

2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name

N/A

Name

Dr Magenta Simmons

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

N/A

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

N/A

What is already working well and what can be done better to prevent suicide?

N/A

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

N/A

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

N/A

What are the needs of family members and carers and what can be done better to support them?

N/A

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

"The peer workforce is expanding rapidly without adequate supports and infrastructure to support such growth. Coordinated efforts are required urgently to help better support and retain the current workforce and so that the field is able to continue to attract high quality peer workers. A number of barriers to implementing peer workers have repeatedly been identified in academic and grey literature. Here I discuss the main barriers and propose recommendations to address these workforce issues. For the purpose of this submission I focus here on peer workers employed within the mental health system rather than those working outside of the mental health system. I also note that I have not made reference to the family peer support workforce which should also be considered, but which I know less about and so have not included here in my submission. 1) Role confusion: One common and problematic issue for peer workers is role confusion (1-5). If the organisation employing the peer worker/s is unsure about what the peer worker should be doing in their role then this leads to a cascade of problems that act as barriers to implementing peer support programs within mental health services. Most often, because the service and/or peer

worker are unsure how their role fits within the service, they end up with role drift', whereby they may engage in mainly administrative tasks or tasks not related to peer work because the role confusion acts as a strong barrier to engaging in peer support (6). Peer workers employed by mental health services are said to be in a state of liminality' (7), whereby their professional identity sits in between multiple identities, and is in flux due to the multiple roles played by [peer support workers] in being service users, friends, and staff ((7); p669). This has the opportunity to be a strength, in that peer workers are uniquely placed to provide a different type of care than traditional mental healthcare professionals, but also has the potential to make it difficult for peer workers to find their feet professionally. Often peer workers are employed as the only peer worker at the service or one of a small number of peer workers at a service, which can isolate them and leave them without the required support of their peer colleagues to optimise their role and professional identity. Recommendations: a)High quality peer-developed and peer-delivered training is required to adequately prepare peer workers for commencing work within the mental health system. I note here that generalist training is available for peer workers including a Certificate IV in peer support; however, this is not adequate for all peer workers (e.g. those working in youth mental health (8) or older adult mental health (9)). Additional training modules and/or courses are needed to cater to the wide range of peer workers in the peer workforce. b)Ongoing professional development that is tailored to the role and individual needs of the peer worker is required to ensure peer workers continue to develop the necessary skills to undertake their work. This includes both peer support specific topics and also those related to the work that the peer worker is undertaking (e.g. domestic and family violence, various cultural training (10)). c)Peer workers need to be supervised (e.g. via co-reflection) by experienced peer specialists who can monitor and address barriers to implementation of peer work roles, including role confusion and role drift. d)Professional peer networks that allow peer workers to connect with others across the State would allow for peer workers to receive collegial support and share experiences, challenges, successes, strategies, career advice, and opportunities. Again, these networks should either be specific to each peer workforce rather than one network for all, or should have subgroups for special interest areas. e)Dedicated toolkits and programs designed and delivered by experienced peer workers and those with experience in setting up peer programs and roles should be available for services setting up new peer programs and roles so that known barriers to implementing such programs and roles can be avoided. These should be tailored to, and appropriate for, the mental healthcare service in question. f)High quality training is required to adequately prepare mental health services, non-peer staff and peer support champions and allies for setting up peer work programs and roles within the mental health system. 2) Professional pathways: Peer workers may be engaged in volunteer, casual, and/or low paid entry-level jobs that have little or no opportunity for career progression (1, 3, 4, 11-13). Peer workers suffer from a lack of credibility for their role and negative attitudes from non-peer staff (5). Recommendations: g)Peer workers should be employed in paid positions that afford entitlements commensurate with similar roles. h)There should be career pathways within services and across the State that allow for skill development and career progression for individual peer workers, and also the delivery of services (e.g. peer supervision or co-reflection) as recommended above. i)Peer work roles should require and support the applicant to obtain a qualification in peer support to strengthen their skills and career development and also increase the credibility of their role. j)Interventions (e.g. including specific aspects in staff training) to address lack of credibility and negative attitudes should be implemented when mental health services set up peer programs and roles. 3) Needs of the peer workforce: We currently do not have a good understanding of the peer workforce in Victoria, including who they are, what roles they are doing, in what settings, under what conditions and so forth. We therefore do not fully understand the needs of the workforce.

