Walking the journey together, from the start:

A lived experience-led developmental evaluation of the Connect Peer Service in Adelaide's North

Prepared by the Lived Experience Leadership & Advocacy Network (LELAN) | March 2022

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Help, hope and purpose

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1. INTRODUCTION:

The Connect Peer-Led Service Initiative

Mind Australia's Connect Peer-Led Service was a six-month trial proof of concept commissioned by the Northern Adelaide Local Health Network (NALHN).

In the original proposal, Connect intended to provide 12 weeks of peer support to people in crisis who presented and/or were admitted to emergency departments and hospitals. Connect, operated by a team of peers with their own lived experience, was to receive direct referrals from these clinical and crisis settings and provide a same day (or at the latest 24-hour) turnover of acceptance – meaning people were contacted and service arrangements were made as soon as possible, even upon discharge. This allowed people to leave these settings with a connection to additional support.

Lived experience has been integrated into every aspect of the service model, from its governance structures, staffing arrangements, design thinking, service promotion, evaluation and how Connect operates on the frontline day to day. This meant that people with lived experience made service-related decisions, designed, led, and operated the service, and guided every individual interaction. Most importantly, people's experiences of support and reflections on practice by peers shaped the evolution of the service, determining its success, rather than KPIs set out by funders and the partner organisations involved.

In terms of its service offerings, Connect provided people with an alternative approach to support. Every service response was individual, unique, and shaped based on each person's experiences, wants, and needs. What was consistently applied were peer principles of holding space, purposeful disclosure, mutuality, power sharing, and the centering of healing and recovery. Where relevant, people were also connected to other supports that addressed life areas that intersected with mental health and wellbeing, with peer services being made priority.

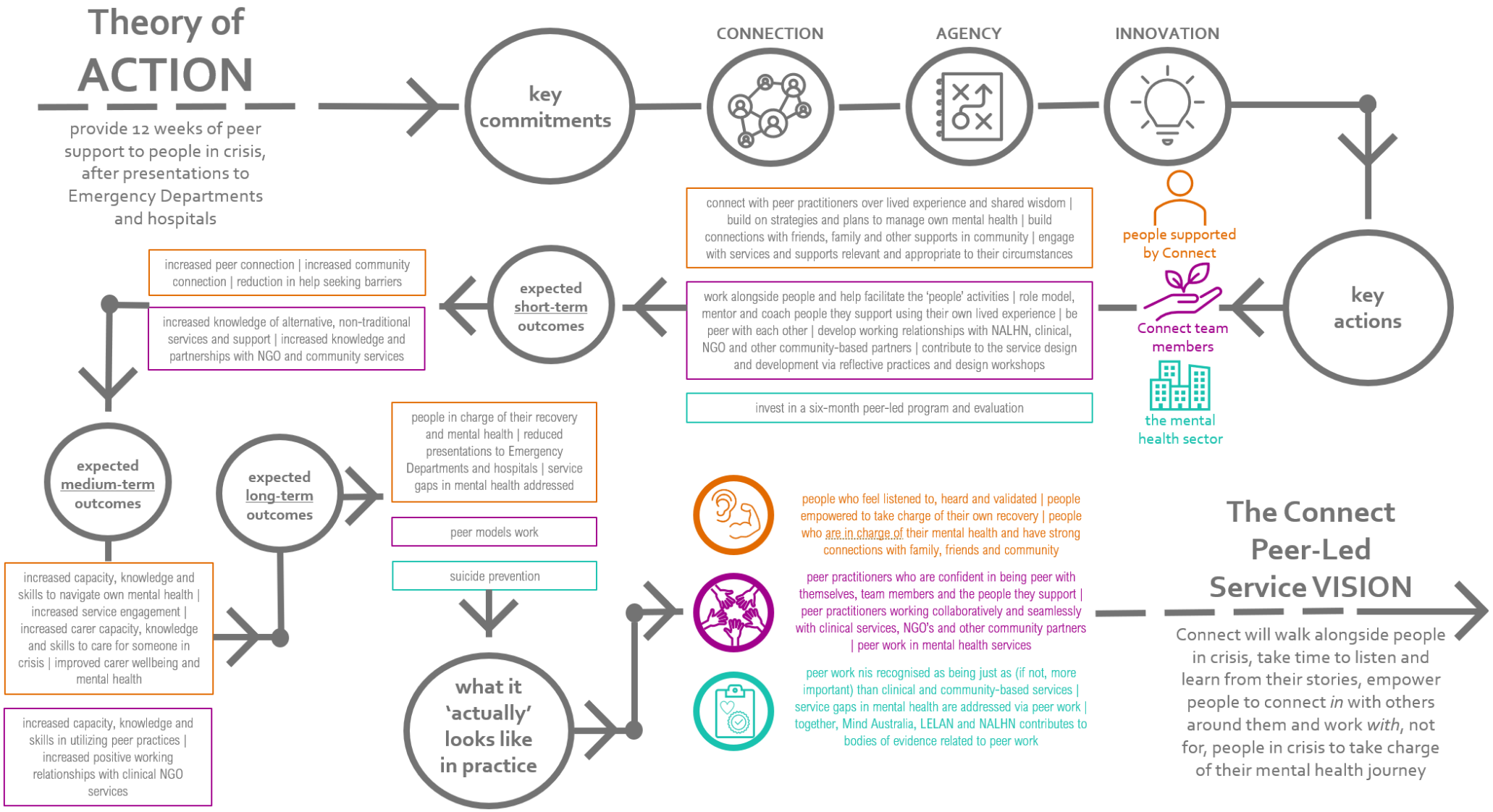
The overarching vision for Connect, stated below, emerged during early concept review and service design conversations. The vision was a core guide for the team, to maintain focus and a lens through which adaptations being considered were compared and questioned.

Connect will walk alongside people in crisis, take time to listen and learn from their stories, empower people to connect in with others around them and work with, not for, people in crisis to take charge of their mental health journey. [From the Connect Theory of Action]

In a revised model, Connect provided 12 weeks of peer support to people in crisis who presented and/or were admitted to emergency departments, hospitals or other urgent care settings. A parallel carer service component was developed to provide peer support to carers and support people of those who received support

through Connect (consumers). Both consumer and carer service streams applied peer principles to nurture connection and experience sharing, encourage sense-making, and ultimately, empower people to take charge of their own life, mental health journey and wellbeing.

The Theory of Action below articulates the pathway of support offered through the Connect Peer-Led Service and expected outcomes that were co-designed with members of the Connect team and Governance Committee.



Purpose of the Evaluation

In 2021, the SA Lived Experience Leadership & Advocacy Network (LELAN) was engaged by Mind Australia as a lived experience evaluation partner and to be part of the service from day one. The specific methodology underpinning this work was informed by developmental evaluation.

Centring lived experience expertise and experiences of care, reflective practice, and a commitment to learning and adapting as we go were core elements of the partnership between Mind Australia and LELAN and the contribution of the LELAN evaluation team. LELAN's *primary function in the team was to elucidate team discussion with evaluative questions, data and logic, and to facilitate data-based assessments and decision-making in the unfolding and developmental processes of innovation*[1].

The Connect Peer-Led Service intended to test ideas on individual, service, and systemic levels, including whether:

- Twelve weeks of peer-led support could reduce presentations to emergency departments and hospitals over the course of the pilot (individual)
- Peer-designed and peer-led services and support options are preferred and/or provide better outcomes for service users (individual)
- Connect is a solution to existing service gaps in the North and across South Australia (services)
- Peer approaches work and should be provided as an alternative to existing clinical and non-clinical mental health services (systemic).

This Report articulates the journey Mind Australia and NALHN have taken with Connect, with the support of LELAN as a lived experience evaluation partner. It articulates core elements of the Connect service, providing rationale behind why certain design elements were decided on and describing what did and did not work well. It emphasises the value of peer work and its effectiveness in mental health care, including post-crisis settings through consumer and carer experiences and reflections from the Connect team. In addition, consumer and carer spotlights highlight how Connect adapted its service response based on who accessed the service. It sheds light on service provider perspectives and informs the sector on what they can learn about peer approaches and perspectives and the core components of a peer-led service are. Key recommendations are provided and must be considered in in the continuation, replication and/or scaling of Connect and inform future commissioning processes.

[1] Patton, M.Q. (2006). Evaluation for the Way We Work. The Nonprofit Quarterly. Vol. 13 (1): 28-33, p.30. Retrieved via www.scribd.com/doc/8233067/Michael-Quinn-Patton-Developmental-Evaluation-2006

The Evaluation Methodology

LELAN began work on the developmental evaluation of the Connect Peer-Led Service in May 2021, the Connect service itself commenced operations soon after. People referred to Connect through the six-month trial proof of concept from late July until the end of January 2022. An initial extension of the service has been provided until April 30th, 2022.

