study.

This report would not have been possible without their input and desire to see better opportunities for people with a Lived Experience of mental illness.

Disclaimer

The purpose of this report is to introduce and provide preliminary information pertaining to the possible formation of Peers at Work. This report is a guide only and does not necessarily provide adequate information in relation to every situation. Information included in this report is based on data from primary and secondary sources, and although due care and diligence has been taken in compiling this report, the contained information may vary due to any changes in the environment.

The utilisers of this report are encouraged to undertake their own due diligence and gather any additional information they consider necessary for making any informed decision.

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There is a strong need to have a structured workforce to meet the needs for a peer workforce. There is no structural system that includes supervision or development.

Peers at Work Survey respondent.

EXECUTIVE SUMMARY

In recent times, Peer Work has been recognised as an integral part of quality service delivery, and Lived Experience is being provided in Government services, community organisations and increasingly, in private enterprises.

The value of Peer Workers is not exclusive to the mental health sector, state funded services or Non-government Organisations (NGOs). In fact, Peer Workers and Lived Experience Workers are now an emerging and evolving workforce in sectors such as Alcohol and Other Drug (AOD), criminal justice services and first responders¹.

The primary purpose of this paper is to provide rationale and considerations to determine the feasibility of creating Peers at Work in South Australia, an organisation owned, governed and staffed by people with lived experience of mental illness and recovery.

Peers at Work aims to assist NGOs, business and Government to meet the objectives of improving mental health outcomes for the community and their workforce.

Peers at Work aims to provide:

- Consistent skilled, trained and qualified Lived Experience Workers
- Peer supervision for all members of Peers at Work and as a service to the mental health sector
- A 'qualified' workforce
- Peer led leadership in managing mental health in business and the community
- A way to employ Peer Workers without increasing establishment through an organisation that manages its own risks and quality assurance.

Three overarching questions structure the scope for this study. These are:

1. Is there a potential market(s) for Peers at Work?
2. Is there a potential workforce for Peers at Work?
3. What needs to be in place to meet the needs of Peers at Work and the market(s)?

Peers at Work has the potential to enable the ongoing further development of the Peer Workforce and adequately and skilfully address the needs of service providers and people living with a mental illness in a meaningful, efficient, cost-effective and targeted manner.

Methodology for the feasibility study

The following methodology was implemented:

1. **Establish the context:** A comprehensive review of the literature and a scan of Peer Worker models and utilisation both in Australia and overseas were undertaken
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2. **Consultation with stakeholders:** People with a Lived Experience and Peer Workers were consulted via survey; and service/organisation stakeholders were consulted through personal and telephone and face-to-face interviews
3. **Formulate recommendations and prepare final report:** All available data was analysed and synthesised to identify the key themes that underpin the recommendations and actions for developing Peers at Work

Key findings from the survey with people with a lived experience, and consultation with stakeholders

From the perspective of respondents, there is a need, a desire and interest in Peers at Work. We currently have a small Peer Workforce, and an even smaller qualified Peer Workforce. Peers at Work is seen as an opportunity to provide employment, implement quality Peer supervision, training and enhance the Peer and Lived Experience Workforce.

An organisation dedicated to supporting lived experience roles and work is required.

Peers at Work Survey respondent.

From the perspective of possible market(s) there is interest for Peers at Work. In addition to direct support through the National Disability Insurance Scheme (NDIS), other possible opportunities exist in multiple sectors including GP practices, NGOs, NDIS and private enterprise.

Each sector and service have their individual requirements (processes, challenges, funding) and, by undertaking a targeted approach that meets the needs of the service/organisation Peers at Work can complement and support the current mental health system.

There is both a potential workforce and potential market(s); in short, outcomes from the study justify and support a feasible basis for Peers at Work.

Although Peers at Work offers the opportunity to address the needs of both the workforce and market(s), inevitably it should not attempt to cover all markets and sectors initially; a staged, targeted growth is warranted.

PEER WORKFORCE

Peer Workers are defined as people who have lived experience of mental illness and recovery, who also possess the ability to apply learnings from this experience into work practice. The Peer Worker model has a 25-year history, and literature suggests that Peer Workers are an important component of the mental health sector ⁱⁱ.

Nationally, and internationally, Peer Workers have demonstrated effectiveness in helping people to connect to, engage in, and be active participants in treatment and recovery across all levels of care and support ^{iii iv v}.

The National Mental Health Commission in its *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention*, recommended a range of actions relevant to the Peer Workforce:

- A Peer Worker has acknowledged Lived Experience of mental illness and recovery
- Peer Workers should be respected and regarded as an essential part of, not an add-on, to the team.
- Equal status to their team colleagues and not a “time or cost saver”
- Peer Workers should be remunerated appropriately at a level commensurate with their skills and training
- Peer Workers are adequately supported and sustained into, and in, the role with quality, ongoing training and supervision
- The Peer Workforce should be supported by national competencies and standards
- The Peer Workforce should have a career trajectory

State and National mental health plans identify the need for Peer Workers. Under the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan), the Commission is leading the development of Peer Workforce Development Guidelines by 2021 ^{vi}. In South Australia the Lived Experience Workforce Program (LEWP) has led the way in developing Standards and Guidelines for the NGO sector, with additional professional development for Peer Workforce and leadership training for those who lead the Lived Experience/Peer Workforce.

Health Workforce Australia undertook a Literature Scan in 2014 ^{vii}. They identify both qualitative and quantitative benefits of Peer Workers:

People with a mental illness: increased quality of life, fewer hospital admissions, increased social inclusion, decreased harm and trauma, validation of experience, increased empowerment and hope and reduced stigma.

Peer Workers: improved mental health and well-being, increased self-esteem and capabilities, increased acceptance, increased skills and opportunities, targeted Peer supervision, training and support and increased hope.

Carers: increased hope, decreased sense of burden, empowerment, improved relationships and quality support networks.

Health Services: increased engagement of consumers and participation in treatment options, promotion of person-centred and trauma informed care, enhanced commitment to recovery, empathy, understanding and awareness, facilitating culture change, reduction in restrictive practices, reduced admission and readmission rates, longer community tenure, reaching more people with a mental illness, financial savings around reduced bed days, utilisation of first responders and presentations to emergency department and increased economic participation.

Ultimately these benefits culminate in a mentally healthier workforce, improved productivity and social, health and economic outcomes.

Locally, in South Australia, the pending State Mental Health Services Plan is likely to have a focus on building the Lived Experience (Peer) Workforce.

We need purposeful, meaningful, relevant and quality supervision.

Peers at Work Survey respondent.

Despite national and South Australian efforts, there remains a lack of consistent and shared understanding of the skills, experience, values, challenges and

value-add of Peer Work. In South Australia, there are approximately 110 paid Peer Worker roles, 60 workers in the NGO sector and 50 in SA Health.

The roles, functions and expectations of these Peer Workers vary significantly across different service types, especially between Local Health Networks (LHNs) and NGO services.

Regardless of job titles, Peer Workers generally (1) connect through lived experience; (2) mentor, coach, or teach; (3) link to community resources; and (4) facilitate the achievement of recovery goals.

Although the Peer Workforce brings unique and exciting opportunities to organisations and services that support people living with a mental illness and their families, Peer Work is underutilised and under recognised, and in the absence of structure, consistent meaningful role definition and expectations and support, there is a risk;

“that the potential impact of any emerging role will be constrained and diluted”.^{viii}

The Mental Health Coalition SA Lived Experience Workforce Program (LEWP) has co-designed a set of Standards and Guidelines for employing Lived Experience Workforce in the mental health NGO sector, together with reference material for role definition and job descriptions, and training for leaders of Lived Experience Workforce. At time of writing professional development activities and a community of practice is operating in metropolitan Adelaide. These form a good foundation for a consistent approach to the Lived Experience Workforce.

NEED FOR CHANGE

Recovery is personal; however, common themes are evident including hope, understanding, empowerment and living a meaningful life. Recovery extends beyond traditional clinical definitions which focus on reduced symptomatology, treatment, hospitalisation and medication compliance. Peer Workers are an essential and important component of promoting, facilitating and enabling recovery.

Evidence suggest the role of Peer Workers has positive benefits/value for, and demand by, individuals, families and services and yet there is little demonstrable Peer Workforce growth. This has been exacerbated by the roll-out of the NDIS for psychosocial disability and resulting changes in funding and availability of mental health supports in the community over the past three years. The South Australian Mental Health Commission notes, we currently have an ad hoc and small Peer Workforce spread across our public, private and non-government sectors^{ix}. Despite this, the call for peer support is increasing as more people learn about the role and how it can support them.

Many Peer Workers are currently employed in isolation, and report feeling alone and their role misunderstood; they work with little support, and there appears to be little opportunity for mentoring

from peer colleagues. Peers at Work offers an opportunity to remedy this by providing the internal supports for Peer Workers and commitment to providing consistent and high-quality Peer Work resources.

Hope to pick up the opportunity to be able to use my experience by becoming involved with presenting papers and workshops around life issues and mental health.

Peers at Work Survey respondent.

To enhance the value and positive involvement of the Peer Workforce and people with a Lived

Experience, clear and consistent processes of recruitment, supervision and role definitions and expectations need to be in place.

Increased employment opportunities need to be supported with solid policy and recruitment processes, training, certification/accreditation and remuneration.

Peers at Work could provide the structure for organisations to address staff and consumer needs by engaging the right qualified, and trained person for the role, and with access to ongoing discipline specific supervision and training.

FEASIBILITY STUDY

The purpose of the feasibility study was to examine the viability of the proposed Peers at Work, and to enable informed decisions through objective analysis.

The ultimate objective is to create Peers at Work - an organisation led by Peer Workers that facilitates work for Peer Workers, to engage in the needs, voices and experiences of people with a Lived Experience; to answer:

How do we provide employment opportunities for people with a Lived Experience of mental illness and recovery, and grow the Peer Workforce in SA?

To answer this question, we needed to:

- Better understand the employment opportunities provided by a Lived Experience Peer Workforce
- Determine whether a Peer Workforce is feasible
- Establish the Peer Workforce with an initial focus on Mental Health Lived Experience
- Understand the organisational structure best suited to meet these needs (co-op, Inc. etc)

To test the practicability of Peers at Work, the design steps included:

- Review of Peer Work literature, documents and resources (primary and secondary) in relation to Peer Worker roles, experience, challenges and benefits
- Utilising quantitative information to draw conclusions, gathered through a combination of phone interviews, online surveys and face-to-face interviews

The Pioneering Group developed:

- A series of questions for Peer Workers to understand their current employment state, interest in Peers at Work concept, and their desired state if Peer at Work were to be established. The questions were adapted with the guidance and input from the Lived Experience Workforce Program (LEWP) (Appendix 1). These formed the online survey reaching Peer Workers and people with a Lived Experience

The information obtained from the survey and interviews facilitated 'market' and 'supply' needs assessment.

Peer Workers:

Current and potential Peer Workers, and people with a Lived Experience were accessed through the following existing distribution lists:

1. Lived Experience Workforce Program
 2. SA Health - Statewide Mental Health Lived Experience Register
 3. TAFE SA - Certificate IV in Mental Health Peer Work students
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The online survey for Peer Workers and people with a Lived Experience was open during 27th June 2019 – 14th July 2019.

Data was gathered from **71** respondents. The total number of respondents per question varied, as thus, the summary data is provided as a percentage of the respondents for that question.

Key findings include:

Whilst we understand Peer Worker and Lived Experience positions are not consistent across the sectors, approximately 60% of respondents were employed to utilise their direct experience of mental illness and recovery.

Peer Support Worker has been identified as the primary Lived Experience role (approximately 49%), and people are utilising their Lived Experience within leadership role (6%).

Most respondents were employed part-time (44%), and surprisingly approximately 33% were employed on a full-time basis, with the overwhelming majority employed in NGOs (66%).

Ongoing momentum, education and training by the Lived Experience Workforce Program may have contributed to approximately 32% of respondents having a Certificate IV in Mental Health Peer Work, with a further 30% a Certificate IV in Mental Health. Collectively, 57% had qualification at either bachelor or post graduate level. There is a qualified workforce currently engaged in peer roles.

Thematically, respondents identified the following would improve their impact in their role:

Supervision Lived Experience Training Peer Support Leadership

‘Self-determination’, ‘Mentoring and Support’ and ‘Working with other Peers’ are the driving motivators (at this stage) for people interested in becoming part of Peers at Work.

There was consistent spread across the possible roles of interest, however ‘Organisation Consultant’ featured least attractive.

Furthermore, in terms of expected remuneration, most respondents indicated remuneration between \$65k - \$85k across the role. This may be indicative of people responding within their current employment context (noting 55% indicated there were not satisfied with their current level of remuneration), under-valuing the role of Peer or Lived Experience Worker, or responding ‘cautiously’. The breadth of the survey questioning did not delve further into this; that is, we did not ask ‘why did you indicate this level of remuneration’.