Recommendations: k)A Statewide survey of the peer workforce should be conducted and repeated at appropriate time points to track the characteristics and needs of the workforce. l)A database of peer workers should be set up to facilitate this, which could also be used to enable a Statewide professional body and networks. References: 1.Chinman M, George P, Dougherty RH, Daniels AS, Ghose SS, Swift A, et al. Peer support services for individuals with serious mental illnesses: assessing the evidence. *Psychiatr Serv.* 2014;65(4):429-41. 2.Health Workforce Australia. *Mental Health Peer Workforce Literature Scan.* Adelaide: Health Workforce Australia 2014. 3.Repper J, Carter T. A review of the literature on peer support in mental health services. *J Ment Health.* 2011;20(4):392-411. 4.Davidson L, Bellamy C, Guy K, Miller R. Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry.* 2012;11(2):123-8. 5.Vandewalle J, Debyser B, Beeckman D, Vandecasteele T, Hecke AV, Verhaeghe S. Peer workers' perceptions and experiences of barriers to implementation of peer workers roles in mental health services: A literature review. *International Journal of Nursing Studies.* 2016;60:234-50. 6.Gillard S. Peer support in mental health services: where is the research taking us, and do we want to go there? *J Ment Health.* 2019;28(4):341-4. 7.Simpson A, Oster C, Muir-Cochrane E. Liminality in the occupational identity of mental health peer support workers: A qualitative study. *Int J Ment Health Nurs.* 2018;27(2):662-71. 8.Fava N, O'Bree B, Randall R, Kennedy H, Olsen J, Matenson E, et al. Youth Peer Work: Building a Strong and Supported Youth Peer Workforce. In: Meagher J, Stratford A, Jackson F, Jayakody E, Fong T, editors. *Peer Work in Australia: A New Future for Mental Health.* g. a. h ed. Sydney: RichmondPRA and Mind Australia. ; 2018. p. d. 9.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;23(2):73-85. 10.Simmons MB, Coates D, Batchelor S, Dimopoulos-Bick T, Howe D. The CHOICE pilot project: Challenges of implementing a combined peer work and shared decision-making programme in an early intervention service. *Early Interv Psychiatry.* 2018;12(5):964-71. 11.Davidson L, Chinman M, Sells D, Rowe M. Peer support among adults with serious mental illness: a report from the field. *Schizophr Bull.* 2006;32(3):443-50. 12.Grant KL, Simmons MB, Davey CG. Three Nontraditional Approaches to Improving the Capacity, Accessibility, and Quality of Mental Health Services: An Overview. *Psychiatr Serv.* 2018;69(5):508-16. 13.King AJ, Simmons MB. A Systematic Review of the Attributes and Outcomes of Peer Work and Guidelines for Reporting Studies of Peer Interventions. *Psychiatr Serv.* 2018;69(9):961-77."

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"Areas that service users prioritise, including holistic, easily accessible and seamless service models that treat individuals as humans and help support them to contribute fully with the lives they wish to lead. Previous attempts at person centred interventions and the involvement of service users and their families in making decisions about their own care (e.g. use of advance statements) have largely failed. We need to find and fund effective ways to work in partnership with service users and their families. The more that service users and their families are involved in meaningful ways in the design and delivery of mental health care (including research and policy

that informs such care) the better the care will be. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

"Evaluation and monitoring, including in partnership with service users and their families. "

Is there anything else you would like to share with the Royal Commission?

N/A