

The integration of peer support workers into the clinical mental health service delivery

Karen McCann, Team Leader, Social Inclusion and Recover (MSAMHS)
Georgina Moshudis, Peer Support Worker

Breakout Room 2: 15/06, 11.30-12.00

Gabrielle: Thank you so much. My take away from that presentation was you should actually reframe it and call it child rearing chocolate cake and rocket ships. That puts it into context but thank you so much for sharing the wonderful information. I'd like to now introduce to you the next presentation which is the integration of peer support workers into clinical mental health and service delivery with Karen McCann and Georgina Moshudis.

Karen: It's not easy to follow on from that presentation. I'll just share a bit of my story in saying I can't begin to tell you how heart felt I feel with having Leonie, Judith and Katherine leading the way on that project. My son also was a resident at BAC many years ago and I honestly feel that our future generations of young people are in good hands. This is just a fabulous initiative. I do thank them. So good morning. So my name is Karen McCann. Georgina Moshudis and we'd like to thank firstly the organising committee for allowing us to come here and present today but also thank you for choosing to come here and hear what we have to share with you all.

We would like to acknowledge the Aboriginal and Torres Strait Islander people as custodians of this country. We pay our respects to their culture and elders past, present, future and emerging. We would also like to acknowledge and pay our respects to the consumers, carers and families who have walked the journey before us.

So I don't know if many of you realise, I know we're talking to a community that's statewide. Some of you might be from other states. I want to talk to you about the introduction of the peer workforce on tertiary and health teams on the Southside. QLD has 16 hospitals and health services that make up our Queensland Health system, Metro South Addiction is part of the Metro South mental health service. It is the

largest in QLD catering to a population of approximately 1.2 million people. We have a large culture of population, people from Vietnamese, Chinese, Afghani, just to name a few. We have five hospitals. Addiction and Mental Health Services operate in wards from our three major hospitals that are Logan, Redlands and Princess Alexandra.

By the end of the session I aim to increase your understanding about the important role that peer support workers have within clinical mental health teams. I'd like to give a... of appreciation that peer support workers have in clinical delivery and provide you with an understanding of the way peer support workers facilitate real person centre practice in real clinical focused care teams.

What is recovery? Recovery is something that is different for each person. It is a journey to illness. Not a destination that one must reach. It's recognised that an individual's journey with mental health issues is unique and deeply personal. Although there are specific medical based treatments available to support people who are acutely unwell, their journey is ultimately compromised by moving forwards, sometimes backwards, sometimes having slow progress, other times being able to move forward towards mental health well-being more quickly.

In this context, advocates for people who live with mental health issues that discuss recovery in the presence of mental health issues means that people find ways of learning to do their best. One of hope, where they can flourish. In contrast, health clinicians and health services often describe recovery as people no longer have symptoms with their mental health or they are sufficiently well and can be discharged from one service and referred to a different service for their ongoing care. This difference in perspectives about the meaning of recovery between people who deal with mental health issues and health practitioners creates a divide for persons with implications for care.

Many ideas are very similar to the meaning that is given to centre person care. That is it is individual, respectful of and responsive to people's needs and values of people that care for you. So providing some clarity around peer support workers, we ask who are they and what do they do? They are people who have a lived experience of mental health issues and it's a requirement that they identify that as part of their application. Our position descriptions openly state that physician is open to people who have a personal lived experience of mental health or addiction issues as a consumer. It's pretty basic.

This may be that they have access to mental health or an addiction service in the past, maybe both. At this point in time, they are actively in their recovery. To the point that they can provide support and assistance

to other people who are experiencing mental health issues. Then the second part of the position statement is that those applying for peer worker positions must be able to draw on their lived experience to support others, to foster hope and recovery. This is done by being a role model and demonstrating hope to others and to do this by sharing strategies that they themselves find helpful.

Peer workers need to build relationships with those they support. Make mutual connections and part of that is sharing their common experience and sharing their story. It's not simply just ticking the box to say they have a lived experience. In addition, it is absolutely vital that people have necessary skill sets of attitudes, skills, knowledge and attributes to be effective in their role.