In June 2021, LELAN facilitated two 'Service Design Workshops' with Connect team members. This led to the development of the Evaluation Strategy document (Appendix 1), tools and agreed communication pathways for how the two teams would communicate and work well together whilst collecting the necessary data required to ensure the evaluation method was robust and successful. The Evaluation Strategy outlined core evaluation activities (detailed in the diagram on this page) facilitated by LELAN, in addition to roles and responsibilities of contributing parties. An additional workshop was facilitated with representatives from the Connect team and Governance Committee to co-design the Theory of Action for the Connect service. The Theory of Action provided one single clear document of the vision, outcomes and practice elements of the Connect Peer-Led Service.

Include limitations

LELAN's Approach to Our Work

As a lived experience-led organisation LELAN centres the perspectives, collective insights and solution ideas of people with lived experience in all of our work. It is our role to listen, truly hear and amplify what participants share with us, particularly people with lived experience of the social issue, experience or topic being enquired about, resisting temptation to judge or filter what is shared because it is hard for services and systems to hear, to integrate into policy and/or practice or because resources are not available to do anything about it.

Creating space for and including lived and living experience narratives in honest, visible and influential ways matters to the people who generously share their experiences and are most impacted by the decisions made. LELAN is encouraged that systems and agencies are increasingly demanding that this becomes a required element of redesign and transformation. Reimagining services and rebalancing relationships, through inviting more people into decision-making processes and truly sharing power with people with lived experience and people who work on the frontline, is a justice issue that benefits everyone.

For these reasons you will note that direct quotes captured and shared during the six-month trial proof of concept of the Connect peer-Led Service appear throughout this report. This is how we continue to honour the people that contributed and their unique insights.

Sometimes mobilising our power is holding space for others to take up space and have their stories heard. Holding space is about inviting listening – so that those who control, covet or block the circulations of power do not automatically speak – therefore enabling different stories to be told. Holding space is an action. [Sophie Pascoe, Anna Sanders, Andrea Rawluk, Paula Satizabal and Tessa Toumbourou]

2. BACKGROUND TO AND CONCEPTUALISATION OF A PILOT PEER-LED SERVICE FOR ADELAIDE'S NORTH:

The Need and Evidence for Peer-Led Services

In 2019-20, South Australia had the highest rate of mental health-related presentations to emergency departments (5%) in Australia. 26,749 South Australians presented to an emergency department during this period, with 53% (n=14,077) departing without being admitted or referred to another hospital[2]. South Australians in crisis left at their own volition, not waiting to be attended by health care professionals due to long waiting times, inefficient systems, and inappropriate models of care[1].

The geographical location with the highest hospitalisation rates (due to self-harm) was in Adelaide's Northern suburbs, specifically the City of Playford[1]. Trends have been consistent since 2016, with the Public Health Information Development Unit reporting that young people aged 15-24 from Elizabeth/Smithfield – Elizabeth North, Davoren Park, and Gawler South, and in the Outer North had the highest rates of presentations[3].

In a 2021 report, service mapping conducted by Adelaide PHN identified service shortages in the North despite increasing demands for mental health services[4]. Based on consumer and carer feedback, emerging needs for holistic, recovery-focused and person-centred care in community and informed by peer practice were identified[3]. These needs were validated by other state and national literature and policy, with community-based alternatives and peer services emphasised in the SA Mental Health Services Plan 2020-25[5], LELAN's Co-design Report for Stage One of the Office of Chief Psychiatrist's NGO Re-Design Project[6], and the recent

[2] Australian Institute of Health and Welfare. (2021). Mental health services in Australia. Canberra, Australia. Retrieved from www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/hospital-emergency-services

[3] Public Health Information Development Unit. (2017). An atlas of mental health conditions in South Australia: Population patterns of prevalence, risk factors, service use and treatment. Adelaide, SA.

[4] Adelaide PHN. (2019). 2019 to 2022 Needs Assessment Report. Adelaide: Adelaide PHN. Retrieved from adelaidephn.com.au/assets/2019-2022_APHN_Needs_Assessment_2021-22_Update_Full_Report_Public.pdf

[5] SA Health. (2020). Mental Health Services Plan 2020-2025. Adelaide: SA Health. Retrieved from www.sahealth.sa.gov.au/wps/wcm/connect/8520124e-0250-4393-819e-71bca0db4ad9/19032.2+MHSP-report-web-no+watermark.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-8520124e-0250-4393-819e-71bca0db4ad9-nwLp6cp

[6] SA Lived Experience Leadership and Advocacy Network (LELAN). (2021). Co-Design Report: NGO Redesign Project [stage one]. Adelaide: LELAN.

launch of the National Mental Health Commission's Lived Experience (Peer) Workforce Development Guidelines[7]. There is a commitment and appetite from state and government agencies to address demand and improve consumer and carer outcomes through peer work and lived experience in mental health care, articulated most strongly in the National Suicide Prevention Advisor's final advice to government in 2021:

> *In reality, lived experience knowledge and insights are the 'not negotiable' component at all stages, from research that builds the evidence base and guides government policy and program planning, to service design and delivery, program implementation and evaluation.* [National Suicide Prevention Advisor - final advice][8]

Peer work is an emerging and expanding component of the mental health workforce in Australia[9]. What started as a social movement seeking social justice in terms of human and social rights and social change regarding perception of mental illness and wellness has now pivoted to direct and drive change in mental health services[10]. Interest and investment in peer work reflects wider policy and systems reform that recognises recovery as foundational to mental health service delivery[7]. Understanding recovery in mental health requires a holistic approach, with an emphasis on principles such as hope, autonomy, informed choice, social connection, and the strengths of the individual[11]. These are core to peer work, differing from traditional mental health roles in the emphasis on one using their

[7] National Mental Health Commission. (2021). Lived Experience (Peer) Workforce Development Guidelines. www.mentalhealthcommission.gov.au/Mental-health-Reform/Mental-Health-Peer-Work-Development-and-Promotion/Peer-Workforce-Development-Guidelines

[8] National Suicide Prevention Advisor. (2021). Final Advice – Executive Summary, p4. Retrieved from www.health.gov.au/sites/default/files/documents/2021/04/national-suicide-prevention-adviser-final-advice-executive-summary.pdf

[9] Wyder, M., Roennfeldt, H., Parker, S., Vilic, G., McCann, K., Ehrlich, C., & Dark, F. L. (2020). Diary of a Mental Health Peer Worker: Findings from a diary stury into the role of peer work in a clinical mental health setting. *Frontiers in Psychiatry*. doi: doi.org/10.3389/fpsyt.2020.587656

[10] Franke, C. C. D., Paton, B. C., & Gassner, L. A. (2010). Implementing mental health peer support: A South Australian experience. *Australian Journal of Primary Health.* 16, 179-186. Retrieved from mhcsa.org.au/wp-content/uploads/2021/09/Implementing-MH-PS-An-SA-Experience.pdf

[11] Leamy, M., Bird, V., Le Boutiller, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: Systemic review and narrative synthesis. *British Journal for Psychiatry.* 199. 445-452. Doi: 10.1192/bjp.bp.110.083733

lived experience of mental health and recovery to support others experiencing similar life concerns[12,13]. People accessing services frequently report a disconnect between themselves and service providers due to lack of empathy, warmth, and connection that is offered by peers[7,10,11]. When those things are lacking people feel like they were not heard, not validated, and that they were 'fixed', rather than given time to heal[7].

While the importance of peer work in mental health has been extensively advocated for in mental health policy, there has been limited research examining the effectiveness of peer work in clinical settings and in crisis[3]. A systematic review of 11 randomized control trials conducted by Pitt and colleagues (2013) found a small reduction in crisis and emergency service use for people supported by peer workers, compared to other mental health professionals (primarily those in case management roles)[14]. This review highlighted that peer workers provided services in a different manner, compared to other mental health professionals[13]. They spent more time face-to-face with consumers, and less time in the office, on the telephone, and with consumers' friends and family, or at other provider agencies. This prioritization was defined as a point of difference, compared to other mental health roles[13].

A systematic review conducted by Chinman and colleagues (2014) found 20 studies reporting three types of peer work and its impact in in-patient settings: peers included in traditional services, peers in existing clinical roles, and peers delivering structured curricula. Of these studies, Chinman and colleagues (2014) found that the inclusion of peers, in addition to peer designing and delivery structured curricula, showed consumers' favouring peers. Compared with traditional mental health roles, peers were better able to reduce inpatient use and improve a range of recovery outcomes[11].

More recently, a systematic review conducted by White and colleagues (2020) emphasized that one-to-one peer support in mental health services had positive impacts on psychosocial outcomes, specifically related to recovery[15]. This validates findings cited previously and from a systematic review conducted by Lloyd-Evans and colleagues (2014), whereby peer support had a positive effect on self-reported recovery and hope[16].

