



National Mental Health Commission

Response to the Royal Commission into Aged Care Quality and Safety –

Proposition M8: Peer Workforce

Introduction

The National Mental Health Commission (NMHC) has previously provided two public submissions and a response to seven mental health propositions put forward by the Royal Commission into Aged Care Quality and Safety. These are scheduled to be considered at the Adelaide Hearing 5. This addendum is providing preliminary comments by the NMHC on the Royal Commission's additional *Draft Proposition M8: Peer Workforce*. As stated in our previous submissions, the NMHC is aware of the strong *clinical* focus of the Royal Commission's enquiries and emphasises the importance of maintaining a holistic approach to older people's mental health and wellbeing.¹

Background

The peer workforce is growing significantly, and is increasingly valued across government and community sectors for contributing to better mental health outcomes for consumers and carers. Despite significant growth, the working conditions for the peer workforce are lagging and its growth is not consistent across jurisdictions, the state and territory mental health services, the community managed sector and the private sector.

Mental health peer work has been an area of focus for the NMHC since our establishment in 2012. The need to develop a national professional peer workforce and encourage support structures and professional development for the peer workforce is a key priority for the NMHC. Our monitoring and reporting has highlighted the challenges faced by the peer workforce including: stigma and discrimination; lack of resources to meet demand; lack of peer supervision and professional development opportunities; and inappropriate and complex award structures and remuneration. There is also a lack of accurate data to monitor and evaluate the growth and effectiveness of the workforce and, unlike other mental health professions, peer workers have no professional peak representative organisation. The peer workforce requires support from governments to ensure a safe

¹ *National Mental Health Commission (2019 and 202) Submissions to the Royal Commission into Aged Care Quality and Safety*

working environment free from stigma and discrimination, with adequate support structures, to guarantee the workforce grows and retention rates improve.²

Peer Work with Older People in Australia

The NMHC supports *Draft Proposition M8* that the Australian Government should inquire into the peer workforce and how this workforce may contribute to access to mental health services for older people. As stated in the NMHC's previous submissions to the Royal Commission we support an enhanced role for peer workers in both community and residential aged care settings and act as a conduit between older people and mental health services.

National Peer Workforce Development Guidelines

Under the *Fifth National Mental Health and Suicide Prevention Plan*, the NMHC is leading the development of *National Peer Workforce Development Guidelines* by 2021. This project will support the peer workforce through the development of formalised guidance for governments, employers and the peer workforce about support structures that are required to sustain and grow the workforce. Although local and regional peer workforce frameworks exist, the development of national guidelines will ensure consistency across Australia. National guidelines will also be a step towards professionalisation of the peer workforce.

The Australian Government has provided a suite of guidance documents to Primary Health Networks (PHNs) on mental health and suicide prevention,³ including one specific to peer workers – *PHN Guidance - Peer workforce role in mental health and suicide prevention*. This document was developed to complement the *National Peer Workforce Developmental Guidelines* (in development) and encourages PHNs to partner with specialist mental health services including those who support older persons, and to support the development of peer workers from vulnerable groups such as older people.

Implementation Barriers

The mental health needs of older people differ significantly from other populations, this raises the importance of models specific to older people. Some barriers to the implementation of a peer worker model for older people include the lack of 'professionalisation' of peer workers, and paucity of current models for their use within mental health services.⁴

² *National Mental Health Commission (2020) Submission on the Productivity Commission Draft Report on its Mental Health Inquiry*

³ Australian Government Department of Health, PHN An Australian Government Initiative, Accessed 30/4/20 https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools

⁴ Coates D, Livermore P, Green R. The development and implementation of a peer support model for a specialist mental health service for older people: Lessons learned. *Mental Health Review Journal*. 2018 Jun 11.

Service Models

The NMHC notes while ‘befriending’ programs exist solely for companionship, peer workers provide not only companionship but are a vital resource through a shared lived experience and recovery-oriented expertise. They provide support and advice on recovery, connect older people with mental health services and provide advocacy for their needs within the service.

The expansion of peer workers into service delivery roles can be better supported through greater clarity and consistency. The NMHC is currently addressing some of these matters as part of the Peer Workforce Development Guidelines project, which will create role delineations for peer workers that provide opportunities for meaningful contact with consumers and carers and grassroots-based advocacy; and identify effective anti-stigma interventions with the health workforce.

While a paucity of models exist, the NMHC is aware of the development of one peer support model for specialist mental health service provision for older people. The *Older Persons Peer Support Program* was built via collaboration between state government health services and a community-based organisation, and provided both individual support and a group program facilitated by a peer worker and clinician.⁵ Outside of this, the peer worker role additionally includes advocacy, education and promotion of mental health for older people. One specific implementation barrier worth noting in this model is the issue of peer worker wages. It is essential that the development of models is informed by professional advice on the interaction of wages with income support arrangements including superannuation and pensions, so that peer workers for older people are not disadvantaged.

Overall, the program has showed favourable results and found older people to be particularly well suited to the provision of peer work. The evaluation of this program indicated it built the capacity of staff, including health and other aged care services to support recovery-oriented practices. A powerful change agent for staff was their experience of working with peer workers and directly observing their unique skillset and insight when working with consumers and carers.⁶ In particular it was identified that older people may benefit most from peer work as they may be missing their established networks to connect and identify with.⁷ The NMHC believes this draws attention to the integral role in Residential Aged Care Facilities (RACFs) where transitioning can cause loss of these existing networks.

⁵ Coates D, Livermore P, Green R. The development and implementation of a peer support model for a specialist mental health service for older people: Lessons learned. *Mental Health Review Journal*. 2018 Jun 11.

⁶ NSW Mental Health Commission website <https://nswmentalhealthcommission.com.au/living-well-agenda/living-well-mid-term-review-2019-2020/hunter-new-england-and-central-coast/the>

⁷ Coates D, Livermore P, Green R. The development and implementation of a peer support model for a specialist mental health service for older people: Lessons learned. *Mental Health Review Journal*. 2018 Jun 11.

Professionalisation of Peer Workers

The NMHC supports 'professionalising' the peer workforce, but are aware of the complexities within this debate, including some peer workers preference for an informal role with flexibility resulting in de-fusing power imbalances.⁸ The NMHC published findings of a feasibility study conducted by Lived Experience Australia (formerly the Private Mental Health Consumer Carer Network) into the establishment of a member-based organisation for the peer workforce. The project sought to examine where the sector is now and what it sees as the need for peer worker support, and a model for such an organisation. The consultations and research identified that the establishment of a peer workforce organisation in Australia would be a significant catalyst for change and a major contributor to the mental health reform agenda⁹

Conclusion

In summary, the NMHC agree with *Draft Proposition M8* that the Australian Government should encourage the exploration of how the peer workforce could contribute to mental health support, and act as a conduit between older people and mental health services. The development of the *National Peer Workforce Development Guidelines* will enable greater clarity and consistency for peer worker roles.

⁸ Coates D, Livermore P, Green R. The development and implementation of a peer support model for a specialist mental health service for older people: Lessons learned. *Mental Health Review Journal*. 2018 Jun 11.

⁹ Private Mental Health Consumer Carer Network (July 2019) *Towards professionalisation. A project to undertake the feasibility of a member-based organisation for the peer workforce organisation in Australia.* Community of Peers project