

Peer work framework



This document will provide a framework for Mind's peer workforce. The framework will illustrate the value Mind places on a lived experience of mental ill health as the foundation of our peer practitioner workforce as well as guide and inform consistent practice across the organisation.

Contents

Acknowledgment	i
Definitions	2
Introduction	4
About Mind	5
The way we work	5
Peer work at Mind	6
Evidence base for peer support	7
Mind's Model of Peer Work	8
• Lived experience knowledge base	8
• Peer work values	9
• Peer practice principles	10
How Mind supports an effective peer workforce	14
Conclusion	16
References	17



Acknowledgement

Mind acknowledges that Aboriginal and Torres Strait Islander peoples are the Traditional Custodians of the lands on which we work and we pay our respects to Elders past, present and emerging. We recognise the intergenerational impact of the history of invasion, dispossession and colonisation and are committed to the recognition, respect, inclusion and wellbeing of Australia's First Peoples.



Inclusion statement

Mind values the experience and contribution of people from all cultures, genders, sexualities, bodies, abilities, spiritualities, ages and backgrounds. We are committed to inclusion for all our clients, families and carers, employees and volunteers.



This Framework was written by Bianca Childs, Mind's Senior Lived Experience Advisor. Bianca has over 17 years' experience in designated lived experience roles across the community and clinical mental health sectors. Bianca also has formal qualifications in mental health peer work, training and assessment and community and consumer engagement.

Bianca would like to acknowledge the valuable contributions of Mind's peer workforce, Mind Supported Independent Living (SIL) residents, consumer and carer members of Mind's Lived Experience Advisory Team, lived experience staff, managers and members of the leadership team.



Childs, B. (2021) *Mind's peer work framework*. Mind Australia, Melbourne.
<https://www.mindaustralia.org.au/work-us/peer-work>

Definitions

Advocacy and self-advocacy

Advocacy means speaking on behalf of or representing the views of another person to help get their voice heard and their needs met. Self-advocacy is when a person speaks up for themselves and the things that are important to them. It is still self-advocacy even if the person needs support to do this.

Clients

In this framework, people receiving Mind services are called clients. Depending on the type of service at Mind, clients may also be referred to as residents, customers, participants or consumers.

Co-design

Co-design is where members of the Mind community (consumers, carers and families) become equal partners in decision-making. Rather than being viewed as a source of information to input, participants work actively to shape the definition and direction of a project.

Community mental health practitioners

In most services at Mind, staff who are employed to provide direct and indirect support to clients are called community mental health practitioners. Whilst in some services at Mind, they are called community support workers, for the purpose of this framework, all staff involved in client service delivery will be referred to as community mental health practitioners.

Consumers

A consumer is a person who has used or is currently using public or private mental health services, also known as a service user, service recipient or user/survivor. A person who has experienced mental ill health or has survived trauma is also sometimes called a consumer.

Dignity of risk

Dignity of risk means people having the right to take risks in their decision-making and actions. This can create confidence and hope, and also provide opportunities for learning.

Discipline

The qualities required to follow a particular way of working and to maintain agreed standards of practice are called a discipline.

Families and carers

Families and carers refer to people who provide practical and emotional support to someone with mental ill health including relatives, friends or neighbours (Bartolo & Sanders, 2008)

Lived experience

Lived experience refers to a personal experience of mental ill health and recovery. In this document it also acknowledges “living experience”, noted as important by Mind’s Peer practitioners as it acknowledges the work that they do every day to maintain their wellbeing.

Consumer lived experience is the direct experience of mental ill health and recovery. Carer lived experience is the experience gained when caring for a person with mental ill health and recovery.

Designated lived experience roles

A designated lived experience role is one that requires the person to have a lived experience of mental ill health. This requirement is specified in the position description. In this document, people who are employed in these roles are called lived experience staff. Lived experience staff include but are not limited to peer practitioners and may include people in roles across service development, research and learning and development. Lived experience staff do not include staff who have a lived experience if it is not a requirement of the role.

Mutuality

Mutuality is about having and creating relationships that are equal and that acknowledge and minimise power imbalances.

Peer practitioners

At Mind, lived experience staff who are employed to provide direct and indirect therapeutic support to clients are called peer practitioners.

Peer support

Peer support in mental health is a form of support provided by individuals with a personal lived experience of mental ill health and recovery, who are trained to use their experiences to support others in their recovery (Slade et al, 2014)

In peer support, the consumer and carer roles are not interchangeable; it is only peer support if both parties have the same experience. For example, whilst a practitioner with experience of being a carer can provide support to a consumer, it is not peer support. Similarly, a practitioner with experience as a consumer cannot provide peer support to a carer.

Peer work

For the purpose of this framework, peer work refers to the work of lived experience staff involved in client service delivery (peer practitioners).

Peer workforce

Peer workforce is the collective term for all peer practitioners at Mind.

Reflective practice

Reflective practice is an active process of looking at your practice or the work you do in order to examine it more closely, give meaning to it and learn from it.

Recovery

Personal recovery means that you are able to live a meaningful life. Personal recovery is individual to you. What is important to you, is likely to be different to what is important to someone else. (Rethink Mental Illness UK)

Secondary consultations

A secondary consultation is when a staff member supports a client they do not normally work directly with. This can be through providing support or advice to the staff member who is working with them, or through working with the client directly.



Introduction

Mind believes in the value and expertise of those with lived experience of mental illness, distress and recovery and strives for the inclusion of these perspectives across our workforce. Mind has a strong commitment to employing peer practitioners across all service models, as well as employing staff in designated lived experience roles in other key departments. Over 50% of our staff have disclosed a lived experience of mental ill health.