Additional needs/ideas for further exploration include:

Training A professional body Clear roles and career path Communities of practice

63% of respondents provided their contact details to remain connected, interested and possibly involved in Peers at Work.

Final comments included:

- I am very interested in this project as I firmly believe Peer Workers are the only way we will address the NDIS (and other) Psychosocial workforce needs in this country
- The more support we Peer Workers get, the better
- I feel all Peers who would be a part of this group need the basic Peer Cert 4 qual as a baseline, regardless of experience
- I think it would be wonderful to have an organisation owned, run and staffed by Peer Workers. Such an organisation would hopefully have a truly recovery orientated and person-centred approach
- A well overdue initiative. I look forward to a time when lived experience in mental health, substance abuse etc. is amongst the highest standards of qualifications in the sector.

Survey summary data is provided in Appendix 2.

Potential Services:

The Pioneering Group developed a list of potential services/organisations to assess interest in the concept of Peers at Work.

The key stakeholders/ potential service providers included:

- SA Ambulance Service (SAAS)
- SA Police (SAPOL)
- NGOs
- Independent Schools
- Catholic Education
- Bupa/ Medibank Private (Private Health Insurers)
- Universities
- GPs
- PHNs
- SA Dental
- NDIS/NDIA
- Private enterprise (expand further/identify which)
- SA Health
- Local Government

Contact with these services/organisations focussed on understanding:

1. Current interest in mentally healthy workplaces and workforce, whether there is a market for Peer Workers
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2. Service/organisational needs to facilitate the mentally healthy workplace and workforce
3. Indicative pricing/investment required to facilitate the mentally healthy workplace and workforce, essentially testing the remuneration identified by Peer Workers against the market

Each service/organisation was contacted either by phone or email. Appendix 3 contains the range of questions drawn upon. For consistency, all stakeholders were contacted by one person.

Discussions with stakeholders were conducted face-to-face and stakeholders were then emailed a Peers at Work Proposal (Appendix 4).

Face-to-face discussions were conducted with Breakthrough Mental Health, GP Access, Mental Health NGOs, South Australian Ambulance Service (SAAS), Private Health Insurer, GPs, Adelaide Primary Health Network (APHN), Corporations, and SA Health (Office of the Chief Psychiatrist).

Key findings include:

There is active engagement, investment and commitment to the conversation around mental health.

Consistent themes emerging from these discussions included:

- There is a lack of structured supervision, focussing on the Lived Experience elements of the role for people working in Peer roles by a qualified and accredited Peer Supervisor
- There is a need for the provision of quality, accredited and supervised staff
- Peers at Work may not be appealing to some NGOs or government services who would assert they are already providing quality Peer Workers
- There may be opportunities to utilise Peer Workers in the provision of quality support at home as a pathway away from emergency presentations
- Lack of career opportunities and advancement
- Lack of a clear sense of how people with a Lived Experience can apply their experience in their role
- Lack of specific human resource policies and practices
- Co-worker attitudes and stigma

Conversations with businesses highlighted the need for ongoing support requirements for staff post training in Mental Health First Aid¹ and for internal champions within organisations. Invariably, staff are energised following training and/or personal presentations from a speaker with a lived experience of mental illness, however, after the training/presentation there is a significant gap in support, structure and ongoing engagement from the trainer/presenter with the staff, or other Peer Worker advice to advise the organisation in supporting their staff.

There are many GPs who are already engaged in supporting people with a mental illness and exploring opportunities that support recovery and wellbeing is welcomed. Of interest is the possibility of having a Peer Worker in the waiting room to support and engage with the person whilst they are waiting for

¹ A project has been undertaken by the SA Mental Health Commission to encourage organisations to provide mental health first aid training to staff. Peers at Work could potentially offer the next step – how to apply what they have learned, or access to Peer Workers to interact with staff when needed.

their appointment. One GP cites international literature where this has resulted in outcomes 'equivalent to seeing the psychologist'.

The private health insurance sector is heavily governed, with federal regulations regarding what insurers can and cannot cover. Peers at Work has the potential to reach people and provide support that may prevent hospitalisation; if this were to be covered, the insurer will offer this outside of the 'Outpatient – Extras Cover' and thus risk increases for the insurer, out of pocket expenses increase for the individual. This is not attractive at this point. For this to be a viable, sustainable component of Peers at Work advocacy must continue regarding mental health and private insurance with the Federal Minister for Health.

Likewise, corporations see investment risks, particularly where they may not know they have a problem. Arguably, at present, many of them see Mental Health First Aid and Mentally Healthy Workplaces as a 'tick box' rather than an investment in their most expensive resource – their staff. They may not see the investment in time, overheads and financial investment affording long term benefit. Engaging corporations on Return on Investment (RoI) today versus future costs is a difficult task. The South Australian Mental Health Commission has commenced these discussions and education, and Peers at Work may be able to fill that gap in the future.

For Peers at Work, to engage private health providers and corporations, the key question to answer is "Who do we need to talk to in the organisation?" – building commercial relationships will be an important business development activity. One potential opportunity within the current corporate environment is offering counselling as an Employment Assistance Program (EAP) provider with targeted Lived Experience Counsellors as the offering.

Finally, opportunities exist given the focus of the Adelaide and Country PHNs requiring service providers to demonstrate a commitment to, and engagement of, a Lived Experience Workforce as part of the tender processes.

PEST AND SWOT ANALYSIS

SWOT and PEST analysis are two valuable tools that offer valuable insights, providing an objective look at the information required to make informed decisions.

There is some overlap between PEST and SWOT, however,; PEST and SWOT have two different perspectives. PEST looks at "big picture" factors (macro level) that might influence a decision, a market, or a potential new business, and SWOT tends to be an assessment of a business or a proposition (micro level).

The current model is very tokenistic.

Peers at Work Survey respondent.

The PEST analysis was undertaken first, and results formed the 'opportunities' and 'threats' sections of the SWOT.

PEST analysis

<p><u>Political:</u> Political, policy and legal factors that may affect Peers at Work, i.e. the impact regulation has on the Peer Workforce.</p>	<ul style="list-style-type: none"> • Ongoing Commonwealth investment in mental health services in the community is focused on NDIS and limited funding through PHNs • SA is ranked worst in the nation for seeing mental health patients within "clinically recommended waiting times"^x • In SA, the vast majority of mental health funding is spent in hospitals rather than the community • Proposed changes within the South Australian Mental Health Commission • Focus on early intervention, youth and suicide prevention • Limited supporting policy • Conservative political ideology • Consecutive governments have shown a lack of support for social services • Limited personnel with lived experience to implement cultural change • Little engagement of people with a lived experience in a formal capacity in policy development • Increased focus in data and statistics rather than people • Tokenism around inclusion of the Lived Experience voice • Lived Experience is likely to be included in the Mental Health service plan
<p><u>Economic</u> Economic factors that may affect Peers at Work, i.e. unemployment rates, availability of labour, income support requirements.</p>	<ul style="list-style-type: none"> • Reduction of 25% in State mental health budget for supports in the community in South Australia as funding is transitioned to the NDIS • Clinical focus for funding (e.g. beds) – directed away from social services • Concern of economic recession in Australia – currently flat • Fixed NDIS Price Guide • Funding through the PHNs have significantly reduced when compared to funding of identical services directly through the Department of Health (DoH) and Department of Social Services (DSS) • No reinvestment of NDIS underspend • Fiscal constraint in South Australia • Increased focus on diversion pathways • Difficulty meeting the outcomes of the Productivity Commission and National Mental Health Plans

	<ul style="list-style-type: none"> • Increased commissioning model of PHNs • PHN contracts including requirement for Lived Experience workforce • Private organisations are investing • Remuneration for Peer Workforce is currently low • Ongoing investment in Mental Health research • Current constraints in what markets pay for • It is becoming increasingly difficult for people living with mental illness to meet eligibility for DSP.
<p><u>Social</u> What social and cultural factors affect Peers at Work, i.e. education levels, disability, stigma.</p>	<ul style="list-style-type: none"> • Increased focus on Mentally Healthy workplace • People want to hear the voices of people with a Lived Experience • Social wellbeing is compromised by what is happening in the economic environment • Stigma reduction initiatives MHCSA and SAMHC • Fragmentation of mental health system • No current mental health self-referral services, unfortunately people need to be in crisis to receive state funded services or demonstrate functional disability to receive an NDIS package • People are weary – compassion fatigue • People are tired of the constant fight leading to low morale in service providers • Limited therapeutic freedom • Growth of mental health awareness • Homelessness and lack of affordable housing • Many people living with mental illness are living in poverty, on Newstart and DSP. • Increase benefits of Mental health Diversion program (Corrections) • Increased negative impact of unemployment • Limited understanding of how to utilise trauma informed practice into services • Increased expectation of service quality and experience • Growing ethnic and cultural diversity • Aging population • Community do not fully understand what Peer Workers can do with, and for them • NDIS and eligibility is confusing for people living with psychosocial disability. Inconsistent access across the cohort due to various factors.
<p><u>Technology</u> Technological factors that may affect Peers at Work, i.e. internet access, client management systems.</p>	<ul style="list-style-type: none"> • Multiple social media and technological advancements • Lack of statistics regarding peer support in the community – focus on Length of Stay, beds and readmission rates • There is no category for Peer Work (or Mental Health Support Work) in the National Data Set, therefore no national way to do statistical analysis. • Increased focus on e-health • Increasing access to services through portals or centralised access systems – e.g. MyAgedCare and the soon to be implemented Integrated Carer Strategy • Increased media grabs • Emerging applications increasing accessibility of support/help • Opportunities for people who are isolated to connect through technology • Data integrity will require management

	<ul style="list-style-type: none"> • Difficult to correct inaccurate/ non-effective information • Some people living with mental illness are not connected through technology and risk isolation or inability to participate given increasing requirement to seek help or connect to services via the internet.
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SWOT analysis

		ADVANTAGES	DISADVANTAGES
INTERNAL	<p><u>Strengths</u></p> <p>(Internal resources or capabilities of Peers at Work that are better than the competition)</p> <ul style="list-style-type: none"> • Extensive knowledge and experience relating to mental illness • Motivated • Uniquely skilled • Resilience • Demonstrated recovery and related self-knowledge • Cost effective alternative to direct employment by organisations • Evidenced based • Work/life balance • Increased reputation for high quality services • Proactive approach to equality and diversity 	<p><u>Weaknesses</u></p> <p>(Internal resources or capabilities of Peers at Work that are less than the competition)</p> <ul style="list-style-type: none"> • May not be business savvy • Most Peer Workers have been employees rather than business owners – need to develop business thinking. • Limited knowledge of business development • Referral streams not established/coordinated 	

Opportunities

(External factors or conditions that Peers at Work can exploit to build success)

- Address stigma
- Address perception of Peer Workforce as a risk – demonstrate that Peer Workers operate at a stage in their recovery that they manage their wellbeing
- Increase community education
- Positive role model
- Inform National Peer Work initiatives
- Strengthen the Peer Workforce
- Development of a career structure for the Peer Workforce
- Promote cultural change in services
- Equal opportunities/more chances
- Information, education and training to increase knowledge and understanding of mental illness in the workplace.
- Improved access to services
- Nationally agreed definitions of Peer Work, Lived Experience
- Legal, moral and ethical basis for providing high quality mental health support/education

Threats

(External factors that could adversely affect the success of Peers at work)

- Managing perception of risk in employing Peer Workforce.
- Increased contestability and competition from independent providers delivering MH First Aid, lived experience speakers/consultants
- Existing Peer Workforce may not seek to move
- Little clarity on organisations willingness to pay
- Mental Illness a major contributor to unemployment – perception that Peer Workforce may not be well enough to work
- Organisational culture and value placed on Lived Experience is variable
- An established MH NGO is trialling a dedicated Lived Experience Team
- Poor communication and coordination between service providers

RECOMMENDED ACTIONS

There is a growing body of evidence and research attesting to the value and benefit of utilising Peer Workers and people with a Lived Experience of mental illness across multiple sectors, services and encompassing many varied roles.

This study suggests businesses have the appetite to utilise people with a Lived Experience across a range of sectors, services and organisations. In businesses this is evidenced by their investment in Mental Health First Aid training, engagement with the South Australian Mental Health Commission and Breakthrough Mental Health to explore and support mentally healthy workplaces and the utilisation of 'independent' speakers sharing their personal experience of mental illness and recovery. The opportunity is in filling the gap to support organisations to go beyond these basic steps to knowing how to act on the information they have received.