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[12] Austin, E., Ramakrishnan, A., & Hopper, K. (2014). Embodying recovery: a qualitative study of peer work in a consumer-run service setting. *Journal of Community Mental Health.* 50. 879-885. Doi: 10.1007/s10597-014-9693-z

[13] Chinman, M., George P., Doughtery, R.H., Daniels, A.S., Ghose, S. S., Swift, A. et al. (2014). Peer support services for individuals with serious mental illnesses: Assessing the evidence. *Journal of Psychiatric Services*. 65. 429-41. Doi: 10.1176/appi.ps.201300244

[14] Pitt, V., Lowe, D., Hill, S., Prictor, M., Hetrick, S. E., Ryan, R., & Berends, L (2013).. Consumer-providers of care for adult clients of statutory mental health services. *Cochrane Database of Systematic Reviews*. Issue 3. Art. No.: CD004807. DOI: 10.1002/14651858.CD004807.pub2

[15] White, S., Foster, R., Marks, J., Morshead, R., Goldsmith, L., Barlow, S., Sin, J., & Gillard, S. (2020). The effectiveness of one-to-one peer support in mental health services: A systematic review and meta-analysis. *BMC Psychiatrity,* 20, 534-54

[16] Lloyd-Evans B, Mayo-Wilson E, Harrison B, Istead H, Brown E, Pilling S, et al. (2014). A systematic review and meta-analysis of randomised controlled trials of peer support for people with severe mental illness. *BMC Psychiatry,* 14, 39

In addition to the demand of consumers and carers for peer focused and led supports and their proven benefit, work completed by Mental Health Australia and KPMG (2018) speaks to the broader economic impact of a paid peer workforce. They report:

> *There is a potential for this intervention to be a 'win-win-win' for employers, peer workers and consumers in reducing workforce shortages, increasing the financial stability of the peer workforce, and improving outcomes of people with mental health issues. While the evidence base still needs to be developed, the available literature suggests a return on investment of around $3.50 per dollar invested.* [Mental Health Australia and KPMG Report][17]

Core Design Elements of the Connect Peer-Led Service Offer

People who accessed Connect, the Connect team and Governance Committee members identified ten critical design elements that would contribute to the service model working well and to the success of the Connect Peer-Led Service. These are articulated below.

Lived experience wisdom and expertise embedded at all levels

Connect embedded lived experience from top to bottom, with its Governance consisting of 50% of people in designated lived experience roles and 50% of clinical and non-clinical representatives from NALHN and Mind teams. In addition, a key criterion of employment in Peer Practitioner and Carer Consultant roles was lived experience, with this taking priority over educational qualifications as it was anticipated that all staff would complete Mind Australia's internal five-day peer work training. This meant that people responsible for making decisions and designing the service understood what it was like to be in crisis with a commitment to people being supported through empathic, responsive peer-led models of care.

[17] Mental Health Australia and KPMG. (2018). Investing to Save: The economic benefits for Australia of investment in mental health reform, p37. Retrieved from mhaustralia.org/sites/default/files/docs/investing_to_save_may_2018_-_kpmg_mental_health_australia.pdf

Connect is one of the first, if not the first program, to be lived experience driven from top down. It is groundbreaking for Governance to consist of 50% lived experience representatives and 50% other professionals [Governance Member, Mind Australia]

Truly peer-led service delivery

Connect's foundation, structure and service offer was built on peer approaches and principles. This meant that the core of every relationship was holding space, purposeful disclosure, mutuality, power sharing, and centring healing and recovery. Connect team members encouraged people to recover on their own terms and timeline, supporting them to find their own feet in recovery.

One of the consumers I'm supporting who has struggled to find any hope moving forward had a conversation with me this week and recognised that things were happening although at a slow pace that was outside their control. This was really exciting to see as it has only been apparent in the last week or possibly two weeks that he recognised his own strength and trusted in time [Connect Staff Member, Mind Australia]

To ensure lived experience expertise was centred and that the service offer was being true to peer practice, staff participated in regular reflective conversations and questions about their level of 'peerness' as practitioners and as team members. This supported them to strengthen their practice and connection to the people they supported, ensuring that they were working alongside, instead of doing for the people they were supporting and not defaulting to traditional ways of thinking and/or what their prior practitioner experiences told them.

Intentional space for reflection and strengthening peer practice

Connect staff strongly emphasised the importance of LELAN's involvement, as a lived experience partner, to embed time and structures for individual and collective reflective practice, an evaluative mindset and deep commitment to lived experience with team members. This allowed the team to actively think about the impact of their choice of words, their body language, their actions, and ways of practice to ensure that they were supporting people in truly peer ways.

I am really proud of everyone's commitment to wanting to constantly improve and better their practice as peer workers. We don't have any one team member who is just happy costing along, everyone is striving to be better which is rewarding to see [Connect Staff Member, Mind Australia]

Interface with LELAN has provided a unique opportunity in terms of developing practice that I see as crucial [Connect Staff Member, Mind Australia]

In addition, reflection and evaluation fostered personal growth and identity, with reflective spaces being utilised to address internal conflicts and to create a middle ground of *mixing the personal with the professional.* These spaces challenged Connect team members to notice their own thoughts, feelings, and experiences, and determine how these impacted on them, the team and the support they were offering. Some staff members recognised how being peer activated healing and recovery on their end, not only by learning through and sensemaking alongside people they were supporting but hearing the journeys of what their colleagues experienced and feeling re-energised by this.

Without reflection, the team wouldn't be able to self-reflect and reflect as a team to develop their practice. Reflection and evaluation practices allowed an opportunity for us to be vulnerable, to share our concerns and challenges. Without this, the rate in which practice has developed would not have been possible [Connect Staff Member, Mind Australia]

Positive relationships and partnership with clinical services

Positive relationships between the Connect team and clinical services, fostered by a strong partnership between NALHN and Mind Australia and a committed Governance Committee, were key to Connect's success. This allowed uptake of the service to be fast-tracked, despite Connect being a pilot program, and opened doors to opportunities that were not considered in early design meetings. Examples include providing peer support in in-patient settings to ensure consumers were discharged with someone to turn to and providing a community of care around consumers to build on strengths and address shortcomings of clinical, non-clinical and peer services.

In addition, feedback was regularly provided to the referral source to ensure that clinical services were aware of progress being made. This action enhanced confidence from clinical services in Connect and any future opportunities that arose for partnership.

Constant feedback is given to source of referral about how people are doing –that's an important quality and a safety loop that is closed with feedback being provided to referrers. I feel it's something you would want to continue. It enables service providers to follow consumers on their journey and allows them to be more comfortable with referring on, rather than holding onto consumers (which often happens) as opposed to trusting in NGOs and handing over care [Governance Member, NALHN]

Limiting barriers to help seeking

In other NGO-clinical pathways of support, consumers must be linked with a worker from Community Mental Health to be supported in community. This is a major barrier to people accessing mental health services in a timely manner. Through Connect this barrier was removed, referral forms were simplified to one page and a 24hour period set for referrals to be responded to. In addition, the Connect Service Manager and NALHN staff worked collaboratively to promote Connect by conducting roadshows and identifying champions in clinical services to advocate for Connect. This ensured that everyone knew about Connect and referrals flowed into the program. Connect also had a more open eligibility requirement, where diagnosis and other circumstances did not influence whether people could be supported by the program.

Connect addresses a significant gap in mental health systems. Through Connect, people are not required to be attached to clinical teams after presenting to emergency departments and hospitals in NALHN [Governance Member, NALHN]

Designing on the go

Connect began with the broader idea of providing peer support to people in crisis. Through the developmental evaluation methodology Connect staff and LELAN worked together to shape and evolve the service model based on what emerged as practice and operational needs, issues, and opportunities arose. This meant that it was easy to innovate, to think creatively, and to try new things and ways of doing as learnings of success and failures were a part of the process.

We're designing as we go and this means that issues can be resolved, service changes and adaptations can be made in the moment since Connect is using a developmental evaluation approach. This allows for a more refined service for every person who connects into the program [Governance Member, Mind Australia]

The ability to change things as we need is such a strength. When we saw something wasn't working, we were able to implement changes rather than wait and continue with something that wasn't working. What we have now is worth a million dollars [Connect Staff Member, Mind Australia]

Service responsiveness and flexibility

Through its broader eligibility criteria, Connect had a greater ability to tailor support to the individual needs of people referred to the service, where diagnosis, life circumstances or perceived severity of condition did not influence whether people would be supported by the program.

It's about recognising that people do feel let down by the mental health system because they've been passed from person to person and being told they're too complex. We don't have to dive into diagnosis, intro trauma, into whatever doesn't work for that person. We are there, we understand the system is difficult and we're going to be there are here to be with you – no matter who you are because you're not alone [Connect Staff Member, Mind Australia]

Ninety-four percent of consumers were contacted within 24 hours of a referral being received Monday to Friday and six percent of referrals were sent on the weekend and were responded to within 48 hours meaning that consumers and carers left clinical settings with a connection and someone to turn to. The Connect team also adapted their practice to meet the preferences and needs of who accessed the service, ensuring support that instils dignity, choice and flexibility was prioritised. This was demonstrated through providing peer support virtually via e-mail or messaging platforms; immediately in in-patient settings through phone calls and organising in-reach visitations with clinical staff; meeting people at environments they felt safe including outdoors in nature; or by integrating consumer and carer services through dual home visits and offering parallel support.