Mind has developed this framework to guide the way we develop and support our peer workforce. Included in this framework is Mind's Model of Peer Work, which articulates the knowledge, values and practice principles that inform peer work at Mind.

The purpose of this framework is to:

- ensure our organisational and service culture values and centres lived experience
- establish peer work as a discipline at Mind
- guide consistent practice within peer practitioner roles across the diverse services at Mind
- provide role clarity for peer practitioners, managers, clients, staff teams and the organisation at large
- articulate how peer practitioner roles differ from other roles at Mind (as well as how they are similar)
- assist with the design and implementation of new services
- assist with the development of policies and procedures
- promote Mind as an employer of choice to potential employees.

Mind's Model of Peer Work is unique and distinct. It is delivered by trained peer practitioners who draw on their personal lived experience to model and hold hope, empowerment and mutuality. Mind supports their capacity to do this effectively in their work with clients, those close and important to them, staff and external stakeholders through specialised training informed by best practice peer practitioner principles including a sophisticated Community of Practice and support model.

This document has been developed in consultation with consumers, carers, peer practitioners, other lived experience staff, community mental health practitioners, managers and Mind's executive team.

Quotes used throughout this document have been taken from the Peer workforce development project report (2015), the Peer practitioner survey report (2018), the Working effectively with peer practitioners managers' survey report (2019), Mind peer work program evaluations and consultations as part of the development of this framework.

This framework is to be used in conjunction with other Mind documents including *Mind's approach to recovery oriented practice*, *Mind's approach to working with families and carers*, *Mind code of conduct*, *Mind diversity and inclusion framework*, *Mind workforce capability framework*, *Mind practice governance framework*, *My Better Life® model* and *Mind Yourself* wellbeing program, as well as relevant policies and procedures.

"I'm new to peer work and Mind. This document helped outline the role better than I knew before, and where I fit in the team." Peer practitioner

"This framework really clarifies what we are already doing. It was obviously created by and for peer practitioners." Peer practitioner

About Mind

Mind is a leading national community managed mental health service. We have been supporting people with mental health issues, their families and carers for over 40 years.

Our key purpose is to help people to gain better mental health and improve the quality of their lives.

Our work is guided and informed by the values of the organisation: having a client focus, making a difference, integrity, hope, creativity and innovation.

Mind supports cultural safety and equity by developing systems and processes that improve access, outcomes and experiences for marginalised people and communities. We understand that discrimination and marginalisation are interrelated with poorer mental health and service access, and that the experience of inclusion can vary greatly for people of different cultures, genders, sexualities, spiritualities, abilities, bodies, ages and backgrounds.

All people, regardless of who they are, where they come from, or their life experiences, will receive services tailored to their needs.

Mind has a strong commitment to supporting people to realise their human rights and gaining full citizenship. This involves respecting and promoting the inherent dignity of the individual and working to ensure freedom from discrimination, abuse, neglect and exploitation.

Mind's approach to co-design and co-production is one where people with lived experience become equal partners in decision-making, as participants work actively to shape the definition and direction of a project or task. Through this work we adopt co-design and community engagement methods, principles and mindsets. Mind's National Lived Experience Advisory Team (LEAT) works with Mind Executive and key departments to inform strategic decisions.

We respect and value the lived experience of people with mental ill health, their families and carers and understand this experience must inform service delivery.

The way we work

To help people to gain better mental health and improve the quality of their lives, there are three practice approaches that we use. These are recovery oriented practice, My Better Life[®] model and trauma informed practice. Frameworks, training, policies, procedures and resources have been developed to support these practice approaches.

Each of these approaches compliments Mind's model of peer work and supports a culture that values lived experience.

Recovery oriented practice

There are six core principles that guide our recovery oriented practice. These include:

- supporting personal recovery and promoting wellbeing
- taking a person centred approach to development of clients' support plans
- delivering services informed by evidence and consistent with a social model of health
- building trusting relationships
- ensuring our practice is sensitive to the needs of families and carers
- working in partnership and collaborating with other services.

Mind's approach to recovery-oriented practice is also guided by our recognition that supporting recovery includes supporting a person to realise their human rights.

My Better Life[®] model

Mind has developed a model of practice called My Better Life[®]. The model outlines 12 areas of a person's life that need to be working well for them to be happy, healthy and live a life of meaning. My Better Life[®] is an evidence-informed model and the 12 areas detailed in the model align to the Social Model of Health. It maintains a strengths-based, person-centred and recovery-oriented approach. My Better Life[®] provides a structure which informs our work, underpins future service delivery and places the unique needs of our clients at the core of our work.

Trauma informed practice

There is a growing knowledge base about how trauma affects people. A trauma informed perspective asks not “What is wrong with you?” but instead, “What happened to you?” Being trauma informed is important for how our services are delivered, recognising that traumatic events can often make people feel unsafe and powerless. Our services seek to create environments where clients and staff feel safe and empowered.

Rather than focusing on problems and problem solving, trauma informed practice is listening to and learning about the experiences that have shaped a person’s life (Blanch et al, 2012)

Trauma informed practice is organised around the principles of safety, trustworthiness, choice, collaboration, empowerment, and a strengths-based approach.

Peer work at Mind

Throughout Mind’s 40 year history, lived experience has influenced the way we work with clients, families and carers, and the community.

The first designated lived experience positions began at Mind in 2007 with roles originating from the development of Personal Helpers and Mentors (PHAMs) services, which included provision for a peer practitioner in each service. Having seen the benefit of peer support first hand, Mind continued to employ peer practitioners in other services within the organisation.