In mental health service delivery, while many providers have stated that they employ their own Peer Workforce, there is demonstrated opportunity for Peer Supervision on a fee for service basis and the potential for Lived Experience Trainers to deliver training to staff.

Providing Lived Experience Counsellors as an option for Employee Assistance Programs (EAP) is also entering the conversation and Peers at Work could either sub-contract to EAP providers or become an EAP provider.

NDIS may be an option, but most likely as a direct service provider, necessitating accreditation through the Quality and Safeguarding Commission if providing services to other than self-managed participants.

Further, our analysis of the survey of people with a Lived Experience of mental illness highlighted that availability and willingness to develop a peer led pathway to employment and career advancement was highly valued. There is interest in, and a need for Peers at Work.

Peers at Work is essentially a 'start-up' and to realise Peers at Work, consideration could be given to the following actions:

1. Clarity and consistency of language

This warrants broader exploration at both State and National levels, and is outside the scope of this feasibility study, however, it has been noted that the terms Peer Worker and Lived Experience Worker have been used interchangeably in South Australia.

For the purposes of this paper, the term Peer Worker encompasses a person having a lived experience of mental illness and recovery and is in paid work that requires the use of their lived experience.

While the term 'Lived Experience Worker' is also used, and with the same criteria as for a Peer Worker, a person may not have the experience of drawing from their experience and recovery in paid work, and yet their lived experience still has tremendous value. In this context we recognise the experiences and choices of a person, and the knowledge that they gain through direct, first-hand involvement in everyday events.

In South Australia there appears to be a dominant model of the defined Peer Worker role focussing on 'support' and this model is replicated across settings and organisational contexts. This model, however, does not specify or limit the range of roles under consideration for Peers at Work.

Suggested Action:

As every experience has both objective and subjective components, it may be beneficial for Peers at Work to utilise core competencies of Peer Work (to be co-designed with the Peers at Work Governance Group) as fundamental requirement for Peers at Work staff and articulated in the value add (unique value proposition) of Peers at Work.

Timeline:

Peers at Work could utilise this language immediately whilst also keeping abreast of language and role developments at a national level. The results of which may, or may not, warrant future language change.

2. Peers at Work Governance Group

The expertise, views, ideas and thoughts of the Pioneering Group have enabled the concept of Peers at Work to demonstrate viability. While the Pioneering Group will begin the job of building a Business Plan, moving forward, the formation of Peers at Work must be driven, informed and accountable to its potential 'members'.

Suggested Action:

A transition from the current Pioneering Group to the Peers at Work Governance Group could occur in the following manner:

1. The Pioneering Group finalise the feasibility study report, and commence the Business Planning process, with a view to transition to the Governance Group
2. Identify possible members from the interest obtained in the survey
3. Conduct a Peers at Work focus group meeting with those identified
4. Seek engagement/commitment from those identified
5. Develop Terms of Reference (ToR) for the Peers at Work Governance Group. It is envisaged that members of the Governance Group will be people with a Lived Experience who may become the staff of Peers at Work. Members of this group will have an active role in developing Peers at Work.
6. Build the business plan
7. Develop an indicative/estimated budget and proposed organisational structure

Timeline:

Develop ToR, finalise the feasibility report, identify and meet new governance and establish the first new group and building the business plan could be undertaken between August and October 2019.

Following the formation of the Peers at Work Governance Group, the actions could be undertaken within this group. It should be noted that this may be a slow process and one should not assume that people will have all the understanding required to explore and form Peers at Work; that is, membership may change or require targeted skills/experience. This may cause heightened level of anxiety of some Governance Group members. Strategies to support/address this must be considered.

To lay the foundations of Peers at Work, it is critical the Governance Group have a combination of Lived Experience, business acumen, marketing and promotion, and understand the unique value proposition of Peers at Work:

For its members

Increase employment opportunities for people with a Lived Experience of mental illness and recovery, facilitate culture change and provide fair remuneration, have a sense of control and accountability for what is created and delivered, the capacity to deliver a service that members can be proud of.

For services/organisations

Increase access to high quality Peer Workers in a range of roles, increase efficiencies and reduce or eliminate recruitment costs, build on initial work to develop mentally healthy workplaces, participate in supporting Lived Experience roles in the community.

Suggested Action:

The current project deliverables include a Business Plan and designing the organisation structure. The current consultants on the project will utilise their expertise to create the business plan with the Governance Group.

Funding could be sourced through Fay Fuller, or the Adelaide PHN through their Unsolicited Proposal processes. Additional funding will be required to enable the Governance Group to develop detail beyond that in the Business Plan for:

- Values, mission, principles and purpose of Peers at Work
 - Governance, quality assurance and risk management for Peers at Work
 - Pricing structures to include overheads, rates per hour and/or day rates depending of service delivery type
 - Core competencies of Peers at Work members including qualifications, certification and experience
 - Supervision, performance reviews and training of members
 - Quality coaching, mentoring and/or supervision structures for governance members
 - Policies and procedures that support and promote the Peers at Work members
 - A temporary board of directors and secretary to the board
 - The Peers at Work workforce to ensure it is workforce ready when it generates market interest and expectations
-

Questions to facilitate the governance phase of Peers at Work include:

- What is the right legal structure for Peers at Work?
- What services will Peers at Work provide to members and the community?
- Who the members will be? What will be their obligations as members?
- Whether non-members can be involved in Peers at Work, and if so, how?
- How will capital for start-up be raised?
- How are decisions made and communicated?
- Who makes what sorts of decisions?
- What committees and coordinators will be required?
- What responsibilities and decisions will be delegated, and to whom?
- Acquire facilities and equipment
- Establish accounting and control functions
- Commencing Peers at Work

Timeline:

With additional funding it may be possible to achieve the above actions by 30 July 2020.

3. Commence Peers at Work

Central to connecting Peers at Work to possible market(s) is the strategy of initially engaging the head (issue/problem, solution) and then the heart through Peers at Work's unique value proposition.

The Governance Group will need to be certain it is prepared for this step, that they have the necessary skills, resources, systems, people and processes identified and consolidated.

Further, it is essential to ensure Peers at Work continuously meets its aims and objectives.

Suggested Action:

Further funding will be required for Peers at Work to launch. Funding could be sought for the first 24 months of operations.

Once launched, Peers at Work should then focus on growth and sustainability, to solidify the development and value add of Peers at Work.

It is envisaged the first twelve months of Peers at Work will be a micro version (pilot), where 2-3 service options are provided initially, reviews/evaluations undertaken, business opportunities/markets explored and then Peers at Work is scaled to offer additional services.

Suggested Action:

- Explore the value of benchmarking and evaluations tools with the Governance Group to ascertain the right time to measure and monitor impact and value. It may be that the focus of the first 6-12
-

months is establishment and consolidation and after the first twelve months Peers at Work could engage with a university to evaluate with rigor evidence-based outcomes

- Measure the economic, social and environmental outcomes achieved and the value created
- Recruiting new members
- Keeping existing members involved and informed
- Review commitment and unity of members
- Ensuring the business is running well – policies, contracts, and business performance are all functioning well
- Ensure a balance between day-to-day management duties and delivery of Peers at Work services
- Review PEST and SWOT analysis to determine currency and need
- Find additional ways to grow financially
- The board and management are trained and working well together

Timeline:

It is possible for Peers at Work to commence 1st August 2020.

Increasingly, people will understand the value and unique contributions of Peers at Work.

Possible future opportunities for Peers at Work:

Peers at Work can offer Peer/Lived Experience:

- Support Worker
- Supervisor
- Trainer
- Advocate
- Mentor or Coach
- Organisation Consultant (helping organisations implement Peer and/or Lived Experience Workforce, or develop a mentally health workplace)

In addition, there is growing evidence that many mental disorders have their origins in adolescence, increasing pressure for schools to address the emotional well-being of their students. Peers at Work could be well placed to engage schools and assist them in addressing this need.

It is becoming more evident that Primary Health Networks (PHNs) will have a requirement to ensure peer workers have the opportunity for career development, ongoing relevant training, peer supervision and opportunities for promotion. Becoming a preferred provider through the PHN would be valuable for Peer at Work. At the very least, the requirement of the Adelaide PHN for organisations to demonstrate and outline Peer Worker and/or Lived Experience staff as part of the tender process is a valuable inclusion for Peers at Work.

Peers at Work has the potential to work with services and boards to develop, understand and implement “wellness as a key performance indicator”.

Peers at Work could have its staff trained in delivering Mental Health First Aid and/or ASIST and include the Lived Experience perspective in this training.

With appropriate certification, Peers at work could provide Lived Experience targeted EAP counselling.

Peers at Work could enhance Central Adelaide Local Health Network's implementation of the recommendations identified in the 2014 – The Lived Experience Workforce in South Australian Public Mental Health Services report.

Finally, in addition to direct 1:1 support through the National Disability Insurance Scheme, Peers at Works could be engaged as a Psychosocial Recovery Coach, or directly to people who have self-managed funding (this option does not require the provider to be registered with the NDIS).

The opportunities abound, and Peers at Work do not have to do this alone: as one respondent in the survey noted:

“There have been a number of initiatives over the years looking for ways to create Peer organisations and I've provided and attended feedback to as many of these as I can, but nothing seems to eventuate. I think it would be great if we can pull together all of the previous attempts to do this and see if organisations can work together e.g. Private Mental Health Consumer Carer Network (Australia) Ltd completed a feasibility study in 2018 of the same nature and LELAN (Lived Experience Leadership and Advocacy Network) is attempting to create such an organisation presently.”

This study demonstrates the value and need in undertaking a small-scale implementation of Peers at Work, reviewing and evaluating effectiveness, processes, markets and challenges before expanding.

REFERENCES/BIBLIOGRAPHY

Australian Government, Productivity Commission, **Report on Government Services 2019**

Chapman, Susan A, PhD, RN; Blash, Lisel K, MPA; Mayer, Kimberly, MSSW; Spetz, Joanne, PhD. **American Journal of Preventive Medicine**, suppl. Supplement 3; New York Vol. 54, Iss. 6, (Jun 2018): S267.

Department of Health. *The Fifth National Mental Health and Suicide Prevention Plan, 2017*
Flegg, M., Gordon-Walker, M. and Maguire, S., 2015. **Peer-to-peer mental health: a community evaluation case study**. *The Journal of Mental Health Training, Education, and Practice*, 10(5), pp. 282-293.

Gillard SG, Edwards C, Gibson SL, Owen K, Wright C. Introducing peer worker roles into UK mental health service teams: a qualitative analysis of the organisational benefits and challenges. *BMC Health Serv Res*. 2013;13:188. Published 2013 May 24. doi:10.1186/1472-6963-13-188.

<https://www.mymentalhealth.org.au/page/resources/workforce-resources/peer-participation/> Accessed 24th May 2019.

<https://samentalhealthcommission.com.au/chris-burns-peer-support-workers-the-disruptor-we-need-in-mental-health/> Accessed 23rd May 2019.

Jackson, F. and Fong, T., 2017. Why not a peer worker? *Mental Health and Social Inclusion*, 21(3), pp. 176-183.

Ontario paramedic service using proactive peer support to protect its own. Mar 02, 2017-last update [Homepage of Torstar Syndication Services, a Division of Toronto Star Newspapers Limited], [Online].

Private Mental Health Consumer Carer Network (Australia) Ltd, March 2018: *Towards Professionalisation Exploration of best practice models in mental health peer work to inform the establishment of a national professional organisation* [Literature Review].

[https://www.mentalhealthcommission.gov.au/media/255136/PMHCCN%20Peer%20Work%20Associatio](https://www.mentalhealthcommission.gov.au/media/255136/PMHCCN%20Peer%20Work%20Association%20feasibility%20study%20Literature%20review%20PDF%20FINAL%20VERSION%209.03.18.PDF)

[n%20feasibility%20study%20Literature%20review%20PDF%20FINAL%20VERSION%209.03.18.PDF](https://www.mentalhealthcommission.gov.au/media/255136/PMHCCN%20Peer%20Work%20Associatio)
Accessed 21st May 2019.

Shapiro, G.K., Cusi, A., Kirst, M., O'Campo, P., Nakhost, A. and Stergiopoulos, V., 2015. **Co-responding Police-Mental Health Programs: A Review**. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), pp. 606-620.

Vestal, C., 2013, Sep 17. Peers seen easing mental health worker shortage. *The Charleston Gazette*.

APPENDICES

Appendix 1:

Peers at Work – Peer Worker Survey

The Mental Health Coalition SA, and the Don Dunstan Foundation, are looking at addressing –
How do we provide employment opportunities for people with a lived experience of mental illness and recovery, and grow the Peer Workforce in SA?

We have been charged with establishing what an organisation owned, operated and delivered by Peer Workforce could look like. We have a Lived Experience Steering Group and would also like to draw on the expertise of the current, past and future Peer Workforce – that's you.