I've had a consumer respond to me saying 'Wow, I wasn't expecting to hear from you so soon'. With their experiences, they've been on waiting lists for such a long time that people forget that services should be responsive [Connect Staff Member, Mind Australia]

The need for responsive, quick intake of referrals is very important as is a recovery focus to address issues that arise broadly. I think there is significant interest in the idea and that will contribute to its success in the future [Governance Member, NALHN]

Staff engaged in regular reflective practices to ensure that their subjective perspectives and biases did not impact on how they responded to people who they were supporting. Reflection and evaluation also allowed for a more rigorous and responsive service model, as issues were resolved as they emerged, and changes and adaptations were made based on evolving service needs that entered the model.

Connection as the priority

The focus on connection was identified as the most valuable design element by people who accessed Connect, service providers and Governance members. People experiencing mental distress often feel disconnected from friends and family, people around them, and their community. In addition, connection is often neglected in mental health services, with service providers focusing on actions to address perceived challenges instead of developing rapport and building trust to unpack longer term issues impacting on people's mental health. Connect fosters genuine and authentic connection, creating space for consumers and carers to know that they are not alone, that there are people with similar life circumstances and that that there is power in connecting with these people to explore alternatives to what the future looks like.

> *The most important thing is… connection. Connection to ourselves, connection to consumers, to the wider mental health services, to the community, to the wider world. Connect's main intention is to ensure that everyone involved feels connection and feels the importance they bring to that connection* [Connect Staff Member, Mind Australia]

Recognising and supporting carers

The impact of a hospital presentation, admission or suicide attempt on family and loved ones is often not addressed by clinical mental health services. Connect was able to offer carers, loved ones and significant people in consumers lives connection with the Carer Consultant and the opportunity to be supported by a person who understood their situation.

Supports for carers frequently focus on how carer wellbeing and life circumstances can be improved so they can continue to fulfil their caring role. In contrast, Connect focused on a carer's individuality and their own mental health and wellbeing needs, rather than emphasising and focusing on their caring role. This meant that carers were encouraged to prioritise themselves, take care of their own mental health and life, and were supported to thrive and flourish.

Connect celebrates individuality. There is a power in standing along, in creating, nurturing and allowing that space for you to focus on you and health – no matter if you are a person impacted by mental health or caring for someone who is. It's doesn't need to be attached to anything. Your primary need is to have a space to be heard by people who get it and acknowledge you as a human being [Connect Staff Member, Mind Australia]

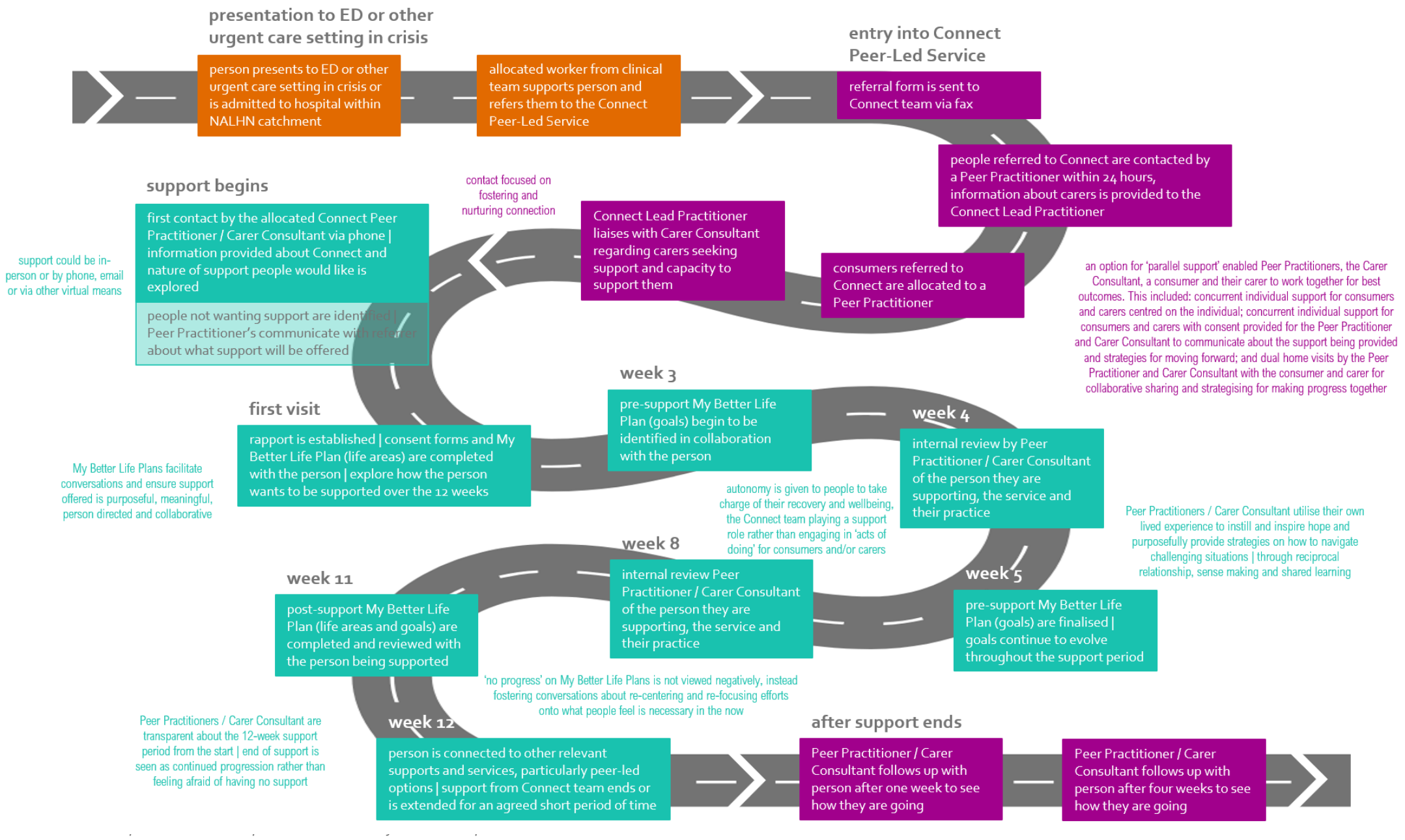
Offering parallel support to consumers and carers

A unique element of Connect was the capacity to provide support to consumers and carers by workers from the same team and sometimes at the same time together. Through this 'parallel support', people were supported to work together to better understand each other, their intentions, hopes and strategies for how to recover, heal and move forward. This only occurred if consumers and carers consented to exploring how they could work together to better meet shared objectives.

The parallel support is really important, partly because it gives both the opportunity to share and speak as they are in it and bring focus onto each person involved. The more connected people are to their own being, the better they can respond to someone else [Connect Staff Member, Mind Australia]

The Connect Service Journey for Consumers and Carers

The diagram on the next page details the service journey for consumers and carers being supported by the Connect Peer-Led Service. It also highlights key practice approaches and assumptions of Connect team member.


presentation to ED or other urgent care setting in crisis
person presents to ED or other urgent care setting in crisis or is admitted to hospital within NALHN catchment
allocated worker from clinical team supports person and refers them to the Connect Peer-Led Service
entry into Connect Peer-Led Service
referral form is sent to Connect team via fax
people referred to Connect are contacted by a Peer Practitioner within 24 hours, information about carers is provided to the Connect Lead Practitioner
consumers referred to Connect are allocated to a Peer Practitioner
Connect Lead Practitioner liaises with Carer Consultant regarding carers seeking support and capacity to support them
contact focused on fostering and nurturing connection
support begins
first contact by the allocated Connect Peer Practitioner / Carer Consultant via phone | information provided about Connect and nature of support people would like is explored
people not wanting support are identified | Peer Practitioner's communicate with referrer about what support will be offered
support could be in-person or by phone, email or via other virtual means
an option for 'parallel support' enabled Peer Practitioners, the Carer Consultant, a consumer and their carer to work together for best outcomes. This included: concurrent individual support for consumers and carers centred on the individual; concurrent individual support for consumers and carers with consent provided for the Peer Practitioner and Carer Consultant to communicate about the support being provided and strategies for moving forward; and dual home visits by the Peer Practitioner and Carer Consultant with the consumer and carer for collaborative sharing and strategising for making progress together
week 3
pre-support My Better Life Plan (goals) begin to be identified in collaboration with the person
first visit
rapport is established | consent forms and My Better Life Plan (life areas) are completed with the person | explore how the person wants to be supported over the 12 weeks
My Better Life Plans facilitate conversations and ensure support offered is purposeful, meaningful, person directed and collaborative
week 4
internal review by Peer Practitioner / Carer Consultant of the person they are supporting, the service and their practice
autonomy is given to people to take charge of their recovery and wellbeing, the Connect team playing a support role rather than engaging in 'acts of doing' for consumers and/or carers
Peer Practitioners / Carer Consultant utilise their own lived experience to instill and inspire hope and purposefully provide strategies on how to navigate challenging situations | through reciprocal relationship, sense making and shared learning
week 5
pre-support My Better Life Plan (goals) are finalised | goals continue to evolve throughout the support period
week 8
internal review Peer Practitioner / Carer Consultant of the person they are supporting, the service and their practice
week 11
post-support My Better Life Plan (life areas and goals) are completed and reviewed with the person being supported
'no progress' on My Better Life Plans is not viewed negatively, instead fostering conversations about re-centering and re-focusing efforts onto what people feel is necessary in the now
Peer Practitioners / Carer Consultant are transparent about the 12-week support period from the start | end of support is seen as continued progression rather than feeling afraid of having no support
week 12
person is connected to other relevant supports and services, particularly peer-led options | support from Connect team ends or is extended for an agreed short period of time
after support ends
Peer Practitioner / Carer Consultant follows up with person after one week to see how they are going
Peer Practitioner / Carer Consultant follows up with person after four weeks to see how they are going