In 2015, Mind conducted a peer workforce development project that explored the role and impact of the peer practitioner at Mind. This project also looked at the support and training needs of peer practitioners, their managers and their teams, and provided recommendations to continue to build a thriving peer workforce. Recommendations included orientation for peer practitioners, establishing a community of practice, training and resources for managers around working effectively with peer practitioners and the employment of a senior lived experience advisor. These recommendations have all been implemented.

In most services at Mind, the position description for a peer practitioner is similar to the role of a community mental health practitioner in the same team, with the peer-specific requirements added on to the key role requirements and responsibilities. How the role looks in practice depends on the needs of the service as well as the unique knowledge and skills the peer practitioner brings to the role. Some peer practitioners do the same tasks as other community mental health practitioners in their team, but draw on their lived experience knowledge base and practice principles to inform everything they do. This may include direct work with clients, case notes, support coordination, case reviews and team meetings. Other peer practitioners have a reduced caseload that allows them to provide secondary consultations, develop and run groups, and provide education to staff, clients, families and carers. The number of peer practitioners within each team can vary. Some services also employ peer group facilitators or peer lead practitioners.

Peer practitioners at Mind are required to have formal qualifications in mental health, mental health peer work, alcohol and other drugs, social work, psychology or similar. The minimum qualification level is either a certificate III or a certificate IV depending on the service type. This is the same for all Mind employees involved in client service delivery.

Having position descriptions and minimum qualifications that are the same across both community mental health practitioner and peer practitioner roles at Mind ensures pay parity and equal opportunity for career advancement. Peer practitioners who move into leadership roles are supported and encouraged to continue to draw on Mind’s Model of Peer Work in their roles.

As part of our commitment to inclusion and in line with organisational values of hope and making a difference, Mind has also developed policies to support and encourage current and past Mind clients to become Mind employees, both in peer and non-peer roles.

Evidence base for peer support

Peer support is an important aspect of the way we work at Mind. Compared to other forms of support, three areas of benefit have been identified that are unique to peer support. According to Davidson et al (2012), these unique areas of benefit are:

- providing hope through positive self-disclosure
- role-modelling self-care and skills for negotiating daily life
- the peer relationship – a peer worker’s ability to empathise directly and immediately

Further evidence around peer support shows that significant gains have been noted by participants and services. Davidson (1999), Humphreys (1994), Froland (2000) and Leung (2002) identified the following gains:

- increased self-esteem
- enhanced sense of hope and empowerment
- reduction in the impact of stigma
- better decision-making skills
- improved social functioning
- decreased psychiatric symptoms (i.e. decreased rates or lengths of hospitalisation)
- lower rates of isolation, larger social networks, increased support seeking
- greater pursuit of educational goals and employment.

Mind’s peer workforce development project report (2015), peer practitioner survey report (2018), and working effectively with peer practitioners managers’ survey report (2019) show that there are additional benefits to having a peer practitioner in the team. A team that includes a peer practitioner is more recovery-orientated and trauma-informed. The peer practitioner also contributes to a culture that recognises and values diversity and is open to learning about and sharing other experiences.

“It helps having a culture within the services that holds the peer practitioner role in greatest esteem and recognises the significant contribution it makes in the lives of consumer, families, carers and supporters.” Manager

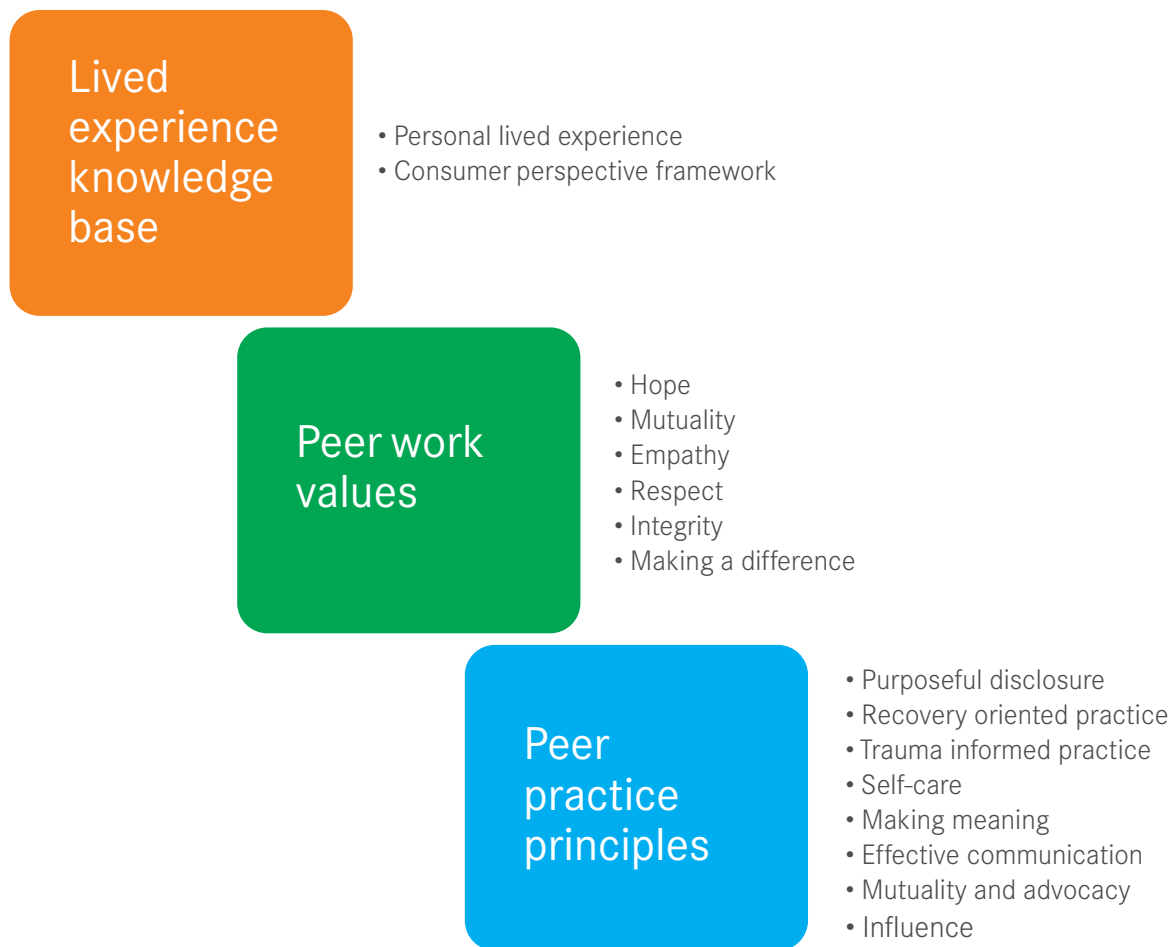
“My team is increasingly approaching me to engage in meaningful conversations about challenging the conventional paradigms of mental health, illness, wellbeing and recovery. I share books, articles, websites and videos with those who are open to innovative ideas and practice.” Peer practitioner