We are reaching out to people currently employed/working in a role which utilises their lived experience (potential suppliers of services). We are also looking at what needs to be in place for a Peer-run organisation to work, so we welcome ideas from people who have previously held a Peer Workforce position or who are wanting to obtain employment within the Peer Workforce. The information you give us through this survey is the beginning of understanding what we need to do.

There are two parts to this survey. Some questions apply only to people currently employed within the Peer Workforce. If you held a Peer Workforce position in the past or hope to in the future, please skip the questions that do not apply to you.

We appreciate you taking the time to complete both parts

Part 1. About you – To help us understand the current Peer Workforce, we'd appreciate it if you can share some information about your current role or employment situation. This will be held confidentially and used only as a contribution to describing the Peer Workforce.

How have you utilised your lived experience in your Peer Worker role?

- As a person who has direct experience of mental illness and recovery
- As a carer of a person who is living with mental illness
- Both

Which best describes your current primary Lived Experience role?

- Peer Support Worker
- Consumer Specialist/Consultant
- Carer Specialist/Consultant
- Lived Experience Project Officer
- Lived Experience Leadership role (designated Lived Experience)
- Using Lived Experience but not in a Lived Experience role.
- Not working but previously in a Lived Experience role
- Not working and interested in a lived Experience role
- Other (please specify)

How would you best describe your terms of employment? (please tick as many as possible that are relevant to you)

- Full Time
 - Part Time
-

- Casual
- Self employed
- Volunteer
- Not currently working

Which Sector do you work in? (please tick as many that are relevant to you)

- NGO
- SA Health
- Primary Health
- Independent/Self Employed
- Other (please specify)

What qualifications do you hold (click as many as you have)?

- Certificate 4 in Mental Health Peer Work
- Certificate 4 in Mental Health
- Diploma in Mental Health
- Bachelor of Social Work
- Bachelor of Community Services
- Bachelor of Psychology
- Other - Bachelor's Degree (please specify in the 'other' field below)
- Postgraduate (please specify in the 'other' field below)
- Other Community Services vocational training –(please specify in the 'other' field below)
- Other (please specify)

What further support/structure would improve your job and your impact in your role?

Please specify

Part 2. About Peers at Work – we are keen to know what the current Peer Workforce would like to see in an organisation owned, operated and delivered by Peer Workforce.

What would make you want to become part of Peers at Work? (please tick as many as possible that are important to you)

- Supplementary work to my current role
- Self-determination – being part of creating a Peer-run organisation
- Someone who finds the work for Peers at Work members
- Working with other Peers
- Insurances are covered
- NDIS registration is covered (if Peers at Work becomes an NDIS provider)
- Someone who manages rosters
- Someone who manages administrative functions (billing, payroll, etc.)
- Peer mentoring and support
- Other (please specify)

What role or roles would interest you, or would you like to see available in the marketplace? For these roles, please indicate the remuneration you would expect. (e.g. Peer Support Worker: \$66-75K)

Range to use:

- **\$56-65K**
 - **\$66-75K**
 - **\$76-85K**
 - **\$86-95K**
 - **\$95K+**
-
- Peer Support Worker
 - Peer Supervisor
 - Trainer
 - Paid Advocate
 - Peer Mentor
 - Peer Coach
 - Organisation Consultant (helping organisation implement Peer Workforce, or develop a mentally health workplace)

Are there any additional needs/ideas we have not captured in this survey?

Please specify

Any further comments?

Do you want to keep up to date with Peers at Work? Please leave your name and email address below (these will not be linked to the survey responses in any way)

Name:

Email Address:

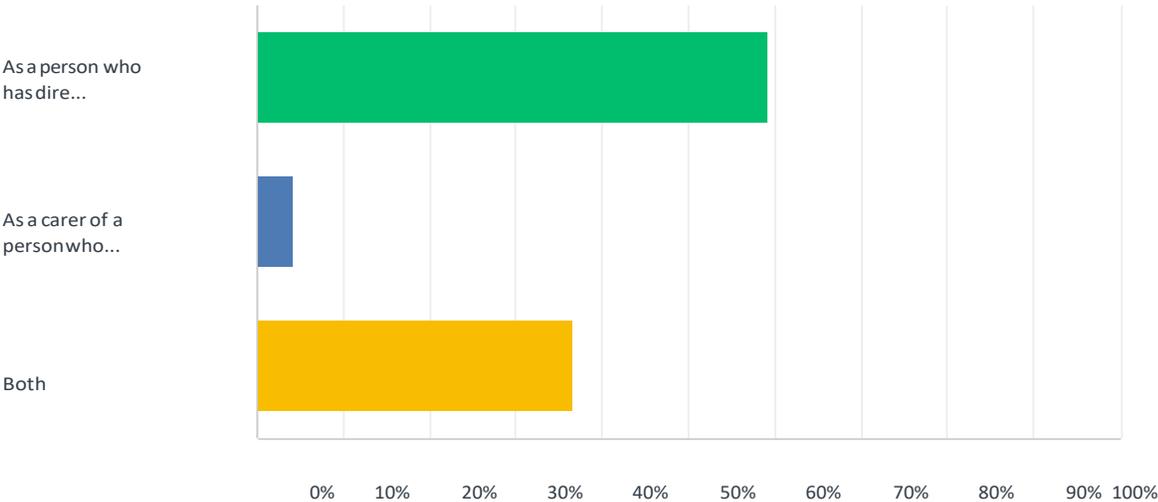
If you have other colleagues who may have an interest in Peers at Work and our survey, please feel free to share this survey with them.

Thank you.

Survey Summary Data

Q1 How have you utilised your lived experience in your PeerWorker role?

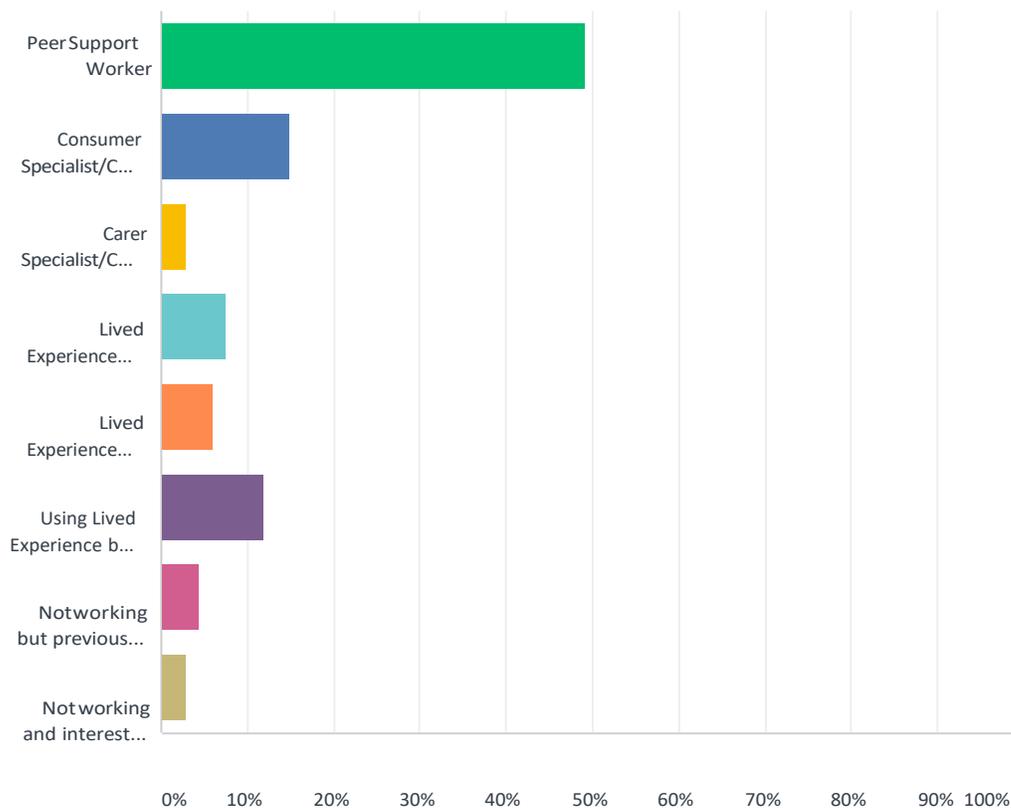
Answered: 71 Skipped: 0



ANSWER CHOICES	RESPONSES	
As a person who has direct experience of mental illness and recovery	59.15%	42
As a carer of a person who is living with mental illness	4.23%	3
Both	36.62%	26
TOTAL		71

Q2 Which best describes your current primary Lived Experience role?

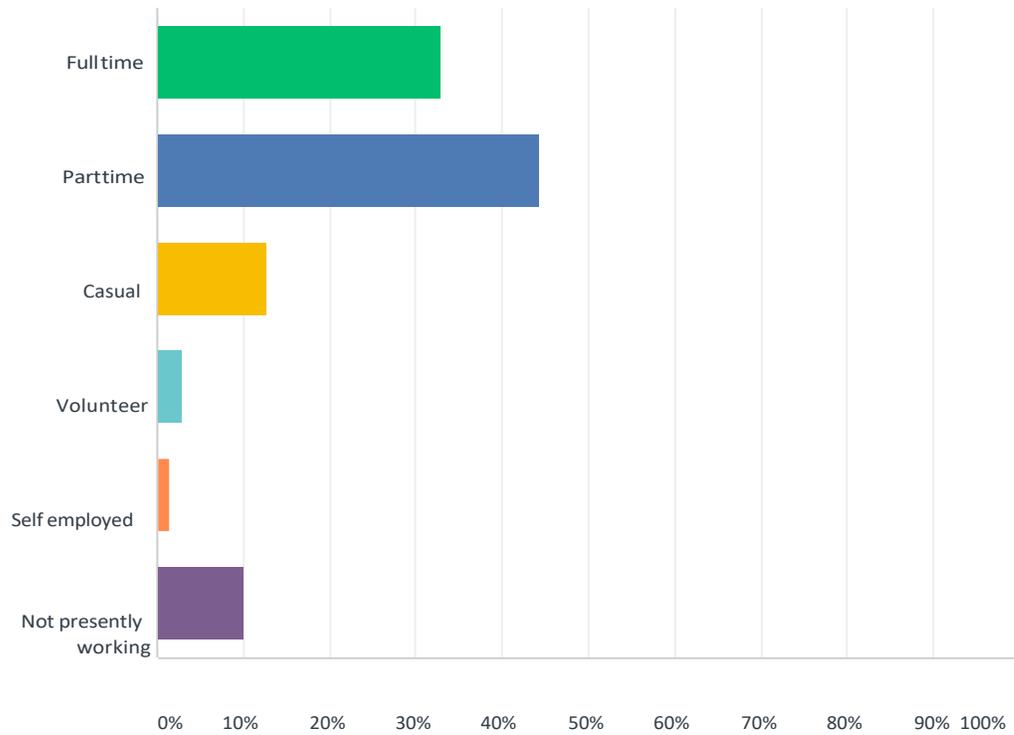
Answered: 67 Skipped: 4



ANSWER CHOICES	RESPONSES	
Peer Support Worker	49.25%	33
Consumer Specialist/Consultant	14.93%	10
Carer Specialist/Consultant	2.99%	2
Lived Experience Project Officer	7.46%	5
Lived Experience Leadership role (designated Lived Experience)	5.97%	4
Using Lived Experience but not in a Lived Experience role	11.94%	8
Not working but previously in a Lived Experience role	4.48%	3
Not working and interested in a Lived Experience role	2.99%	2
TOTAL		67

Q3 How would you best describe your terms of employment? (please tick as many as possible that are relevant to you)