3. FINDINGS FROM THE CONNECT PEER-LED SERVICE PILOT

About the People Supported by Connect

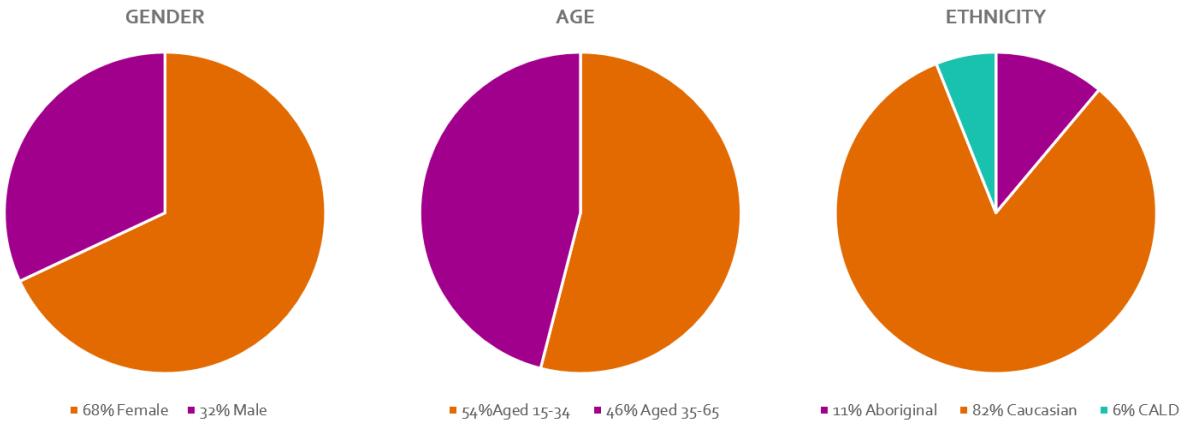
CONSUMERS

93
REFERRALS

84 SUPPORTED

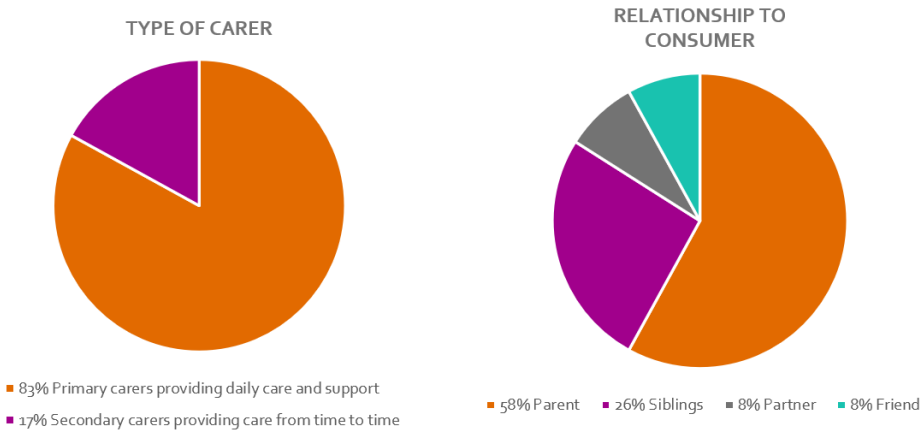
7 outside catchment area | 1 underage

79
DATA AVAILABLE FOR

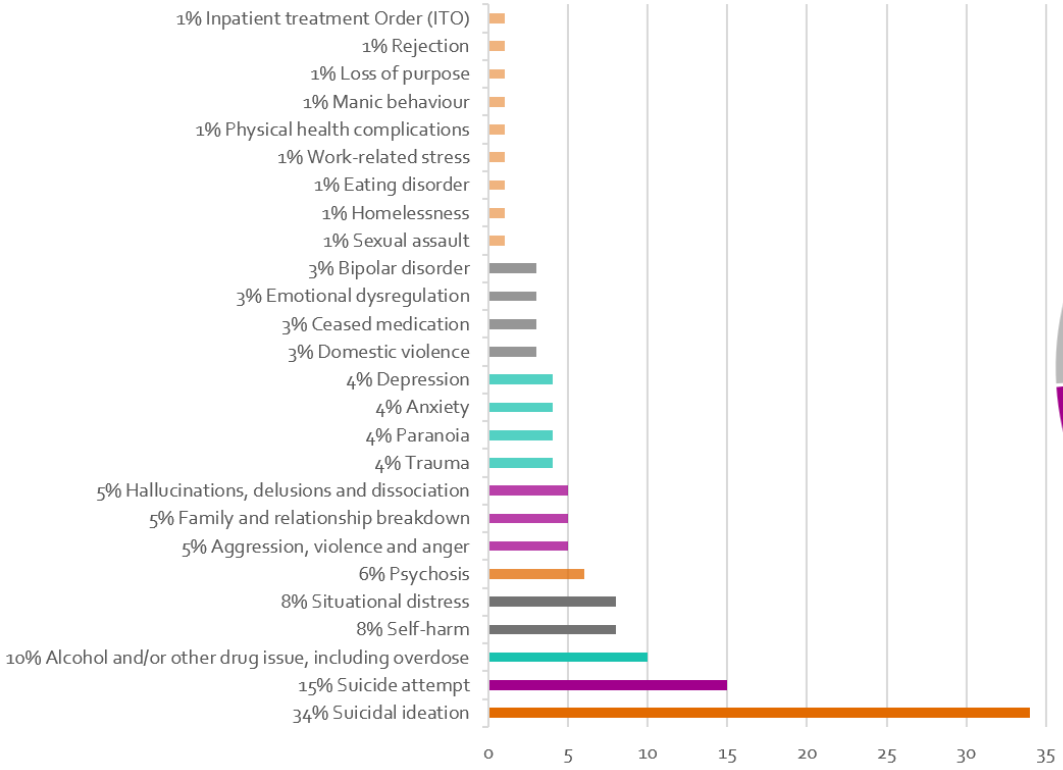


CARERS

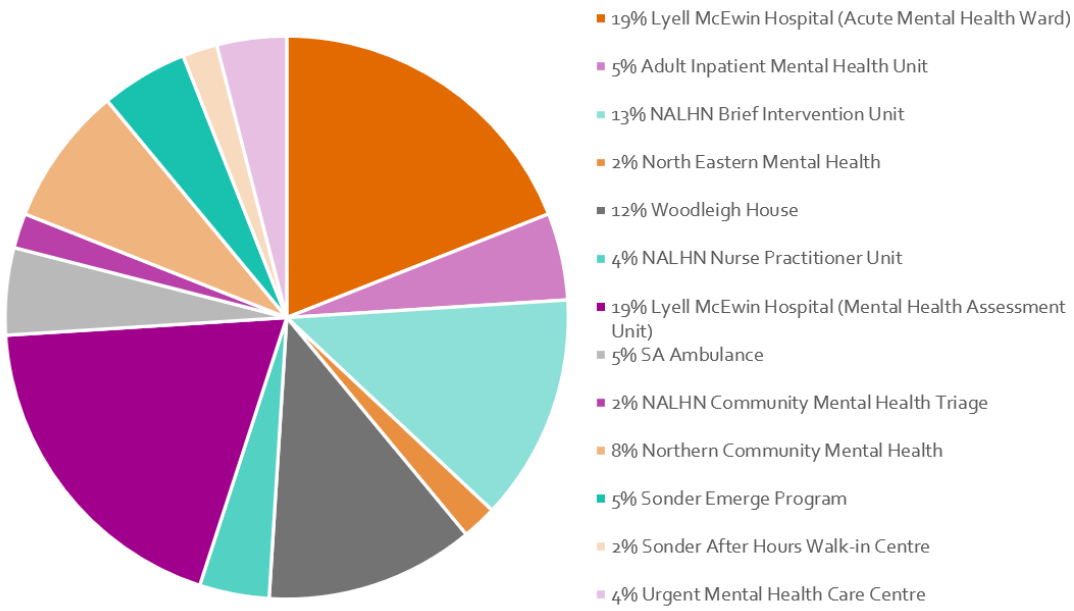
12 SUPPORTED



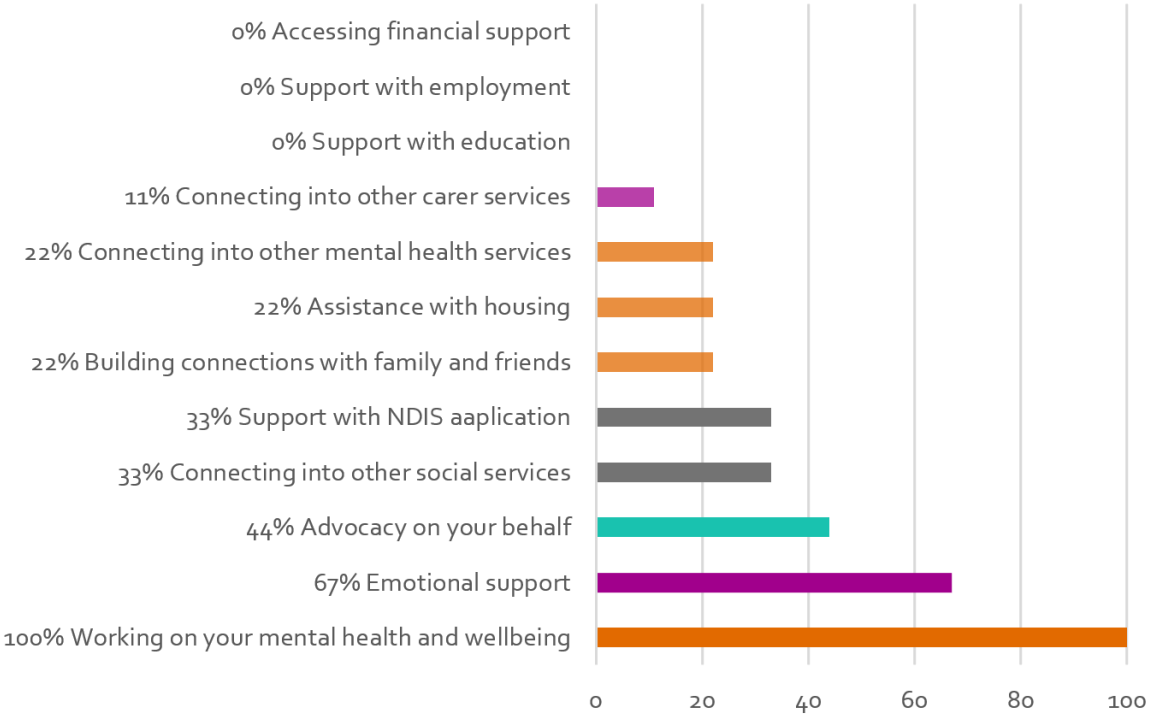
Experiences and issues people PRESENTED WITH



Where people were REFERRED FROM



SUPPORT RECEIVED from Connect Peer-Led Service (n=9)



Consumer Experiences of the Connect Peer-Led Service

Connect felt different to other mental health services

Connect was reported to feel different from other services, particularly in regard to its responsiveness, flexible points of contact and the way that people were related to. Consumers identified that they were frequently turned away from other organisations or mental health services due to *who they were* and what was considered to be *their complexities,* however, Connect did not do this. Peer Practitioners wanted to *be on their team*, to support them in the best ways that they could and advocated for them to receive the support they were entitled to and need. This was considered as the biggest point of difference by consumers as they were *tired of being turned away and failed by the system.*

> *They were so helpful. If* [Peer Practitioner] *didn't know the answer, she would contact others to get me the best help she could. At times, others didn't know as well but what matters is that she tried. Not many people try for me anymore* [Consumer 2]

> *I must say that I am starting to feel that a lot of these places are not interested in helping me and are more interested in palming on to another organization who in turn does the same. I am feeling over it all in all honesty but then I remember I have someone beautiful, wonderful and compassionate in my corner, who not only has my best interests in mind but also has my back and that beautiful person is YOU. Thank you for all you have done, all you are doing, and for being there for me* [Consumer 3]

Some consumers emphasised that Connect treated consumers like human beings which was not considered typical of mental health service. Support was provided in a way that upheld their rights, choice and dignity.

> *It definitely felt and looked different from other mental health support I've received as it felt very personalised to me, rather than ticking off a bunch of boxes. I felt like a person, not just a number in a system* [Consumer 2]

Others commented on how flexible Connect's practice approach was, whereby alternate mediums of connection were fostered through phone and virtual supports where consumers found it difficult to meet Peer Practitioners in-person.

The phone support got me through some difficulties, and it wasn't really offered anywhere – or nearly as good anywhere else [Consumer 5]

The power of a non-pathologising approach and peer relationships

Rather than perpetuating mental health stigma by adhering to *diagnoses and DSM classifications,* Peer Practitioners supported consumers to challenge *what they viewed as crazy*. They felt that a sense of normalcy was achieved through speaking their true thoughts and having someone hear them out.

Connect reinforced that I'm not crazy [Consumer 4]

He said, '…In my head, they're crazy and insane but I can say them to you and you can speak them back to me in a way that makes me feel like you're understanding what I'm saying. It helps' [Connect Staff Member, Mind Australia]

In addition, relationships developed between Peer Practitioners and consumers that challenged stigma and addresses stereotypes made towards *groups of people who are often negatively portrayed due to their inability to connect or who have 'misconstrued relationships'.* Relationships built through Connect are real life evidence that consumers can foster healthy relationships, boundaries and work collaboratively alongside service to take charge of mental health. It gives them their own evidence, despite having a system that tells them that they are unable to due to *their diagnosis.* In contrast, employment of Peer Practitioners demonstrated that people with lived experience can enter/re-enter the workforce, can give back to people, and can work while they are healing.