“My peer practitioner is more sensitive to the nuances on how I’m feeling. They have such an informed knowledge of mental illness. I can tell her anything and we are on the same page.” Consumer

“Peer support gives the clients a sense of greater empathy and understanding, and helps to reduce stigma.” Community mental health practitioner



Mind's Model of Peer Work



Mind's Model of Peer Work is unique. It describes the knowledge base, values and practice principles that inform the way peer practitioners at Mind do their work. It has been developed to support peer practitioners across the diverse services at Mind. This model articulates the unique aspects of the peer practitioner role and how the role differs from other roles in the team. This provides role clarity for peer practitioners, managers, clients, the team and the organisation, and guides consistent practice across all services at Mind.

This model also establishes peer work as a discipline at Mind.

Training and resources have been developed that support Mind to embed this model into practice.

Lived experience knowledge base

Watson (2013) describes a lived experience knowledge base as the combination of a peer practitioner's own personal lived experience and the knowledge gained from the broader consumer perspective framework.

The peer practitioner draws on this knowledge base to deliver services that reflect Mind's recovery oriented practice. Training and practice development at Mind provides them with the skills to do this effectively in their work with clients, families and carers, staff and external stakeholders.

Personal lived experience

Personal lived experience includes a person's own experience of mental ill health and recovery, as well as their social and cultural context and their own beliefs and values (Watson, 2013).

Lived experience is the term used to specify knowledge that is gained by personal experience, as opposed to learned via study or employment. In mental health, lived experience relates to a personal experience of mental ill health and recovery. This may include diagnosis, service use (private or public, community or clinical, traditional or alternative) and the impact of these experiences on their lives. Personal lived experience includes the wide spectrum of mental health from chronic and clinically diagnosed illnesses, to traumatic and/or unexpected life events that affect wellbeing (Centre of Excellence in Peer Support, 2011). It may also include human rights violations, discrimination as well as the strengths to survive these experiences.

Mind also recognises and values other forms of lived experience including those related to sex, sexuality and gender identity, culture, ability, homelessness and alcohol and other drug use. Within our approach to peer work and definition of lived experience, we see these as intersecting and often additional to lived experiences of mental ill health and recovery, but not in place of.

"I draw on my lived experience of mental distress to build strong, authentic, non-judgemental and trusting relationships with clients. I hold the hope for recovery when they are unable to." Peer practitioner

"Because of their own lived experience, they are able to provide insight that other staff may not. They have a more thorough understanding of what we might be going through." Consumer

Consumer perspective framework

The consumer perspective framework is the broader knowledge that peer practitioners draw on, beyond their own personal lived experience. This includes the experiences and perspectives of other consumers and consumer workers. "Consumer perspective is a collective lens or way of looking at the world that draws on its roots in socio-political rights movements" (Consumer academics program, 2019).

A consumer perspective framework is acquired by reading research and literature, networking with and learning from peers and developing an understanding that their own perspectives may not apply to the people they are working with. Becoming aware of historical influences within the consumer movement can also be a valuable asset to the role. The consumer perspective framework is important when working directly with clients, but also when informing the work of the team.

Historically, Mind has had a voice in contributing to the consumer perspective knowledge base. This has been through the Centre of Excellence in Peer Support, the Charter of Peer Support, the book *Peer Work in Australia: A new future for mental health*, and Mind Recovery College™.

"I sometimes feel my own living experience is very different to our residents'. Because of this, I make sure to remember that I can learn from the residents just as much as they can learn from me. We are learning together." Peer practitioner

Peer work values

Peer work is a unique and distinct discipline based on sharing experiences, modelling hope, empowerment and mutuality. It attracts a diverse group of people who are prepared to use their personal lived experience to inform their work, including supporting others through recovery of mental ill health. Alongside an ability and willingness to use their lived experience knowledge base in their role, a certain value set can be an asset to being an effective and successful peer practitioner.

These values were chosen by Mind's peer workforce as being inherent to the work they do. They were identified from over 100 values through a three-phase shortlisting process in 2019 which included a focus group and surveys.