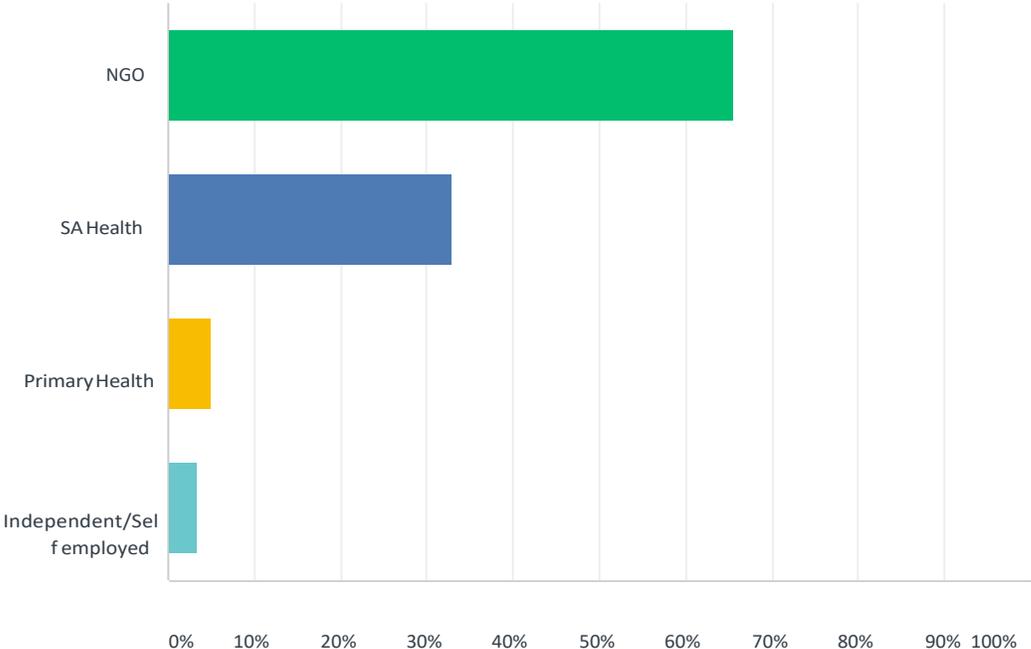
Answered: 70 Skipped: 1



ANSWER CHOICES	RESPONSES	
Full time	32.86%	23
Part time	44.29%	31
Casual	12.86%	9
Volunteer	2.86%	2
Self employed	1.43%	1
Not presently working	10.00%	7
Total Respondents: 70		

Q4 Which Sector do you work in? (please tick as many that are relevant to you)

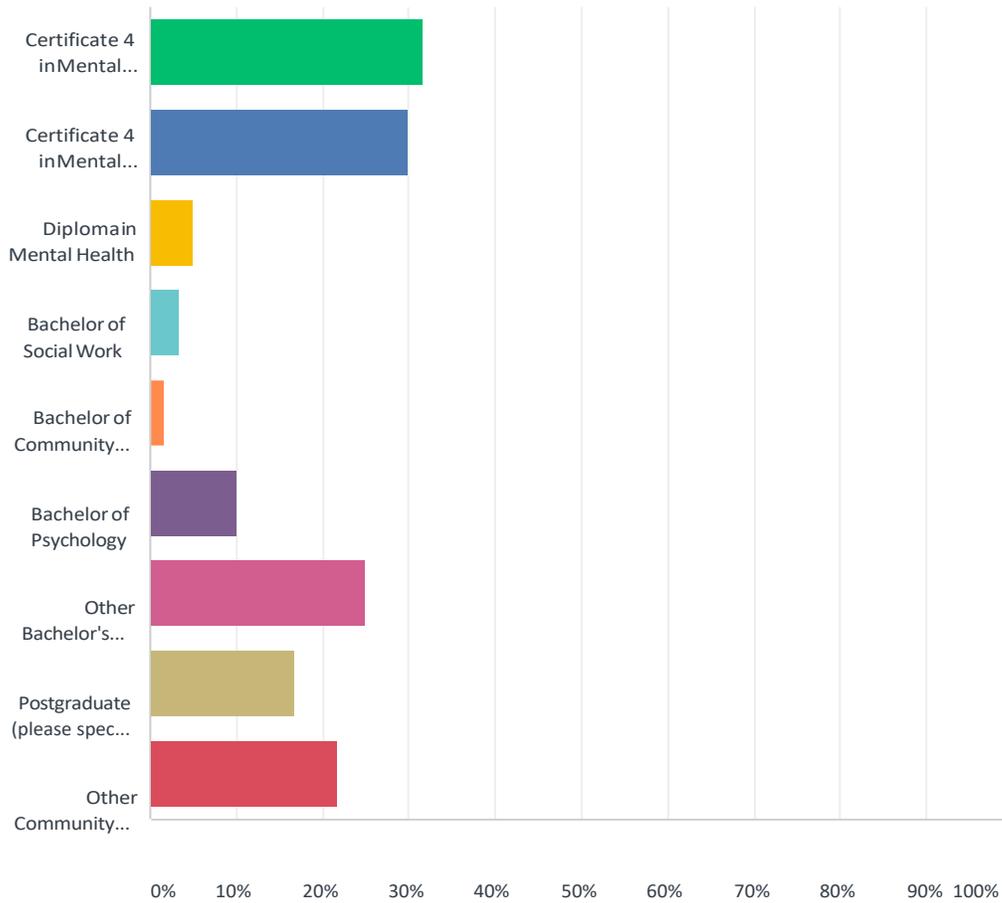
Answered: 61 Skipped: 10



ANSWER CHOICES	RESPONSES	
NGO	65.57%	40
SA Health	32.79%	20
Primary Health	4.92%	3
Independent/Self employed	3.28%	2
Total Respondents: 61		

Q5 What qualifications do you hold (tick as many as you have)?

Answered: 60 Skipped: 11



ANSWER CHOICES	RESPONSES	
Certificate IV in Mental Health Peer Work	31.67%	19
Certificate IV in Mental Health	30.00%	18
Diploma in Mental Health	5.00%	3
Bachelor of Social Work	3.33%	2
Bachelor of Community Services	1.67%	1
Bachelor of Psychology	10.00%	6
Other Bachelor's Degree (please specify in 'other' field below)	25.00%	15
Postgraduate (please specify in 'other' field below)	16.67%	10
Other Community Services vocational training (please specify in 'other' field below)	21.67%	13
Total Respondents: 60		

Q6 What further support/structure would improve your job and your impact in your role?

Answered: 62 Skipped: 9

#	RESPONSES	DATE
1	Senior Lived Experience roles for supervision, support and guidance. Career pathways for peer support/lived experience work.	7/11/2019 10:34 PM
2	Better mental health service culture More courageous and genuine leaders in clinical sector	7/10/2019 6:01 PM
3	More study	7/10/2019 4:07 PM
4	There is a strong need to have a structured workforce to meet the needs for a peer workforce. As in SA Health there is no structural system that includes supervision or development. The current model is very tokenistic with some peer workers being offered as little as nine hours per week. Not all the lived experience workforce are On a DSP. Formal qualifications for peer workers.	7/10/2019 3:14 PM
5	Improved accessibility in the workplace for my condition	7/10/2019 9:43 AM
6	Being able to Mentor/Support potential and new Peer Workers along with providing formal or informal Peer Work Training.	7/9/2019 10:59 AM
7	Crisis training would help me understand how to respond appropriately in difficult situations, possibly further study in Mental Health	7/9/2019 10:18 AM
8	Flexibility in working hours	7/8/2019 8:32 PM
9	Management trained in communication and working effectively with people with trauma as employees.	7/8/2019 5:01 PM
10	An organisation dedicate to supporting lived experience roles and work	7/8/2019 1:29 PM
11	Greater understanding within the organisation of a lived experience role. Remuneration which recognises the expertise of lived experience. Having leaders with a lived experience.	7/8/2019 12:05 PM
12	People to think out side the square and take lived experience people seriously in terms of skill set and thier reality. Allow for people when they are not well regulate the work across the board so that all is on the level not just token.	7/6/2019 1:08 PM
13	External supervision. Stable funding.	7/4/2019 12:59 PM
14	Support around self care, safe self disclosure, and a managerial understanding of peer support workers needs.	7/4/2019 11:20 AM
15	More time set aside (and paid for) by my work to let we casual peer workers catch up, debrief and network. A lot of us do 1:1 support work or are just focused on participants in group situations, so don't get much chance to touch base with our colleagues and see how everyone is going, what challenges/experiences we've had - plus just hang out and have a laugh with people who 'get' what we do and some of the situations we face!	7/3/2019 9:28 PM
16	Mentorship	7/3/2019 8:06 PM
17	Supervision, a Sector for Lived Experience Workers and levels of attainment in employment opportunities. eg. a hierarchy of management according to experience or qualifications.	7/3/2019 4:57 PM
18	Purposeful, meaningful, relevant and quality supervision.	7/3/2019 4:07 PM
19	Further information/understanding for colleagues of the value of having lived experience workers.	Training in how to share

lived experience.

7/3/2019 12:48 PM

20

More comprehensive training for managers and colleagues on role and importance of lived experience workers.

7/3/2019 12:23 PM

21	I have alot of support and structure in my role already.	7/2/2019 4:52 PM
22	7/2/2019 7:42 PM More funding. Limitations on service provision because of minimal funding.	7/2/2019 6:07 PM
23	More financial support and recognition from the government. Better options and understanding around what role the NDIS plays within the mental health sector	
24	More support form outside organisation	7/2/2019 3:54 PM
25	I am happy with the structure I have	7/2/2019 3:49 PM
26	Access to someone with a lived experience that could provide leadership to the lived experience workforce at a team leader level for support in my role.	7/2/2019 3:05 PM
27	Lived Experience supervision and leadership advocacy from a LE Coordinator in my LHN. Leadership/career pathways. Increased FTE. Salary reclassification to AHA (we are an allied health profession but not salaried as one). Standardised, accredited, and paid training/development for all peers/carers (essential qualifications include Cert4 MH Peer Work, Intentional Peer Support, and Trauma Informed Care)	7/2/2019 11:43 AM
28	Leadership training	7/2/2019 10:05 AM
29	More mentoring / recognition of my lived experience	7/1/2019 6:00 PM
30	Peer Worker Discussion /feedback	7/1/2019 2:09 PM
31	More hands on, my organisation runs a clinical based program, there is no direct peer contact, such as; case notes, client base, except for group activities. Therefore my capacity is limited.	7/1/2019 1:16 PM
32	Better communication with people involved in services so people can know what's being offered in the way of education and skills development as well as support	7/1/2019 12:50 PM
33	LE role clarity for each role eg; advocater, consultant, project officer, peer worker	7/1/2019 12:45 PM
34	Supervision Greater financial recognition	7/1/2019 11:53 AM
35	Supervision	7/1/2019 11:52 AM
36	More clarity around what the role involves from the outset rather than it being mostly up to me to invent the role. However this clarity has now been established.	7/1/2019 11:18 AM
37	Having a full time coordinator available to the lived experience workforce.	7/1/2019 9:39 AM
38	On the job training. TAFE or university courses and Community workshops	7/1/2019 8:38 AM
39	Regular supervision with a lived experience manager/coordinator, group supervision with workers in my sector, group supervision with both Government and NGO workers, social events, more resources to run support groups, better pay conditions (currently \$27 an hour, paid as OPS2 which is the same as prison officers), permanent contracts and positions that offer 2-4 days of work per week.	6/30/2019 1:19 PM
40	Acknowledgement, support and debriefing	6/28/2019 7:50 PM
41	Peer Support recognized in the NDIS	6/28/2019 3:53 PM
42	None	6/28/2019 2:07 PM
43	As a ENrolled Nurse there needs to be more qualified courses in Mental Health.Registered nurses can go to UNI to further there training in Mental Health.Nothing for EN.Working in country hospitals dealing with our mental health patients,lots of the staff have no idea and are often frightened by lack of knowledge and false information that comes from the media and lack of education	6/28/2019 2:06 PM
44	Ability to meet reguarly with other peer workers to discuss role and challenges. Opportunities for lived experience supervision.	6/28/2019 2:03 PM