Others highlighted the role of a Peer Practitioner was different from what they envisioned at the start of service. Consumers were connecting with and learning from people *just like them* and it made easier to relate to, to trust, and to be vulnerable with Peer Practitioners.

I am not someone who can click with a support service person very well but it was so easy to build rapport with them [Consumer 2]

It's great to meet a person that shares most of my likes. I love peer support. You's are angels, thank you for listening to me. I appreciate it [Consumer 6]

You're a super positive role model and I feel like I'm able to ask you for help AND learn from you (Consumer 7)

One thing that worked was that she would come to my house. The info I was given. Being able to talk to someone who has been through something similar so understood [Consumer 8]

Connect created a holding space for deeper conversations

Connect's peer approach enabled deep and meaningful conversations to be had. At times, these conversations centered around difficult topics considered 'taboo' by consumers in traditional clinical services due to previous experiences of intervention post-disclosure. Rather than focusing on risk and safety to self, staff created and held safe enough spaces for conversations about suicide and self-harm. Positive impacts flowed naturally from these conversations. See below for two key examples.

When he brought up his self harm, we talked about harm minimisation rather than stopping self harm. His partner (present in session) said, 'Oh my god, I don't think anyone's ever told him to do that. I don't think we've had a conversation with anyone in mental health where they haven't told us it just needs to stop' and he agreed using his body language [Connect Staff Member, Mind Australia]

He said, he tried to suicide 52 times this year and instead of recoiling at that information, I asked him, 'tell me more'. He was telling me all stories that happened at each attempt – talking about internal conflict between his spirit, mind and body – and we were fleshing it out. He fed back to me that he really valued being able to talk through this. Since telling these stories, he felt like he could learn from each attempt and it started making sense. It was quite transformational [Connect Staff Member, Mind Australia]

The value of knowing and centering recovery

One of the greatest benefits of Connect being a peer-led service is the centering of recovery and healing of team members in the support they offer as well as in how team members interact and support each other. These in turn informed the way that the service continued to adapt and emerge throughout the trial period. It is the application of lived experience expertise within individual practice and through connections formed that Connect team members embody and role model recovery, whilst at the same time providing capacity to recognise, know and respond to the individual nuances and challenges of recovery experienced by people receiving support.

People supported by the Connect Peer-Led Service were able to proceed with recovery in their way and at their pace, the team recognising that recovery occurred for some people *in small steps* and with *a little faith in themselves and supportive people along the way*. It is also acknowledging that once people recognised their own role in recovery and felt empowered to do so, they started making progress at *extraordinary speed*.

I am meeting her where she is and sometimes taking small steps, not having any expectations, is one way to heal [Connect Staff Member, Mind Australia]

Among the people I'm supporting, people's self-belief are growing and self-doubts are lowering. People are also realising that they have the power to control their own mental health and destiny and while sometimes the confidence still needs work, it is well on the way [Connect Staff Member, Mind Australia]

Through knowing recovery intimately, Connect team members have experienced the power of unconditional positive regard and deep listening, and are able to encourage the people they support to make sense of their complex experiences by saying it aloud in a safe space. Peer Practitioners stepped back, *didn't fix,* and let consumers direct what happened next. Peer Practitioners attributed the benefit to centering human to human connection and sharing power with people.