Of note, is how closely aligned these peer work values are with Mind's organisational values of hope, creativity and innovation, consumer focus, making a difference and integrity.

The values that guide and inform Mind's peer workforce are:

hope - to maintain a positive and optimistic outlook; valuing hope, courage and perseverance, knowing that people do recover from mental health challenges

mutuality - building relationships which minimise power imbalances and build connection and trust

empathy - the ability to take the perspective of another and feel what they feel

respect - consideration for the rights, values, beliefs and property of all people

integrity - to act with honesty and accountability

making a difference - to work towards social justice, respect for people's rights and fostering the inclusion of Mind clients in community life.

Peer practice principles

Through Mind's extensive peer work program and regular practice development, and by drawing on their lived experience knowledge base and peer work values, peer practitioners are continually guided by these unique practice principles.

Purposeful disclosure

In peer work, disclosure means sharing parts of your personal lived experience. Purposeful disclosure is both safe and appropriate.

When a peer practitioner shares something from their own personal recovery, it can provide hope for clients in relation to their own recovery (Davidson et al, 2012). A peer practitioner who

role-models safe and appropriate disclosure to create meaningful connections can provide positive examples to clients around how to do this safely as well as open up safe paths for other staff who may want to draw on or share their own experiences as part of their practice.

Disclosure may include (but is not limited to) sharing experiences of hope, trauma and adversity, self-care, recovery, the impact of diagnosis, connection with others, beliefs and values, self-advocacy or experiences with services and the mental health system.

Considering what is purposeful

Knowing when and how to disclose purposefully is one of the most important aspects of the peer practitioner role. This includes being aware of the purpose for each disclosure and what the possible and preferred outcomes are. This is especially important when sharing possibly traumatic or adverse experiences. Purposeful disclosure also includes making the decision not to share.

Purposeful disclosure can help the peer practitioner to build connection or establish rapport, to be with the person where they are at, to validate the other person's experiences, to reduce stigma, to inspire hope and to demonstrate empathy. A peer practitioner can also share a part of their personal lived experience with other staff to educate or inform the other person's practice by providing firsthand experience and perspective.

When disclosure is not purposeful, it can traumatise the other person, re-traumatise the peer practitioner, move the focus of the conversation to being about the peer practitioner rather than the other person, make the other person feel they are burdened with keeping a secret or feel they have to support them, or make the other person feel the peer practitioner is telling them to do what they did.

Training and reflective practice allow the peer practitioner to continually reflect on decisions they make around purposeful disclosure in their practice.

Practice tips

Reflecting on self-disclosure is crucial for personal and professional development. Reflective practice can be done through journaling, 1:1 catch-up with line manager, peer practice development, formal and informal meetings with other peer practitioners, and Communities of Practice. When reflective practice is part of 1:1 catch-up, it can also build a relationship where the peer practitioner and their manager can work together to ensure the service culture recognises the value of peer work and is more person-centred and recovery-focused.

Negotiating boundaries and ethical behaviour

Because of the personal disclosure involved in peer work, and because clients are often more open in their own disclosure with peer practitioners, peer practitioners need to practice strong ethical behaviour to keep everyone safe. Training and reflective practice allow the peer practitioner to continually reflect on decisions they make around purposeful disclosure in their practice.

Peer practitioners follow Mind's Code of conduct and Professional Boundaries Procedure, duty of care, and always notify or discuss issues around these matters they face with their line managers. This includes when a peer practitioner has a pre-existing relationship with a client.

"Having a peer practitioner really helps my recovery. They only share when they need to share and I think that's important." Consumer

"In my peer practitioner role, I use my lived experience intentionally – including storytelling and disclosure of diagnosis and other aspects of my lived experience and recovery where appropriate – to create relationships of trust and safety. I also bring my lived experience to the team to provide a different perspective on the work we do in the service, the language we use, our attitudes towards hope and recovery." Peer practitioner

"Having a peer practitioner in the team has given me valuable insight into the lived and living experience of peer practitioners, as well as their courage and willingness to share openly and in a

way that is useful to understanding the consumer experience. It blows my mind every day." Manager

Recovery oriented practice

At Mind, peer practitioners are required to have a personal lived experience of mental ill health AND recovery. Including the word recovery in position requirements creates an expectation that the person has experiences of hope, making meaning, making positive choices and personal growth.

Peer practitioners use their personal lived experience of recovery when holding the hope for someone who may not have hope for themselves. This experience also creates opportunities for peer practitioners to role-model their own recovery including what they do to manage their wellbeing and what they do when things aren't going so well. People with similar lived experiences can offer each other practical advice and suggestions for strategies that professionals may not offer or even know about.

Having a personal lived experience of recovery gives the peer practitioner first-hand insight into the six core principles of Mind's approach to recovery oriented practice, as well as knowing the importance of human rights in a person's recovery.

"Having a lived experience gives us insight into the feelings and the way people talk about these issues and how much can be misunderstood about the experience." Peer practitioner

"It's a lot easier to be yourself with a peer practitioner. They are like a role-model to look up to. Plus they have a lived experience and are able to get a job. It gives me hope for myself." Consumer

Trauma informed practice

A lived experience of mental ill health and recovery often includes experiences of trauma. Because of this, peer practitioners themselves often have first-hand experience of trauma and adversity. Trauma is a disconnecting experience. Peer support offers survivors a way to reconnect. By drawing on their personal lived experience peer practitioners understand the impact trauma can have on connections, how people see the

world and how people can move forward in their recovery. Peer practitioners use this first-hand experience of trauma and adversity to foster safe and trusting relationships with clients, and to help Mind continue to deliver services that are trauma-informed.