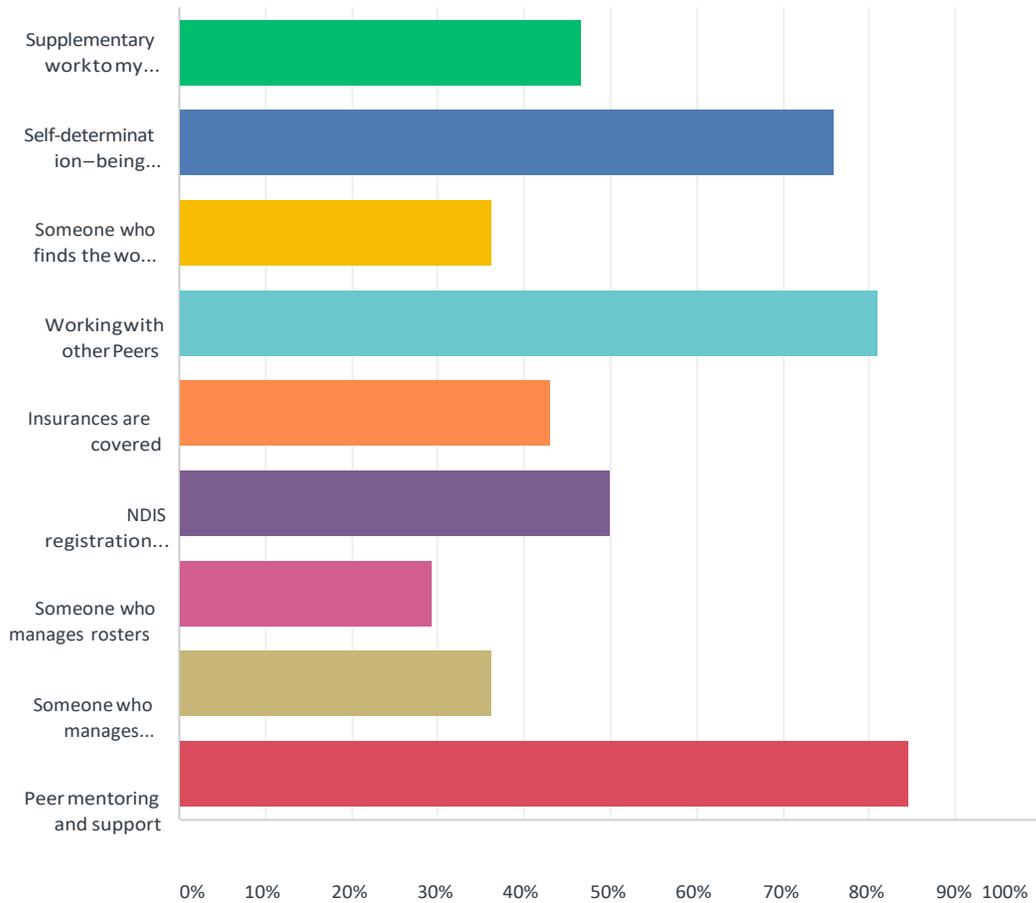
45	job security	6/28/2019 1:54 PM
46	More time and opportunities for client to access us. My role is limited to co-facilitating group sessions. Would be beneficial if clients had a chance to chat to us on a one-on-one basis.	6/28/2019 1:43 PM
47	Access to appropriate supervision Management that understand lived experience workers and their valuable contributions Flexibility in how I use annual leave Recognition of the value of lived experience	6/28/2019 12:24 PM
48	Current job is OK but when looking at alternatives job security is an issue. All contracts.	6/28/2019 11:16 AM
49	hh	6/28/2019 10:33 AM

50	Support with funding cert 4 mental health (peer work). Regular supervision. More funding to attend training opportunities in Adelaide region. More working hours.	6/28/2019 9:59 AM
51	Support with advocating for budgets and leadership commitment.	6/28/2019 9:42 AM
52	Further study on coordination or case management	6/28/2019 7:35 AM
53	Education of Lived Experience within the work place.	6/28/2019 6:32 AM
54	Getting the TAFE cert 4	6/28/2019 4:00 AM
55	Initial - Orientation, Induction to site Intranet - Induction module (org charts, policies/procedures, safety and associated reference resources) New starter - buddy/peer arrangement Establish - induction and ongoing performance plan and reviews with line manager	6/27/2019 5:07 PM

56	Full time peer Worker roles	6/27/2019 5:05 PM
57	Professional organization, career structure, clear theoretical paradigm(s)	6/27/2019 4:51 PM
58	More roles in the community and emergency departments	6/27/2019 4:45 PM
59	more opportunities	6/27/2019 3:53 PM
60	LE Supervision/Mentoring Nationally consistent language, frameworks etc for Peer Work	6/27/2019 2:35 PM
61	National standardisation of LE Work e.g. language, frameworks. LE mentoring/supervision.	6/27/2019 2:27 PM
62	Better supervision/ Supervising others	6/27/2019 2:09 PM

Q7 What would make you want to become part of Peers atWork? (please tick as many as possible that are important to you)

Answered: 58 Skipped: 13



ANSWER CHOICES	RESPONSES	
Supplementary work to my current role	46.55%	27
Self-determination – being part of creating a Peer-run organisation	75.86%	44
Someone who finds the work for Peers at Work members	36.21%	21
Working with other Peers	81.03%	47
Insurances are covered	43.10%	25
NDIS registration is covered (if Peers at Work becomes an NDIS provider)	50.00%	29
Someone who manages rosters	29.31%	17
Someone who manages administrative functions (billing, payroll, etc.)	36.21%	21
Peer mentoring and support	84.48%	49
Total Respondents: 58		

Q8 What role or roles would interest you, or would you like to see available in the marketplace? For these roles, please indicate the remuneration you would expect. (e.g. Peer Support Worker: \$66- 75K) Range to use: \$56-65K \$66-75K \$76-85K \$86-95K \$95K+

Answered: 50 Skipped: 21

ANSWER CHOICES	RESPONSES	
Peer Support Worker:	94.00%	47
Peer Supervisor:	86.00%	43
Peer Trainer:	84.00%	42
Peer Advocate:	86.00%	43
Peer Mentor:	88.00%	44
Peer Coach:	82.00%	41
Organisation Consultant (helping organisation implement Peer Workforce, or develop a mentally health workplace):	66.00%	33

#	PEER SUPPORT WORKER:	DATE
1	56-75	7/11/2019 10:41 PM
2	66-75	7/10/2019 6:04 PM
3	\$56-65K	7/10/2019 3:19 PM
4	56-65K	7/10/2019 9:45 AM
5	\$56-65K	7/9/2019 11:10 AM
6	58k	7/9/2019 10:26 AM
7	75k	7/8/2019 8:34 PM
8	\$69k	7/8/2019 5:05 PM
9	56-65	7/8/2019 1:32 PM
10	66-75	7/8/2019 12:06 PM
11	66-75	7/6/2019 1:45 PM
12	66-75k	7/4/2019 1:07 PM
13	\$66-75k	7/3/2019 9:31 PM
14	\$66-\$75k	7/3/2019 5:02 PM
15	76-85	7/3/2019 4:14 PM
16	\$76 - 85K	7/3/2019 1:27 PM
17	\$66 - 75K	7/3/2019 12:53 PM
18	56-65	7/3/2019 12:31 PM
19	\$56-65k	7/2/2019 6:09 PM
20	66-75	7/2/2019 3:58 PM
21	\$56-65K	7/2/2019 11:45 AM
22	56-65K	7/2/2019 10:12 AM

23	\$56 - \$65K	7/1/2019 6:26 PM
24	56-65	7/1/2019 1:26 PM
25	\$56-65K	7/1/2019 1:01 PM
26	66-75k	7/1/2019 11:29 AM
27	\$66-75K	7/1/2019 9:46 AM
28	66-75K	6/30/2019 1:20 PM
29	55-65k	6/28/2019 7:55 PM
30	66-75	6/28/2019 2:17 PM
31	66-75	6/28/2019 2:06 PM
32	66-75	6/28/2019 1:56 PM
33	56-65	6/28/2019 1:48 PM
34	66-75	6/28/2019 11:48 AM
35	Interested in this role \$56-65K	6/28/2019 10:18 AM
36	\$66-75k	6/28/2019 9:54 AM
37	56-65k	6/28/2019 7:41 AM
38	56-65K	6/28/2019 6:40 AM
39	66-75	6/28/2019 4:07 AM
40	\$56-65K	6/27/2019 6:16 PM
41	\$56-65K	6/27/2019 5:31 PM
42	65k	6/27/2019 5:07 PM
43	56-65K	6/27/2019 4:55 PM
44	\$66-\$75k	6/27/2019 4:54 PM
45	\$76-85K	6/27/2019 3:57 PM
46	\$66-75	6/27/2019 2:40 PM
47	\$66 -\$75K	6/27/2019 2:15 PM
#	PEER SUPERVISOR:	DATE
1	66-75	7/11/2019 10:41 PM
2	76-85	7/10/2019 6:04 PM
3	\$66-75K	7/10/2019 3:19 PM
4	66-75K	7/10/2019 9:45 AM
5	\$66-75K	7/9/2019 11:10 AM
6	75k	7/9/2019 10:26 AM
7	85k	7/8/2019 8:34 PM
8	\$80k	7/8/2019 5:05 PM
9	76-85	7/8/2019 1:32 PM
10	76-85	7/8/2019 12:06 PM
11	76-85	7/6/2019 1:45 PM
12	76-85k	7/4/2019 1:07 PM
13	\$76-85K	7/3/2019 5:02 PM
14	76-85	7/3/2019 4:14 PM
15	\$86 - 95K	7/3/2019 1:27 PM

16	\$76 - 85K	7/3/2019 12:53 PM
17	76-85	7/3/2019 12:31 PM
18	86-95	7/2/2019 3:58 PM
19	\$66-75K	7/2/2019 11:45 AM
20	66-75K	7/2/2019 10:12 AM
21	\$66 - \$75K	7/1/2019 6:26 PM
22	66-75	7/1/2019 1:26 PM
23	\$76-85K	7/1/2019 1:01 PM
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26	66-75k	6/28/2019 7:55 PM
27	76-85	6/28/2019 2:17 PM
28	66-76	6/28/2019 2:06 PM
29	76-85	6/28/2019 1:56 PM
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8	\$75k	7/8/2019 5:05 PM
9	76-85	7/8/2019 1:32 PM
10	76-85	7/8/2019 12:06 PM
11	76-85	7/6/2019 1:45 PM
12	86-95k	7/4/2019 1:07 PM

13	\$86-95k	7/3/2019 5:02 PM
14	76-85	7/3/2019 4:14 PM
15	\$86 - 95K	7/3/2019 1:27 PM
16	\$76 - 85K	7/3/2019 12:53 PM
17	66-75	7/3/2019 12:31 PM
18	76-85K	7/2/2019 10:12 AM
19	\$76- \$85K	7/1/2019 6:26 PM
20	66-75	7/1/2019 1:26 PM
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25	66-75k	6/28/2019 7:55 PM
26	66-75	6/28/2019 2:17 PM
27	76-85	6/28/2019 2:06 PM
28	66-75	6/28/2019 1:56 PM
29	66-75	6/28/2019 1:48 PM
30	86-95	6/28/2019 11:48 AM
31	Interested in this role \$86-95K	6/28/2019 10:18 AM
32	\$76-85K	6/28/2019 9:54 AM
33	76-85k	6/28/2019 7:41 AM
34	66-65K	6/28/2019 6:40 AM
35	86-95	6/28/2019 4:07 AM
36	\$76-85K	6/27/2019 6:16 PM
37	\$66-75K	6/27/2019 5:31 PM
38	76k	6/27/2019 5:07 PM
39	66-75K	6/27/2019 4:55 PM
40	\$86-95k	6/27/2019 4:54 PM
41	\$86-95K	6/27/2019 3:57 PM
42	\$66-75	6/27/2019 2:40 PM
#	PEER ADVOCATE:	DATE
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2	66-75	7/10/2019 6:04 PM
3	\$66-75K	7/10/2019 3:19 PM
4	76-85K	7/10/2019 9:45 AM
5	\$56-65K	7/9/2019 11:10 AM
6	68k	7/9/2019 10:26 AM
7	75k	7/8/2019 8:34 PM
8	\$69k	7/8/2019 5:05 PM
9	66-75	7/8/2019 1:32 PM
10	76-85	7/8/2019 12:06 PM

11	66-75	7/6/2019 1:45 PM
12	66-75k	7/4/2019 1:07 PM
13	\$66-75k	7/3/2019 5:02 PM
14	76-85	7/3/2019 4:14 PM
15	\$86 - 95K	7/3/2019 1:27 PM
16	\$66 - 75K	7/3/2019 12:53 PM
17	56-65	7/3/2019 12:31 PM
18	76-85	7/2/2019 3:58 PM
19	\$76-85K	7/2/2019 11:45 AM
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21	\$86 - \$95K	7/1/2019 6:26 PM
22	76-85	7/1/2019 1:26 PM
23	66-75K	7/1/2019 1:05 PM
24	\$86-95K	7/1/2019 1:01 PM
25	56-65K	7/1/2019 8:46 AM
26	\$56-65K	6/30/2019 1:20 PM
27	66-75j	6/28/2019 7:55 PM
28	56-65	6/28/2019 2:17 PM
29	66-75	6/28/2019 2:06 PM
30	66-75	6/28/2019 1:56 PM
31	66-75	6/28/2019 1:48 PM
32	76-85	6/28/2019 11:48 AM
33	Interested in this role \$66-75K	6/28/2019 10:18 AM
34	\$76-85K	6/28/2019 9:54 AM
35	76-85k	6/28/2019 7:41 AM
36	66-65K	6/28/2019 6:40 AM
37	\$56-65K	6/27/2019 6:16 PM
38	\$66-75K	6/27/2019 5:31 PM
39	65k	6/27/2019 5:07 PM
40	86-95K	6/27/2019 4:55 PM
41	\$66-75k	6/27/2019 4:54 PM
42	\$76-85K	6/27/2019 3:57 PM
43	\$66-75	6/27/2019 2:40 PM
#	PEER MENTOR:	DATE
1	56-75	7/11/2019 10:41 PM
2	66-75	7/10/2019 6:04 PM
3	\$76-85K	7/10/2019 3:19 PM
4	76-85	7/10/2019 9:45 AM
5	\$66-75K	7/9/2019 11:10 AM
6	70k	7/9/2019 10:26 AM
7	75k	7/8/2019 8:34 PM