To be respectful, empathetic, nonjudgment, to have a calm approach, to be resourceful and the most important skill we talk about is being able to share their story appropriately, respectfully and purposefully. I don't know if any of you listened to Ian and Lucy yesterday talking about how they share their story and even today Katherine was sharing how she shares her story and the importance of that. We all know that when you build that connection with a person or a peer, there is that level of confidentiality, that building of that trusting relationship. But be very mindful, if at any moment there is an element of risk, safety issue, we are required under a duty of care to share that.

It is about having that conversation as you are building that relationship with a person to make that very clear right from the beginning that there's that expectation. That's about supporting them. For a long time there was no formal training for people who wished to go down the path of peer work. Work done at the national level has led to the formally recognised peer work accreditations, covering it across all age groups. A certificate 4 is one of the qualifications for employment as a peer worker in the Metro South and Mental Health Services.

Workers who have a lived experience of mental health issues have a valuable role in health services and health care teams. Their firsthand experience means they can provide perspectives to health care professionals that are otherwise missing. They can advocate for people who struggle to find their voice. They become the beacons of hope for people when they are unwell and have little to hope for.

Health professionals, especially within tertiary and QCare settings, tend to see people when they are unwell. This means although they theoretically understand people can improve and become well, they do not always recognise the potential for an individual's wellness, from an experiential perspective. Workers have a real and important role for

supporting people who are unwell and assisting people to become recovery support or centred in the way they work.

It was in this space that between perspectives of Metro South embarked on a number of projects that lived experience workers was employed as a multidisciplinary mental health team. Although they have a history of employing people with a lived history for many years, the service's executive team developed a team to employ experienced workers as providers.

So embedded in these roles within the multidisciplinary required an integrated approach where each discipline could educate and learn from one another and identify practical strategies that focused on a consumer, thereby increasing the impact of the service being delivered. These environments facilitated the belief that healing is very much a possibility. The lived experience combined with the clinical expertise enabled high quality integrated care with the best possible outcomes for the consumer.

So establishing these roles really did require a lot of support from our local recruitment teams, ensuring that our role descriptions sufficiently detailed the duties of the role and the scope of their practice. The interviews were about getting the right people on the panel who really could understand and draw out that lived experience. It was then about asking the right questions. The role is generally offered as a part-time or full-time temporary contract with quite competitive rates of pay. At this point in time we had them to be employed under the administrative scheme, the Queensland Government administrative scheme. There was a bit of argy-bargy at some point at the operation stream but it's more appropriate and pays better.

Once recruited we provided an orientation that was appropriate for the roles but ensured everyone undertook mandatory training that was equally as expected as any other Metro South employee. They were provided with operational supervision, checking about their leave and all of those important things, make sure all their mandatory training is up to standard, but most importantly, we ensured that they all receive regular professional or reflective practice supervision and this too was delivered by a peer or someone who come from a lived experience perspective.

An important component of the supervision was to reflect on how they lived experience impacted on their role but also how the role impacted on their lived experience. It was always essential to de-brief, individually

after any incidents, provided it was individual or as a group or difficult situations and to check in with the person on their self-care practices.

Through what we call the - what you might all remember as the PAD, performance appraisal and development, we now call it the performance coaching session. All staff are supported to identify they're fit within the team - their fit within the team ask the organisation and also the supports they need to identify to undertake their role effectively. Nonclinical professional development can be quite difficult to access for the peer worker roles but we found that the topics they were really asking for support around were providing mental health first aid, how do you have those conversations with someone who is suicidal, motivational interviewing, encouraging people to change their thinking and really commit to the goals they want to identify and having difficult conversations. How do you really draw down and have that hard heart to heart.

So at this point I'm now going to hand over to Georgy. Georgina is a peer worker in the Logan Beaudesert team and she'll talk about the program and her role within the team.

Georgina: Thank you, Karen. Does this work? Awesome. Okay. Firstly, I'd like to say thank you so much for the presentation at the beginning because that was pretty awesome. I love the fact that you guys are actually doing that co-design with the young people and really changing the environment. I think that's really important. I'm really excited to hear that new stuff.