Through Mind's peer work program, peer practitioners develop skills in recognising vicarious trauma and re-traumatisation in themselves and in others.

"Some people take longer than others to form relationships. We get to see different sides to people. We see the person, not the problem. We don't look at what they've done; we look at the person or their perspective." Peer practitioner

"The peer practitioner understands me. It's like they have a "sixth sense" from experiencing trauma themselves." Consumer

Self-care

Self-care is what we do to get well and to stay well. This includes mental health, physical health and spiritual health. Self-care is different for everyone.

As people with a lived experience of mental ill health and recovery, peer practitioners will have learned the importance of self-care firsthand and have skills and resources to maintain their own health and wellbeing. This includes recognising the need for additional support and knowing what to do if things are not going well. By doing this, peer practitioners role-model effective self-care and strategies for maintaining good mental health and wellbeing.

By drawing on their personal lived experience, and through Mind's peer work program, peer practitioners also have skills to engage in discussion around self-care with clients and their teams, as well as contribute to a culture that fosters self-care for all staff at Mind, as well as for consumers and carers.

"Communicating with peer practitioners is really helpful and learning about their experiences and what has worked for them in their recovery gives me a different perspective." Consumer

"Having a peer practitioner is wonderful because we can compare notes on our recovery. The peer practitioner can have a unique insight into how they overcame a problem, and then we can brainstorm together." Consumer

Making meaning

Making meaning is a process of how people have made sense of the world and how their experiences may have shaped their beliefs. When people with lived experience of mental ill health share their experiences and perspectives, what becomes clear is that there is diversity in how people explain what has happened or is happening to them. How someone makes sense or meaning from their mental ill health and recovery is called their frame (Mental Health Coordinating Council, 2015).

People with a lived experience may view these experiences from a biological or biomedical frame, an environmental frame, an abuse or trauma frame, a spiritual or philosophical frame, a cultural frame or a political frame.

The purpose of peer practitioners developing a better understanding of the different frames that people might use to explain their mental distress is to open up more avenues for conversation, create a shared understanding so the person feels that their perspective or frame is understood and feel confident that a person's own meaning-making is a key to the process of personal recovery.

Through understanding their own frames, how these frames have changed over time and other frames that people use to make meaning of their experiences, peer practitioners can contribute to services becoming more accepting of a variety of understandings and approaches. This is especially important when dominant frames contribute to greater power imbalances.

Mental health often gets explained to consumers by people who may be perceived as experts, but these explanations may not resonate with the consumer. The best explanation is the one consumers arrive at themselves, and peer practitioners, through drawing on these practice principles, can create a space where people can explore how they have come to know what they know and then start to create their own narrative.

Importantly, Moran (2012) and Bell (2014) found that working in peer roles can help people find new meaning in their experiences of mental distress and help them positively re-author their personal narratives.

“Every time I use my lived experience to help someone else, I heal a little bit more.” Peer Practitioner

Effective communication

Peer practitioners employ the same skills in effective communication as other community mental health practitioners. This includes being aware of body language, developing and maintaining connection, avoiding problem solving or giving advice, being curious, listening to learn, and using the same language the person is.

In addition to these, the nature of the peer relationship, and the shared experiences, allow the peer practitioner to empathise immediately and directly (Davidson et al, 2012). Training and reflective practice allow the peer practitioner to continue to build skills in recognising and demonstrating empathy.

Diagnostic and clinical language tends to be problem-focused and deficit-based, with the focus on what is ‘wrong’ with the person. Clinical language can also be used to assert power over the person. The language of peer support is the language of human experience rather than clinical language (Blanch et al, 2012). Through using everyday language, peer practitioners allow the person to learn about themselves using a language they understand. Different language supports a different conversation. One example of this shift in language might include talking about experiences instead of symptoms.

“I think it makes it easier to talk to them because you feel like you’re both on a similar level. Because they tell you a bit about themselves, you feel more inclined to open up. Since they are being vulnerable, you don’t feel like you’re vulnerable by yourself.” Consumer

“I feel very lucky to have a peer practitioner as my worker. It’s easier for me to talk to someone who has been through it. Someone very similar to me.” Consumer

Mutuality and advocacy

Peer practitioners have unique skills in building relationships that both acknowledge and minimise power imbalances and build connection and trust.

A personal lived experience of mental ill health and recovery often involves a loss of personal power and belonging. As a result, peer practitioners themselves may have experienced inequality, stigma, disengagement, and powerlessness. For those who have not, Mind’s peer work program provides them with the tools to build their knowledge of different power imbalances and the impact these can have. This forms part of their lived experience knowledge base.

Peer practitioners draw on their lived experience knowledge base in their role on areas including citizenship, participation and co-design, addressing power dynamics, dignity of risk, diversity, systemic advocacy, self-advocacy and the breakdown of stigma.

Peer drift

Peer drift occurs when peer practitioners do not feel comfortable in their peer role and they begin to shift to a more medical treatment role (VA Peer Specialist Toolkit, 2013). This is more common in services where the biomedical model is dominant, or in teams where lived experience or the peer role is not understood or valued.

When a peer practitioner has a strong peer or lived experience identity, they are comfortable with personal disclosure, they see peer support as an opportunity of mutual learning with a focus on strengths and opportunities, they have self-confidence and pride identifying as a peer practitioner and they feel safe and supported in using their peer role to influence for change.