> *One of my consumers had been in hospital for a couple of weeks now and had not opened up to any of the medical staff the entire time she was there. I had one 45-minute session with her, sat there with her until she felt ready to open up and speak. I listened… I didn't step in to fix. I listened and through this found out all about her life, childhood, what she was currently experiencing. When I debriefed with the social worker, she revealed the client hadn't said a word to anyone about what she was going through. I was later contacted by her psychiatric team to collaborate* [Connect Staff Member, Mind Australia]

> *We have shared some meaningful conversations about stigma, prayer and meditation, and the impacts of sharing trauma. These are laying a foundation for safety and trust for future conversations. We also collaborated on working out what my offer to him would be by me asking about what he would like to be supported in and him asking me what ways I can provide support. Together, we worked out that human connection and listening is what he is seeking and what I can offer. This allowed him to reflect on issues that he found confronting… scary… and to make sense of it by sharing the load. He offered gratitude in response* [Connect Staff Member, Mind Australia]

People open to support yet not knowing what to expect

All people that responded to the survey emphasised that they knew *nothing* about peer workers and peer programs coming into Connect, with one specifying that the *people at the Urgent Mental Health Care Centre explained it* but they did not understand it as it was difficult to process things at the time.

Three survey respondents were not provided information about Connect before someone from the team contacted them, while four were given some information either via *a social worker* or *a little handout to explain the services and what was hoped they got out of it.*

Five survey respondents did not have any expectations coming into the service, with one commenting that *they were just trying to get as much support in whatever way they could at the time.* All of these people felt that Connect met their expectations, with comments made to how helpful Peer Practitioners were during their support period.

They were a lot more helpful than I thought it was going to be. It allowed me to reflect a lot on what I was thinking about and it helped having a second opinion on how I was feeling [Consumer 1]

One consumer interviewed did not have many expectations coming into the service. They were focused on identifying appropriate medication to support their recovery. They later found value in Connect as they were socially isolated due to friends moving on and family members passing away. Their worker became a point of contact to talk about how they were going with their anxiety and the problems they were facing. They were content with this, as their feelings were monitored daily, and they were kept accountable for their actions.

Another person hoped for practical support with navigating domestic violence, child abuse and family court, in addition to re-engaging with community. They reflected on how inexperienced workers impacted on service quality, highlighting various issues including the following:

- Overpromising and setting unrealistic expectations of what workers can and cannot do
- Not having knowledge about relevant mental health and other social services to support the consumer
- Providing inappropriate recommendations and support options
- Limited flexibility in what workers can and cannot do (i.e. after hours options)
- Positive commentary that was not helpful.

They emphasised that their worker genuinely tried to understand what they were experiencing but *they didn't think [the worker] really understood what they were going through*. While it was good to have someone to talk to, the consumer felt they were self-aware, and the worker did not know how to support someone like that. The consumer felt that they would have had more positive service experiences if they had a different worker who was more experienced and responsive to their needs and challenges in the now.

Carer Experiences of the Connect Peer-Led Service

Being supported to make sense of their own experiences and lives

Carers have a wealth of experience that can be harnessed and used to inform supports they receive from services. However, it can be difficult to *find the right words to describe what they have gone through or are going through even when the words are right in front of them.* A consistent finding identified across various data sources was carers being supported to make sense of their own experiences through Connect and being able to put words behind what they do to take care of their loved ones through peer work.

In an interview, a carer emphasised that they did not resonate with the carer term upon being referred into Connect's carer service. However, they were open to the idea as they thought Connect might help them better understand how to care for their loved one and their mental health experiences.

> *I don't want to be disrespectful but the term carer… Yeah, I wasn't expecting much. I thought it was a bunch of nanas coming around talking about their problems and supporting each other and I didn't feel like it would fit with me. We have a core perception of what it means to be a carer and I wasn't sure on how I could benefit from it. My daughter was my priority* [Carer 2]

The carer was surprised when they realised this was not the case and that the service centred around themself, their individual experience and circumstances and saw them for who they were despite being labelled a carer service. They struggled with the concept at first as they did not *feel worthy* of receiving support but felt a sense of relief once they were. It validated that there was a support option for *people like them.*

> *I struggled with it being about me, particularly because I became unwell while we were doing this. I couldn't split the two in my head: that this was for me but I was experiencing a mental health crisis. In the end, the Carer Consultant explained that people who care for others have their own life problems and mental health experiences and that's where I got it. It gave me permission to validate my own experiences* [Carer 2]

A similar response was observed in a post-service review where a carer spoke about how being connected into Connect was a *breath of fresh air* and it made them realise that it was okay to ask for help and receive support for themselves.

> *I'd virtually given up when the Carer Consultant arrived and she showed me that it's all right to get some help and it opened the doors wide* [Carer 3]

Positive service experiences with Connect built this carer's confidence in other services and their own ability to understand their needs were, how to describe this to other service providers and advocate for better supports for themselves. As a result, they felt confident and comfortable to engage with the referral services that the Carer Consultant provided and intended to do so in the new year. In addition, they felt empowered to *respond to complex and constant demands of life with a better mind frame to deal with it positively.*

> *I can now see my needs. I can keep looking for help. I know that I'm not alone. My partner and I are now going to do a parenting course because the Carer Consultant made me realise there is a lot out there and I need to access it to do better for myself and for [Consumer's name]* [Carer 3]

The power of lived experience and peer work

In an interview, a carer compared their service experiences with a local GP to support provided by the Connect Carer Consultant. They described the GP experience as doing more harm than good and negating the fact that caring experiences impact on their life and wellbeing. They felt a need to justify what they experienced. The carer described a different experience with the Connect Carer Consultant explaining that they opened up with ease, felt validated and learnt ways to calm because of shared experiences.

> *There's no doubt that it is so much easier to speak to someone with lived experience. It fast tracks the process. For example, I went to a GP because I was struggling with my own mental health because of caring and he didn't believe me. I had to keep giving him examples of what stress I'm under in my life and he went 'You don't need mental health support'. That was a trigger. It was the worst appointment ever. The next thing I did was ring the Carer Consultant, I could cut through all the bullshit and she understood immediately what I was going through. I didn't have to advocate for myself. I got straight to talking and learning* [Carer 2]

A survey respondent also described similar experiences.

Yes, it was different but a good different. It felt better as the person knew what I was going through as they had gone through something similar. I knew I could talk to her. It was more personal [Carer 4]

In post-service reviews, two carers highlighted similar experiences where relationships built with the Carer Consultant supported them to feel connected and confident to take charge of their life.

I didn't need to go into detail and background. The Carer Consultant was that somebody that gets it without breaking it down. Not being alone is incredibly powerful, it makes sense. We're pack animals, we need a tribe and that's been missing from my life and I found that through lived experience and peer work [Carer 3]

It's a relief to speak to someone that has had experiences of what I was going through. It's not always easy to explain how you feel but with her, I felt like I was heard and I was cared for. The Carer Consultant did exactly what I needed and that gave me a lot of confidence now and for the future [Carer 5]

All carers attributed their progress to the power of lived experience, emphasising that lived experience and peer work activated another side of them who wanted to do better and take care of themselves.

Seeing their loved ones be themselves again

In addition to recognising positive impacts of Connect for themselves, carers noticed benefits for their loved ones too. In an interview, one carer revealed that peer work and lived experience-led service delivery was the best model of care they have experienced. They wished they had known of this alternative earlier when navigating their own mental health experiences but are *eternally grateful* that this option is available for their loved ones and the future generation because *it works and everyone around their loved one can see them become themselves again.*

Over many years, I've seen many GPs and psychologists and I've been hospitalised and I have to say that peer support has been the best. Like I said earlier you strip past all of the stuff around medication, advocating hard for yourself and explaining things that have happened in life. When you're not thinking straight you should be able to go straight to someone who has experienced it, who gets it and who you start building a trusting relationship with. It's hard work navigating mental health let alone navigating mental health when you haven't got the lived experience of it. That's why I think medical professionals and everybody who isn't a peer struggles with the issue. They just don't get it. I'm just glad that this is available for [Consumer's name] because I can see her thrive and be herself again [Carer 2]

In post-service reviews, three carers strongly believed that positive changes in the lives of their loved ones was a direct result from Connect's capacity to provide support to carers and consumers at the same time through offering parallel support.

I have a good relationship with [Consumer's name] now. I think I've realised that [Consumer's name] has been really unwell for a long time, like years, but without this type of support. It's so nice to see her blossoming and becoming more brave [Carer 5]

In post-service review, two carers articulated that Connect's parallel support helped them to better understand their loved one's experiences and vice versa.

It's been good that my daughter received support through Connect. We can now connect over the fact that we had support. She understands my own mental health experiences and now I'm able to understand hers. We started bonding over mental health [Carer 2]

[Consumer's name] is doing really well, doing things in a slow yet fun way. We support each other now [Carer 3]

This was validated through reflections in a carer response to the survey, where they stated:

The best part was getting together with my daughter's Connect person and mine and coming up with strategies together. It really helped [Carer 6]

The Benefit and Impact of the Connect Peer-Led Service for Consumers and Carers

My Better Life Plan sub-heading and blurb – paste over from Sam's version.

Quantitative analysis was conducted with completed data sets of the My Better Life Plan to examine changes in Life Areas between the start and end of the Connect support period for consumers and carers. Nineteen completed data sets were available for consumers and three for carers. These results, as well as survey results from nine people (eight consumers and one carer) on self-reported benefit and impact of Connect, are on the following pages.