As a peer worker, we actually - it's a privilege to be a peer worker because they have lived experience. I'm quite nervous. Please be gentle with me because this is my first real setting. Yeah. We're just having coffee and couch time. So in relation to the peer workforce, I work within the well-being team. So this team was established about four years ago and it's a multidisciplinary team, which is such a privilege because we've got quite a few peer workers and we've got peer workers. We have a multi Pacific Islander worker, Indigenous and CALD and myself, being a generic peer worker.

Being generic, I have a lot of ways I can go into different areas which is a real blessing because I can go into the Perry natal well-being team through my own lived experience with post-natal depression. Through that journey, it is a privilege to be able to walk alongside people who have lived experience and are experiencing distresses.

Within our team we also have - it's a - sorry. I just need to gather my thoughts again. We work with people with severe persistent mental illness. Within that population we are community-based. We work within their homes, their environment, as a peer worker we are able to build relationships and be able to be the voice for the person.

Also I didn't acknowledge also, we have OTs and social workers and clinical nurses, pharmacist who also has lived experience, a psychologist and a doctor within our team. We actually have - in the beginning there was a few challenges around stigma, for myself coming from a support worker to a peer worker identified, that was really challenging but it was a blessing in disguise because I felt that stigma and understood it. It was great. But working in a team we do such great work in getting to know a person within a safe environment within their home. We journey with them with hope and supporting and highlighting their strengths. Building that relationship is vital because we've got that mutual trust and mutual understanding and can really empathise with what's going on and the challenges because let's be real, it's a hard journey. The journey is not about the destination and where we get to, it's about how we get to it. Sometimes we might be up or down.

Through that we can be the voice within the clinical team. Consumers, we're actually able to help those respectful relationships. We're able to help them with planning of daily, weekly activity and advocate for them and establish links. Say someone has identified a goal, they would love more friends in their life. We explore those interests. What do you like to do? They're like, I'm not sure. Then we go and explore new ways. We have, not limits, but we're able to be a bit more creative within the team which is exciting.

For example, we go walking, bushwalking, look at their physical health, mental health, their well-being, what barriers they're having and how we can walk alongside them. That's awesome. Obviously here, it's promoting a positive lens within the mental health environment. Peer workers are able to be the voice. We are very much the bridge between the clinician. Sometimes there's a bit of a barrier, can I be honest, fear but within the team we're able to actually talk and break those barriers down and look at what the person wants. It's person centred and their recovery. We want a meaningful and purposeful life. We all want a meaningful and happy, purposeful life. Some of the challenges that come, we don't ask for them to come. It's nice to journey through with someone with that experience.

Some of the benefits. Obviously having a peer workforce, it's changing the culture and belief systems. Being a voice and advocating for them

has been an amazing outcome that we've seen. Some of the feedback that we've had, is it okay for me to share today. They've said yes. Through isolation and loneliness, being able to have someone sitting alongside, being quiet, sitting present with them has been an amazing journey for them. To then be able to explore some of their goals, dreams and a little bit of ignitement to something that makes them happy. This person is going to organisations that is more meaningful. They've built friendships and been able to actually look at other accommodation, that stability, even though they are working through their own challenges. They have much more hope. It's exciting.

We're the link between the clinical and consumer. In a strong clinical team, the shift which is a real blessing being changed and having the consumer and the peer voice has actually been able to shift the words, shift the way we think, the creativity, really looking at the person, what do they need, even though the clinicians are caring. I really love our team. I really am grateful for the people I work with. We have a heart for the person, not the diagnosis. I think that's been such a great shift and I'm very proud to say that Queensland Health have got plain tree coordination that's coming on board. That voice is coming. It's on the motion, movement, momentum.