When a peer practitioner is experiencing peer drift, they feel uncomfortable or avoid sharing their personal lived experience, they may see peer support as an opportunity to instruct with a focus on barriers, symptoms and diagnoses, they may have shame about identifying as a peer practitioner and they may avoid opportunities to use their peer role to influence for change.

Through drawing on Mind's Model of Peer Work and the peer work program and by attending the peer practitioner community of practice regularly, peer practitioners can continue to build their peer identity and minimise the risk of peer drift.

Manager supervision is another way peer practitioners can avoid peer drift. By recognising where peer drift may be occurring in their role, peer practitioners and their managers can develop strategies to address this. Further, by talking openly about peer drift and peer identity, the manager and peer practitioner can both work to create a culture to empower peer practitioners to be change agents.

"The peer practitioner was instrumental in making me feel comfortable at the service. The way she explained her role made her more approachable. There's not a level of superiority as there might be with other workers. More on the same level and the same page. It helps break down barriers and breaks down that power imbalance." Consumer

"I can advocate for clients within my community and team as well as supporting them to self-advocate. I am able to provide a lived experience perspective to my work mates. I connect with clients on an equal and human level". Peer practitioner

Influence

Peer practitioners draw on their lived experience knowledge base and peer work values to contribute to a positive culture within the team, and with Mind's partner organisations, as part of continuous improvement. They do this through drawing on and sharing their lived experience knowledge base at team meetings and in client reviews, by providing secondary consultations, and through role-modelling effective self-care and disclosure.

A peer practitioner's ability to influence is most effective when the manager and team value lived experience. Peer practitioners and their managers have access to training and resources to support them to do this. The peer work program also includes the peer practitioner making a presentation to their team.

"Having space to reflect on peer work at the team meetings is very valuable because it highlights to staff the importance of the role and what the peer practitioner can bring to the service." Manager

"Working with a peer practitioner has assisted me to strengthen my client focus in all aspects of my role, and make me more mindful of the impacts of the mental health system and the supports we provide, both positive and negative." Manager

"One of the most important aspects of having a peer practitioner in the team is they remind me about our recovery focus whenever I have any doubts of conflicts when working with clients." Community mental health practitioner

How Mind supports an effective peer workforce

Mind has developed a unique and distinct whole-of-organisation program to support and enhance the peer workforce. This is in addition to the Mind Yourself wellbeing program and the employee assistance program (EAP) which are available for all staff.

Peer practitioner resources

Drawing on current best practice as well as its own internal evaluation processes, Mind has developed a suite of resources to support and strengthen its thriving peer workforce. These are provided by the senior lived experience advisor:

- welcome letter to all new peer practitioners
- resources to support peer practitioners in their work with clients, families and carers, their managers, and with their team
- training and resources for managers and teams around 'Working effectively with Peer Practitioners'
- individual practice development and peer supervision for peer practitioners (as required)
- individual support and coaching for managers around supporting peer practitioners and creating a culture within the team that values peer work, including using peer practitioners for secondary consult and systems advocacy (as required).

Peer orientation

Discipline specific orientation is offered to all peer practitioners. This includes an overview of peer work at Mind and in the broader mental health sector, the importance of self-care, disclosure and negotiating boundaries, the peer work program, and how to get the most out of manager supervision.

Mind peer work program

Mind has developed a specialised learning program that covers how peer practitioners use their lived experience knowledge base in their roles, develop skills to practice peer support as a discipline, use this knowledge and these skills to inform the work of their teams, and then continue to build on these in their practice.

The peer work program is aligned with Mind's Model of Peer Work and it incorporates the lived experience knowledge base, peer work values and peer practice principles.

Through the peer work program, peer practitioners share their personal lived experience narrative with their peers and listen to their peers do the same. This process is designed to develop confidence and competency in safe disclosure and supporting reflective practices.

The peer work program is a blended approach that includes information sessions for managers and participants, eLearning modules, online skills practice sessions and the peer practitioner making a presentation of their key learnings to the team. The peer work program also includes three meetings with the peer practitioner and their line manager. During these meetings, the peer practitioner shares their learning goals and discusses any supports required to do the program.

The peer work program is compulsory for all peer practitioners employed two or more days a week. It is also available to other community mental health practitioners (with manager approval) who have a lived experience and who wish to utilise their experiences as part of their practice. This program is also offered to staff in other designated lived experience roles (with manager approval).

“One of my SMART goals for the peer work program was to learn to share my story in meaningful way. I believe I have learned the skills to do this through listening to the stories from the facilitators and from my peers as well as through using the resources to prepare my story and then share in the small group sessions.” Peer practitioner

“It was an honour and privilege to hear the stories of my fellow peer practitioners. They exemplify so much strength and resilience in their life. I liked having the time to ask gentle questions afterwards and being able to practice holding the space for each other. I think this is one part of the training that I will reflect on and appreciate and value for quite a while.” Peer practitioner

“My team are super supportive and love hearing about what we covered in the peer work program and what I got out of it. I think it also helped strengthen my own knowledge about what I had learnt.” Peer practitioner

Community of practice

The role of the Peer Practitioner Community of Practice is to provide a platform for people to come together to reflect, share and receive peer supervision. The community of practice deepens peer practitioners understanding of the discipline, strengthens their practice and contributes to service quality improvement.

Mind's peer workforce development project (2015) identified many benefits of participating in the peer practitioner community of practice. The benefits of the peer practitioner community of practice include:

- staff feeling valued and supported
- a culture that fosters continuous learning
- professional and personal growth
- quality practice
- improved confidence
- mentoring
- a decrease in burnout
- increased job satisfaction.