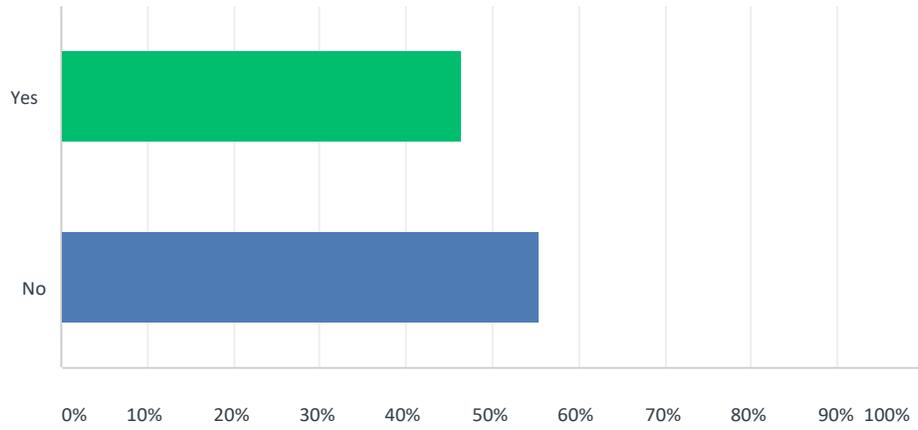
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9	66-75	7/8/2019 1:32 PM
10	76-85	7/8/2019 12:06 PM
11	66-75	7/6/2019 1:45 PM
12	66-75k	7/4/2019 1:07 PM
13	\$76-85	7/3/2019 5:02 PM
14	76-85	7/3/2019 4:14 PM
15	\$86 - 95K	7/3/2019 1:27 PM
16	\$66 - 75K	7/3/2019 12:53 PM
17	76-85	7/3/2019 12:31 PM
18	66-75	7/2/2019 3:58 PM
19	66-75K	7/2/2019 10:12 AM
20	\$86 - \$95K	7/1/2019 6:26 PM
21	I have 30 years experience in mental health \$80 k	7/1/2019 2:14 PM
22	76-85	7/1/2019 1:26 PM
23	76-85K	7/1/2019 1:05 PM
24	\$76-85K	7/1/2019 1:01 PM
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29	66-75	6/28/2019 2:06 PM
30	66-75	6/28/2019 1:56 PM
31	66-75	6/28/2019 1:48 PM
32	76-85	6/28/2019 11:48 AM
33	Interested in this role \$66-75K	6/28/2019 10:18 AM
34	\$86-95K	6/28/2019 9:54 AM
35	76-85k	6/28/2019 7:41 AM
36	56-65K	6/28/2019 6:40 AM
37	86-95	6/28/2019 4:07 AM
38	\$56-65K	6/27/2019 6:16 PM
39	\$56-65K	6/27/2019 5:31 PM
40	65k	6/27/2019 5:07 PM
41	66-75K	6/27/2019 4:55 PM
42	\$76-85	6/27/2019 4:54 PM
43	\$86-95K	6/27/2019 3:57 PM
44	\$76-85	6/27/2019 2:40 PM
#	PEER COACH:	DATE
1	56-75	7/11/2019 10:41 PM
2	76-85	7/10/2019 6:04 PM
3	\$56-65K	7/10/2019 3:19 PM

4	66-75K	7/10/2019 9:45 AM
5	\$66-75K	7/9/2019 11:10 AM
6	75k	7/9/2019 10:26 AM
7	\$72k	7/8/2019 5:05 PM
8	66-75	7/8/2019 1:32 PM
9	76-85	7/8/2019 12:06 PM
10	66-75	7/6/2019 1:45 PM
11	66-75k	7/4/2019 1:07 PM
12	\$86-95k	7/3/2019 5:02 PM
13	76-85	7/3/2019 4:14 PM
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25	66-75	6/28/2019 2:17 PM
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27	76-85	6/28/2019 1:56 PM
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29	86-95	6/28/2019 11:48 AM
30	\$76-85K	6/28/2019 10:18 AM
31	\$86-95K	6/28/2019 9:54 AM
32	85k	6/28/2019 7:41 AM
33	56-65K	6/28/2019 6:40 AM
34	86-95	6/28/2019 4:07 AM
35	\$56-65K	6/27/2019 6:16 PM
36	\$66-75K	6/27/2019 5:31 PM
37	76k	6/27/2019 5:07 PM
38	66-75K	6/27/2019 4:55 PM
39	\$86-95k	6/27/2019 4:54 PM
40	\$95K+	6/27/2019 3:57 PM
41	\$76-85	6/27/2019 2:40 PM
#	ORGANISATION CONSULTANT (HELPING ORGANISATION IMPLEMENT PEER WORKFORCE, OR DEVELOP A MENTALLY HEALTH WORKPLACE):	DATE
1	76-85	7/11/2019 10:41 PM

2	\$95K+	7/10/2019 3:19 PM
3	86-95	7/10/2019 9:45 AM
4	\$76-85K	7/9/2019 11:10 AM
5	60k	7/9/2019 10:26 AM
6	95K+	7/8/2019 1:32 PM
7	86-95	7/8/2019 12:06 PM
8	75-85	7/6/2019 1:45 PM
9	86-95k	7/4/2019 1:07 PM
10	\$95k+	7/3/2019 5:02 PM
11	86-95	7/3/2019 4:14 PM
12	\$86 - 95K	7/3/2019 1:27 PM
13	\$86 - 95K	7/3/2019 12:53 PM
14	86-95	7/3/2019 12:31 PM
15	86-95K	7/2/2019 10:12 AM
16	\$95K+	7/1/2019 6:26 PM
17	95+	7/1/2019 1:26 PM
18	\$95K	7/1/2019 1:01 PM
19	\$86-95K	6/30/2019 1:20 PM
20	86-95	6/28/2019 2:17 PM
21	66-75	6/28/2019 2:06 PM
22	76-85	6/28/2019 1:56 PM
23	76-85	6/28/2019 1:48 PM
24	86-95	6/28/2019 11:48 AM
25	\$95K+	6/28/2019 10:18 AM
26	\$86-95K	6/28/2019 9:54 AM
27	95+	6/28/2019 4:07 AM
28	\$95K+	6/27/2019 6:16 PM
29	86-95K	6/27/2019 5:31 PM
30	95K	6/27/2019 4:55 PM
31	\$95k+	6/27/2019 4:54 PM
32	\$95+	6/27/2019 2:40 PM
33	?	6/27/2019 2:15 PM

Q9 Are you satisfied with your current level of remuneration?

Answered: 56 Skipped: 15



ANSWER CHOICES	RESPONSES	
Yes	46.43%	26
No	55.36%	31
Total Respondents: 56		

Q10 Are there any additional needs/ideas we have not captured in this survey?

Answered: 35 Skipped: 36

#	RESPONSES	DATE
1	Induction processes which include self-care in the workplace; education of work teams about value of LE, LE expertise and LE roles	7/11/2019 10:41 PM
2	No	7/10/2019 6:04 PM
3	I can only comment on my experience of working within SAHealth. That being the level of tokenism of the workforce the lack of involvement of consumer consultants in decision making around a consumers care. Consultants are not consulted. Whereas in WHCHN the consumer representatives are involved.	7/10/2019 3:19 PM
4	.	7/10/2019 9:45 AM
5	An Introductory path?	7/9/2019 11:10 AM
6	-	7/9/2019 10:26 AM
7	Lived experience needs to come a long way to be accepted.	7/8/2019 5:05 PM
8	The lived experience movement to me is a small part of closing the gap for aboriginal and Torres Strait Islander people. At the moment there is no embrace of indifference in terms of that's fine that aboriginal and Torres Strait Islander people have their own culture that is thousands of years old. But they need to be more like mainstream people. And yet this system is failing they are over-represented in all things negative there is a crisis with suicide the gap is widening. It is very important that not only aboriginal and Torres Strait Islander people are represented in the peer workforce as all minority groups. You can still have the same outcome all you need to do is allow for the translation of the work being done. Thanks Roy Alick 0473047955	7/6/2019 1:45 PM
9	no	7/4/2019 1:07 PM
10	Don't think so.	7/3/2019 9:31 PM
11	There needs to be a link to the Office of the Chief Psychiatrist and the Health Minister.	7/3/2019 5:02 PM
12	The establishment of a professional body that represent peer workers in career development, training, advocacy to employer organisations, general public education.	7/3/2019 4:14 PM
13	Check out the Brook RED service in Brisbane (which is a completely Peer run and Peer staffed service).	7/3/2019 1:27 PM
14	No	7/3/2019 12:53 PM
15	No	7/2/2019 4:10 PM
16	Recognition of mental health practitioners not necessarily officially employed as "lived Experience" workers but still have lived experience that informs their day to day work	7/1/2019 6:26 PM
17	Yes, The reach and limits between organisations. the role of peer workers, such as limitations within different organisations.	7/1/2019 1:26 PM
18	I believe we lose many potentially good peer workers because of the academic level required. I believe book knowledge is good but I do feel as though there is a risk of book knowledge smothering personal knowledge a happy partnership would be good Words equal information Experience equals knowledge But it is reflection that leads to wisdom.	7/1/2019 1:05 PM
19	Workplace culture/ LE Peer Work hat descriptions eg; homeless CALD etc/guidelines and frameworks	7/1/2019 1:01 PM
20	Training and professional development opportunities would be important	7/1/2019 11:29 AM
21	I think it would have been good to capture age groups as there will be differing experiences. I think the question of flexibility in work isn't captured as this is an important part of our work	7/1/2019 9:46 AM

22	Hours of work, especially for those that are Carers/ supporters	6/28/2019 7:55 PM
23	no	6/28/2019 2:17 PM
24	Could be good to ask about how much work people would like- lots of people work part time or would like access to flexible working options as peer workers.	6/28/2019 2:06 PM
25	Roles need to be an established career path, full-time with full benefits of full time employment.	6/28/2019 1:48 PM
26	Link with Lived Experience Workforce Project (MHCSA) especially standards and guidelines	6/28/2019 11:48 AM
27	A forum where Peer workers and lived experience staff can communicate ideas with each other.	6/28/2019 10:18 AM
28	It would be great to have a resource to go to, who supports us with research and information to assist us in making more successful proposals to the companies we work for. Also to have access to senior lived experience workers who could help us advocate to our own employers.	
29	Need for organisations and services to have updated information (training) about Lived Experience, in the work force.	
30	A total lack of support that I received 12 years ago when I was fired when I fell ill with bipolar which resulted in me being overmedicated and losing all my confidence. I am worth more than this.	
31	Levels of experience need to be built into the pay structures Mandatory training requirements/pathways to professional development - what these look like	
32	The need to network between the North, South, East and West, not just central. Everyone needs to be aware of each others skills and expertise and if an area is performing better, then sharing information between the services.	

33	No	6/27/2019 3:57 PM
34	NA	6/27/2019 2:40 PM
35	no	6/27/2019 2:15 PM

Q11 Any further comments?