Also it's important as a peer we have that mutual respect to be able to take time generally, walking beside them and to sit in their shoes because we've been there. Maybe not the whole story but we understand and empathise and having that emotional intelligence of what's going on and being able to be in that space has been awesome. We also work within the acute care as well within the hospital. So we would be going, say for example someone is having some challenges and they're in and out of the patient and inpatient unit. We are also able to access that as well. We can go in the wards, share time with them and talk about some of the challenges and some of the things they're learning and strengthening and understanding about themselves which is an awesome journey.

I think I've repeated that again. I'm not going to go over that. I'll let you have a quick look and read over that. We're very flexible. Like I said before, we're also able to share a bit of our personal story when it's appropriate. We really have to focus on, is this going to be purposeful for them and help them, if not then be able to access someone else who will be able to help them through that journey. I think also just sitting and having a coffee with them and being in their environment has been an amazing thing to see where they live. It's not actually in a clinical setting.

It's actually within their home, their community, it's normalising and lowering stigma.

I think the stigma has been the biggest thing I've found within the team. We've been able to discuss some of the - when I say stigma, meaning - yes, we might have mental health issues or challenges but to talk about it and normalize it has been an amazing thing because then the barriers come down. The learnings, strengthening, the strategies learnt are therapeutic, interventions come into play and it's life changing, even if it's a small shift from here to here. It's life changing for someone. So as peer workers and as a team we actually also go and rejoice in the wow moments for what they recognise as well and to reflect back on, look where you've become, where you were. Sometimes you can't see it when you are walking the journey.

We rewind back to see and say, I remember when you couldn't do this. Look at you now. You're actually speaking up and putting your hand up. You're actually getting on that bus and I'm so proud of you and it's that real care and empathy. That goes such a long way. I'll hand you back over to Karen. Thank you.

Karen: I'll just finish up. So I guess in summing up the presentation today, we have a director of Social Inclusion and Recovery, her role was established back in 2013. Our workforce has grown substantially since then. I might add everyone in our team has to have a lived experience. That's the first priority. As a consumer or a carer of a service. The team started back with seven people. As you can see now, we have 50 roles. It's actually about 43.3 full-time positions shared across 50 people. Metro South Addiction and Mental Health Services has now been referenced in literature as the best practice example by being the largest employer of peer support workers within a publicly funded mental health and addiction service in Australasia.

So we have peer workers employed within six - our structure of our organisation has what we call academic clinical units and they have streams of areas of interest in patient mood, psychosis, rehabilitation. So we have peer workers employed in six of those 10 units. Some directors are now being creative with the funding. So say we've got some unspent funds from a clinical position, why not a peer worker. How good is that? Along the journey of developing and embedding the peer roles, it was clear that there are many benefits. So for the consumer, will they get a greater sense of well-being, of increased independence, by taking a risk and trying new things for themselves. A sense of being heard and listened to because a peer worker sat with them, just to be with them.

Feeling hopeful for their future because they've seen a person move from their level of unwellness to now being employed and moving forward in their recovery. So then for the peer worker themselves, an increased sense of interpersonal competence by making an impact on another person's life. Developing a sense of equality in giving and taking between themselves and the consumer. Gaining knowledge through the peer support process, developing skills, moving positively in their own recovery and improving future employment opportunities and for the clinical team, improved consumer outcomes and improved attitudes towards mental illness by witnessing recovery in action.

I think this slide speaks for itself. By using the lived experience lens and the therapeutic lens we both work together towards that shared focus for the consumer. The roles of peer support within our integrated model is constantly changing and evolving, as we continue to consider where these roles can best be used in the future. We learn and adapt the model as required. There is still so much to be done.

Many of you may remember the wise words of the American activist and poet Maya Angelo. I've learnt what people have said. I've learnt that people will forget what you did but people will never forget how you made them feel. Peer workers allow people to feel valued, listened to, empowered, hopeful and to know that they are not alone.

Please, please contact us if you have any questions. We have our director, Gabriel, she is on leave. She would have been here today. If you've got any questions, we keep a database of people who are keen to be considered as peer support workers. I have a database of people who wish to contact me. If things do come up, I will let you know. It is still an open recruitment process that everyone still has to follow through but I'm happy to flag those opportunities with people as they arise. So thank you very much.