The Community of Practice is aligned with best practice for the peer workforce. There is growing evidence that suggests regular, high quality, structured supervision improves peer work practice and also helps to prevent burnout and stress in peer practitioners (Basset et al, 2010).

“It’s important to have regular peer supervision through the community of practice. Hearing other peers’ experiences is very valuable, especially when there is only one peer practitioner in the team.” Peer practitioner

“I missed one community of practice, and then made a point of coming to the rest, because I could see the difference it makes in my practice.” Peer practitioner

Manager supervision

Mind has developed a performance coaching and development framework called 1:1 catch up, a new approach to line supervision. These formal 1:1 two-way feedback sessions are held as a minimum on a monthly basis. Areas for discussion in each session are the staff member’s wellbeing and safety, information sharing, positive change opportunities, performance and development.

Peer practitioners can use these sessions with their manager to reflect on their practice.

Through drawing on this framework and from attending Mind’s Working Effectively with Peer Practitioners training, managers can provide additional support for peer practitioners in their roles. They can do this by ensuring peer practitioners participate in peer orientation and the peer work program, and by providing support and encouragement for them to regularly attend the peer practitioner community of practice. Managers can support peer practitioners to embed Mind’s Model of Peer Work into their practice through authentic conversations about how the peer practitioner uses their lived experience in their roles, how they can build their consumer perspective framework and how they can develop knowledge and skills in each of the practice principles. Reflective practice resources are available for each practice principle in Mind’s Model of Peer Work.

Managers can also make sure there is a culture within the team that values and supports lived experience and the work of the peer practitioner.

In addition to the scheduled 1:1 catch up sessions, managers can provide debriefing or support when necessary. If further practice development is identified, there is an avenue to be able to access practice development from the practice development team or the senior lived experience advisor.

There are no additional requirements for a peer practitioner regarding managing their mental health in relation to their work performance. Mind does not require that staff members share their mental health or safety plan with their manager, but if any staff member wishes to do so they will be supported to do this.

“Reflection is key. What worked, what didn’t, what will they do differently (or the same) next time?” Manager

Conclusion

Mind is an organisation that strives to be consumer focused, influences for social change, and recognises and values lived experience.

This framework provides an overview of the history, model and program of peer work that Mind delivers. It consolidates our current approach and provides a foundation for the continued growth and development of our peer workforce. It has been designed by and for our peer workforce.

Our approach to peer work is strengthened by Mind’s broader organisational strategies which will further define our commitments across governance, workforce and practice to amplify the voices and perspectives of those with lived experience.

References

- Bartolo & Sanders (2008). Carer Involvement Project: 'Gathering lived experience' Phase I. ARAFEMI Victoria, Australia.
- Basset, T., Faulkner, A., Repper, J., & Stamou, E. (2010). Lived experience leading the way: peer support in mental health. London: Together UK.
- Bell, Panther & Pollock (2014). Establishing an effective peer workforce: a literature review. Mind Australia Research, Development & Advocacy Unit.
- Blanch, Filson & Penney (2012). Engaging women in trauma informed peer support, A guidebook. National Centre for Trauma Informed Care. 2012.
- Centre of Excellence in Peer Support (2011). Charter of peer support, page 2. <http://www.peersupportvic.org/>
- Consumer Academic Program (2019). What does consumer perspective mean to us? Faculty of health sciences, University of Melbourne.
- Davidson, L., Bellamy, Guy & Miller (2012). Peer Support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry* 2012;11:123-128
- Davidson, L, Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J (1999). Peer support among individuals with severe mental illness: a review of the evidence. *Clinical Psychology: Science and Practice*, 6(2), 165-187
- Froland, C., Brodsky, G., Olson, M., & Stewart, L. (2000). Social support and social adjustment: implications for mental health professionals. *Community Mental Health Journal*, 36(1), 61-75
- Humphreys, K. & Rappaport, J. (1994). Researching self-help/mutual aid groups and organizations: many roads, one journey. *Applied & Preventative Psychology*, 3: 217-231
- Leung, D. & DeSousa, L. (2002). A vision and mission for peer support – stakeholder perspectives. *International journal of psychosocial rehabilitation*, 7, 5-14
- Mental Health Coordinating Council (2015). Foundations of Peer Work: Resource Book 1. Sydney, Australia.
- Moran, Russinova, Gidugu, Yim and Sprague (2012). Benefits and mechanisms of recovery among peer providers with psychiatric illnesses. *Qualitative Health Research*, 22(3), 304-309.
- Repper, J. (2013). Peer support workers: A practical guide to implementation. London, UK: Centre for Mental Health and Mental Health Network, NHS Configuration.
- Rethink Mental Illness, www.rethink.org/. cited 28 September 2020
- Slade, M., Amering, M., Farkas, M., Hamilton, B., O'Hagan, M., Panther, G., Perkins, R., Shepherd, G., Tse, S., & Whitley, R. (2014). Uses and abuses of recovery: Implementing recovery-oriented practices in mental health systems. *World Psychiatry* 13(1), 12-20.
- VA Peer Specialist Toolkit (2013). VISN 1 New England MIRECC Peer Education Centre and the VISN 4 MIRECC Peer Resource Centre, Pittsburgh, United States.
- Watson, S (2013). Mind Centre of Excellence in Peer Support (CEPS) Peer Conference. Inside out and associates.



Help, hope and purpose

Mind Connect

1300 286 463

Carer Helpline

1300 554 660

mindconnect@mindaustralia.org.au

mindaustralia.org.au



Mind Central Office | 86-92 Mount Street
PO Box 592 | Heidelberg VIC 3084

Mind Australia Limited ABN 22 005 063 589