Answered: 27 Skipped: 44

#	RESPONSES	DATE
1	No	7/10/2019 6:04 PM
2	-	7/10/2019 9:45 AM
3	I am very interested in this project as I firmly believe Peer Workers are the only way we will address the NDIS (and other) Psychosocial workforce needs in this country.	7/9/2019 11:10 AM
4	-	7/9/2019 10:26 AM
5	Food for thought i asked who knows you best, you or someone else. Education can give you a window but some who has lived the human emotions such as helplessness seclusion isolation and beeing rejection at present the system allows for the embalming of guilt on any given day when one approaches a service they need to establish a position of power by asking questions around how bad ir of no use you are. For example rqther then telling a person that they have missed an appointment and positive questions are generated like have you been ok whqt can we do so that you dont miss the any more appointments what is most commonly done now is the person in the position of poweer needs to name ans shame each and every appointment missed. So there is no understanding of the individual story. Through the lived experience workers there can be so meny positive outcomes encouraging momentum Within the recovery journey for the participants.	7/6/2019 1:45 PM
6	I feel all peers who would be a part of this group need the basic Peer Cert 4 qual as a baseline , regardless of experience.	7/4/2019 1:07 PM
7	No. Except... the more support we peer workers get, the better.	7/3/2019 9:31 PM
8	No	7/3/2019 5:02 PM
9	I think it would be wonderful to have an organization owned, run and staffed by Peer Workers. Such an organization would hopefully have a truly recovery orientated and person centred approach right throughout itself (not just claiming to have this). People receiving a service need to be treated with respect (as the experts in their own recovery) and not as a problem that needs to be fixed. A Peer run service would be genuinely curious to find out about a person's story and helping them to live a great life (as defined by them - fulfilling their full potential) - not about trying to define what's wrong with them.	7/3/2019 1:27 PM
10	No	7/3/2019 12:53 PM
11	No	7/2/2019 4:10 PM
12	No	7/1/2019 6:26 PM
13	A great idea/concept, good luck in executing it!	7/1/2019 2:14 PM
14	The concept is fantastic but the reality shakey. We need to recognise our needs our need to work in partnership within ourselves.	7/1/2019 1:05 PM
15	Make this happen	7/1/2019 1:01 PM
16	You may have noticed I didn't complete the financial question, this is because I am not sure how you capture qualification matching lived experience and the job. HR is not my specialty so was unsure what to match appropriately.	7/1/2019 9:46 AM
17	Escorted at the prospect!	6/28/2019 7:55 PM
18	no	6/28/2019 2:17 PM
19	No.	6/28/2019 1:48 PM
20	A well overdue innitiative. I look foward to a time when lived experience is mental health, substance abuse etc. is considered to be amongst the highest standards of qualifications in the sector.	6/28/2019 11:48 AM

21	I think with most peer work positions advertised the hours are very low and not sustainable for most people financially. So I think if contracts had more hours would be a positive thing.	6/28/2019 10:18 AM
22	There have been a number of initiatives over the years looking for ways to create Peer organisations and I've provided and attended feedback to as many of these as I can, but nothing seems to eventuate. I think it would be great if we can pull together all of the previous attempts to do this and see if organisations can work together e.g. Private Mental Health Consumer Carer Network (Australia) Ltd completed a feasibility study in 2018 of the same nature and LELAN (Lived Experience Leadership and Advocacy Network) is attempting to create such an organisation presently.	6/28/2019 9:54 AM
23	As soon as I complete that certificate 4, which hopefully I will start in January, I want a job.	6/28/2019 4:07 AM
24	It would be good to further understand the concept, vision and direction for 'Peers at Work' and contribute in some way... I look forward to hearing from you	6/27/2019 6:16 PM
25	People with lived experience need to be remunerated appropriately for their skill sets, insight and contribution to mental health. Mentoring is a very demanding role and appropriate psychological supports should be kept in place.	6/27/2019 3:57 PM

26	Nil	6/27/2019 2:40 PM
27	I have been working as a Peer specialist for 12 years and would like to get my teeth into something more challenging!	6/27/2019 2:15 PM

Q12 Do you want to keep up to date with Peers at Work? Please leave your name and email address below
(these will not be linked to the survey responses in any way)

Answered: 46 Skipped: 25

ANSWER CHOICES	RESPONSES	
Name	100.00%	46
Company	0.00%	0
Address	0.00%	0
Address 2	0.00%	0
City/Town	0.00%	0
State/Province	0.00%	0
ZIP/Postal Code	0.00%	0
Country	0.00%	0
Email Address	100.00%	46
Phone Number	0.00%	0

Q13 If you have other colleagues who may have an interest in Peersat Work and our survey, please feel free to share this survey with them. Thank you again for your time.

Answered: 4 Skipped: 67

DRAFT

Key stakeholders/ potential service providers

- Research shows utilising people with a lived experience of mental illness culminates in a mentally healthier workforce, improved productivity and social, health and economic outcomes. Is facilitating a mentally healthy workplace a priority for your organisation/service? If yes – this is an indication of interest.
- Has your organisations trained staff in Mental Health First Aid? Again, a measure of interest.
- How does your organisation support staff through times when their mental wellness is impacted?
- Would the opportunity to engage your staff with someone with a lived experience and similar journey be appealing/useful?
- What needs to be in place for you to consider utilising Peers at Work?
- Describe the approximate appropriate number of years your organisation has employed family/carer lived experience workers in each service type/age program.
- Does your organisation provide lived experience perspective supervision for staff in lived experience roles?
- Do you employ Peer Workers?
If yes:
What are their main jobs/roles?
How did you recruit?
What do you pay them?
Why do you employ Peer Workers?
How do you look after their professional development?
If no:
Why don't you employ Peer Workers -try to tease out why – is it lack of understanding about the role, just not a priority, not convinced of the role, etc or is it concerns about supply, recruitment & retention.
- Can we arrange a time to meet to explore your organisation's needs in more detail and the potential for Peers at Work to help you address these needs?
- In anticipation of the State Plan, is growing the Peer Workforce a priority for state health service?
- If Peers at Work is in place, would you consider utilising to backfill or build the workforce?



Proposal

Peers at Work: Building Better Lives

May 2019

Introduction:

The growth of the Peer Workforce is bringing unique and exciting opportunities to organisations and services that support people living with a mental illness and their families. Peer Workers are defined as people who have lived experience of mental illness and recovery, and who use the insights and recovery techniques learnt to help others in or (negotiate) their recovery journey. Through professional development, peer collaboration, experience and research, Peer Workers expand their application of recovery techniques, on an ongoing basis. Peer Workers have been implemented in a range of health and community services, including in the relatively new use of peer workers in criminal justice and emergency services (first responders) ^{xi}.

Worldwide, Peer Workers have demonstrated effectiveness in helping people to connect to, engage in, and be active participants in treatment and recovery services across all levels of care ^{xii xiii xiv}.

Peer-to-peer services are an innovative approach to reducing suicide, self-harm, reliance on public health services (GPs, hospital stays, etc.) and engaging with drugs, alcohol and criminal activity, in addition to offering a holistic and social approach to mental health ^{xv}. Further, people with mental illness, who are helped by peers, tend to experience recovery, for longer periods ^{xvi}.

The National Mental Health Commission in its *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention*, recommended a range of actions relevant to the Peer Workforce:

- A Peer Worker has acknowledged lived experience of mental illness and recovery.
- Peer Workers should be an *integral and valued component of the Mental Health team*.
- Equal status to their team colleagues and not a “time or cost saver”.
- Peer Workers should be remunerated appropriately at a level commensurate with their skills and training.

- Peer Workers are adequately supported and sustained into and in the role with quality, ongoing training and supervision.
- The Peer Workforce should be supported by national competencies and standards.
- The Peer Workforce should have a career trajectory.

Further, under the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan), the Commission is leading the development of Peer Workforce Development Guidelines by 2021^{xvii}.

Justification:

In South Australia, at last count there were approximately 110 paid Peer Worker roles, 60 workers in the NGO sector and 50 in SA Health. The SA Mental Health Commission notes, we currently have an ad hoc and small peer workforce spread across our public, private and non-government sectors^{xviii}.

Structure, meaningful role definition, expectations and support appear problematic currently, the risk;

if the emergence of a distinctive body of peer practice is not adequately considered and supported, as integral to the development of new Peer Worker roles, there is a risk that the potential impact of any emerging role will be constrained and diluted^{xix}.

Peer Workers reduce costs, hospital stays and admissions, improve outcomes, and extend periods of recovery for those who utilise their services.

Evidence suggest the role of Peer Workers has positive benefits/value for, and demand by, individuals, families and services and yet there is no demonstrable peer workforce growth. Health Workforce Australia undertook a Literature Scan in 2014^{xx}. They conclude, both qualitative and quantitative benefits:

People with a mental illness experience:

- Increased quality of life.
- Increased empowerment, independence and community engagement.
- Reduced hospitalisation.
- Decreased social isolation.
- Decreased harm and trauma.
- Validation of experience
- Stigma reduction.

Peer Workers experienced

- Improved Mental Health and Wellbeing.
- Increased self-esteem and capabilities.
- Increased acceptance.
- Targeted Peer Worker supervision and training.
- Increased skills and opportunities.

Carers

- Increased hope.
- Decreased sense of burden.

Health Services experienced

- Increased engagement of consumers and participation in treatment options.
- Promotion of person-centred and trauma informed care.
- Enhanced commitment to recovery, empathy, understanding and awareness.
- Increased facilitation of culture change.
- A reduction in restrictive practices.
- Reduced admission and readmission rates and longer community tenure.
- Reaching more people with a mental illness.
- Financial savings around reduced bed days, utilisation of first responders and presentations to emergency department.
- Increased economic participation of their service users.

Ultimately these benefits culminate in a mentally healthier workforce, improved productivity and social, health and economic outcomes.

Objectives:

Peers at work aims to provide:

To assist NGOs, business and Government meet the objectives of improving mental health outcomes for the community and workforce, and reduce the costs associated with lost productivity from mental health issues, Peers at Work aims to provide

- Trained and qualified Peer Workers
- Peer Worker supervision
- An 'as needed' workforce.
- Peer led leadership in managing mental health in business and the community.
- A risk reduced way to trial Peer Workers in your area.

The ultimate objective is to create Peers at Work - an organisation led by Peer Workers that facilitates work for Peer Workers, to engage in the needs, voices and experiences of people with a lived experience; to answer:

How do we provide employment opportunities for people with a lived experience of mental illness and recovery, and grow the Peer Workforce in SA?

Monitoring and Evaluation:

Specific monitoring and evaluation will be developed with individual stakeholders on an as needs basis, recognising the various components of Peers at Work and the individual needs of stakeholders and collaborators.

Conclusion:

We believe Peers at Work will enable the ongoing further development of the Peer Workforce and adequately and skilfully address the needs of services providers and people living with a mental illness in a meaningful, efficient, cost-effective and targeted manner.

We're excited to collaborate with you to make Peers at Work a reality, leading to substantial benefits in the short, medium, and long term. Should you have any questions, or wish to discuss this project further, please reach out to us at peers@mhcsa.org.au.

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- ⁱ Shapiro, G.K., et al 2015.
- ⁱⁱ Private Mental Health Consumer Carer Network (Australia) Ltd, 2018.
- ⁱⁱⁱ Chapman, Susan A, et al 2018.
- ^{iv} Ontario paramedic service using proactive peer support to protect its own. Mar 02, 2017-last update [Homepage of Torstar Syndication Services, a Division of Toronto Star Newspapers Limited], [Online].
- ^v Jackson, F. et al, 2017.
- ^{vi} Department of Health, op. cit.
- ^{vii} <https://www.mymentalhealth.org.au/page/resources/workforce-resources/peer-participation/> Accessed 24th May 2019.
- ^{viii} Gillard SG, et al 2013.
- ^{ix} <https://samentalhealthcommission.com.au/chris-burns-peer-support-workers-the-disruptor-we-need-in-mental-health/> Accessed 23rd May 2019.
- ^x Australian Government, Productivity Commission, Report on Government Services 2019
- ^{xi} SHAPIRO, G.K., CUSI, A., KIRST, M., O'CAMPO, P., NAKHOST, A. and STERGIOPOULOS, V., 2015. **Co-responding Police-Mental Health Programs: A Review**. *Administration and Policy in Mental Health and Mental Health Services Research*, **42**(5), pp. 606-620.
- ^{xii} Chapman, Susan A, Phd, RN; Blash, Lisel K, MPA; Mayer, Kimberly, MSSW; Spetz, Joanne, Phd. **American Journal of Preventive Medicine**, suppl. Supplement 3; New York Vol. 54, Iss. 6, (Jun 2018): S267.
- ^{xiii} Ontario paramedic service using proactive peer support to protect its own Mar 02, 2017-last update [Homepage of Torstar Syndication Services, a Division of Toronto Star Newspapers Limited], [Online].
- ^{xiv} JACKSON, F. and FONG, T., 2017. Why not a peer worker? *Mental Health and Social Inclusion*, 21(3), pp. 176-183.
- ^{xv} FLEGG, M., GORDON-WALKER, M. and MAGUIRE, S., 2015. **Peer-to-peer mental health: a community evaluation case study**. *The Journal of Mental Health Training, Education, and Practice*, **10**(5), pp. 282-293.
- ^{xvi} VESTAL, C., 2013, Sep 17. Peers seen easing mental health worker shortage. *The Charleston Gazette*.
- ^{xvii} Department of Health. The Fifth National Mental Health and Suicide Prevention Plan, 2017
- ^{xviii} <https://samentalhealthcommission.com.au/chris-burns-peer-support-workers-the-disruptor-we-need-in-mental-health/> Accessed 23rd May 2019.
- ^{xix} Gillard SG, Edwards C, Gibson SL, Owen K, Wright C. Introducing peer worker roles into UK mental health service teams: a qualitative analysis of the organisational benefits and challenges. *BMC Health Serv Res*. 2013;13:188. Published 2013 May 24. doi:10.1186/1472-6963-13-188
- ^{xx} <https://www.mymentalhealth.org.au/page/resources/workforce-resources/peer-participation/> Accessed 24th May 2019.