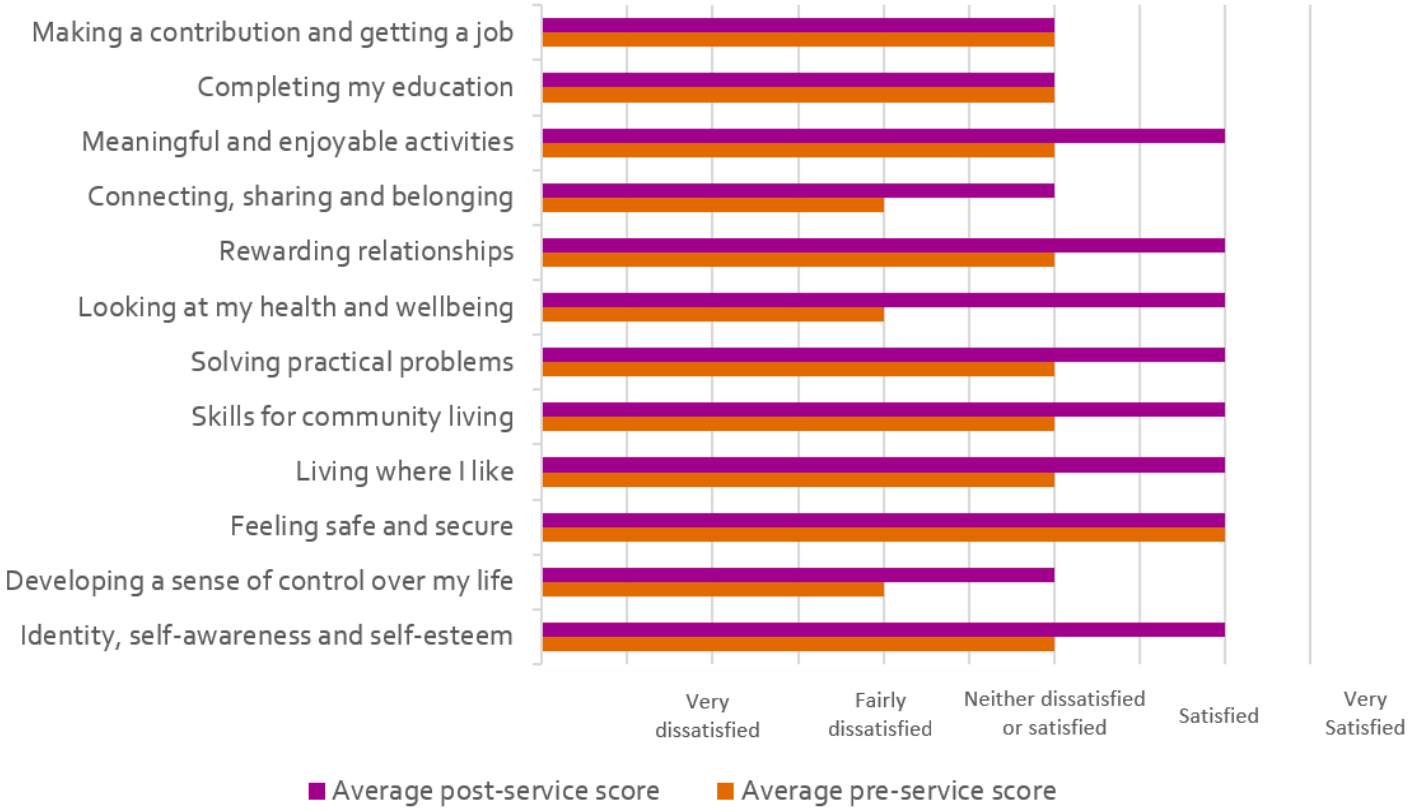
For consumers there were observable increases in average rating scores from pre- to post-service in nine out of 12 life areas. The largest increase (+2 points) was for the *Looking at my health and wellbeing* life area, with people entering Connect feeling fairly dissatisfied and exiting the service feeling satisfied with this life area.

On average consumers experienced one-point increases in life areas of *Identity, self-awareness and self-esteem, Developing a sense of control over my life*, *Liking where I live*, *Skills for community living,* Solving p*ractical problems*, *Rewarding relationships*, *Connecting, sharing and belonging*, and *Meaningful and enjoyable activities* life areas from pre- to post-service. In addition, consumers progressed into feeling satisfied with most of these life areas.

No change was observed in life areas related to *Completing my education*, *Making a contribution and getting a job*, and *Feeling safe and secure,* with consumers reporting feeling neither dissatisfied nor satisfied for Education and Employment and satisfied in Safety life areas.

When individual experiences of consumers were examined, positive increases varying from one to three points were observed across seven Life Areas, these being: 79% (n=15) for *Solving practical problems*; 74% (n=14) for *Looking at my health and wellbeing*; 68% (n=13) for *Identity, self-awareness and self-esteem*; and 58% (n=11) for *Developing a sense of control over my life*, *Rewarding relationships*, *Connecting sharing and belonging* and *Making a contribution and getting a job*.

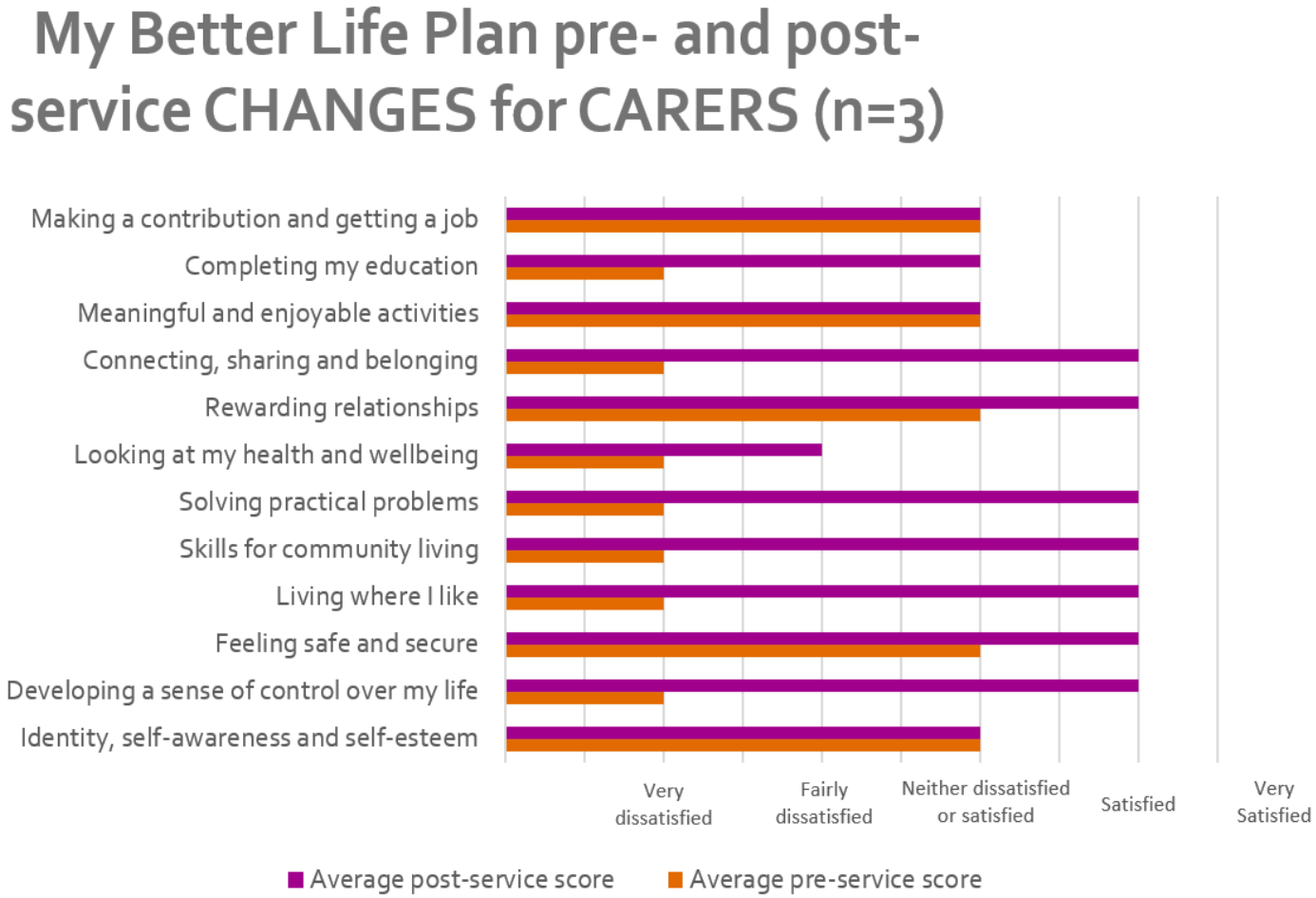
My Better Life Plan pre- and post-service CHANGES for CONSUMERS (n=19)



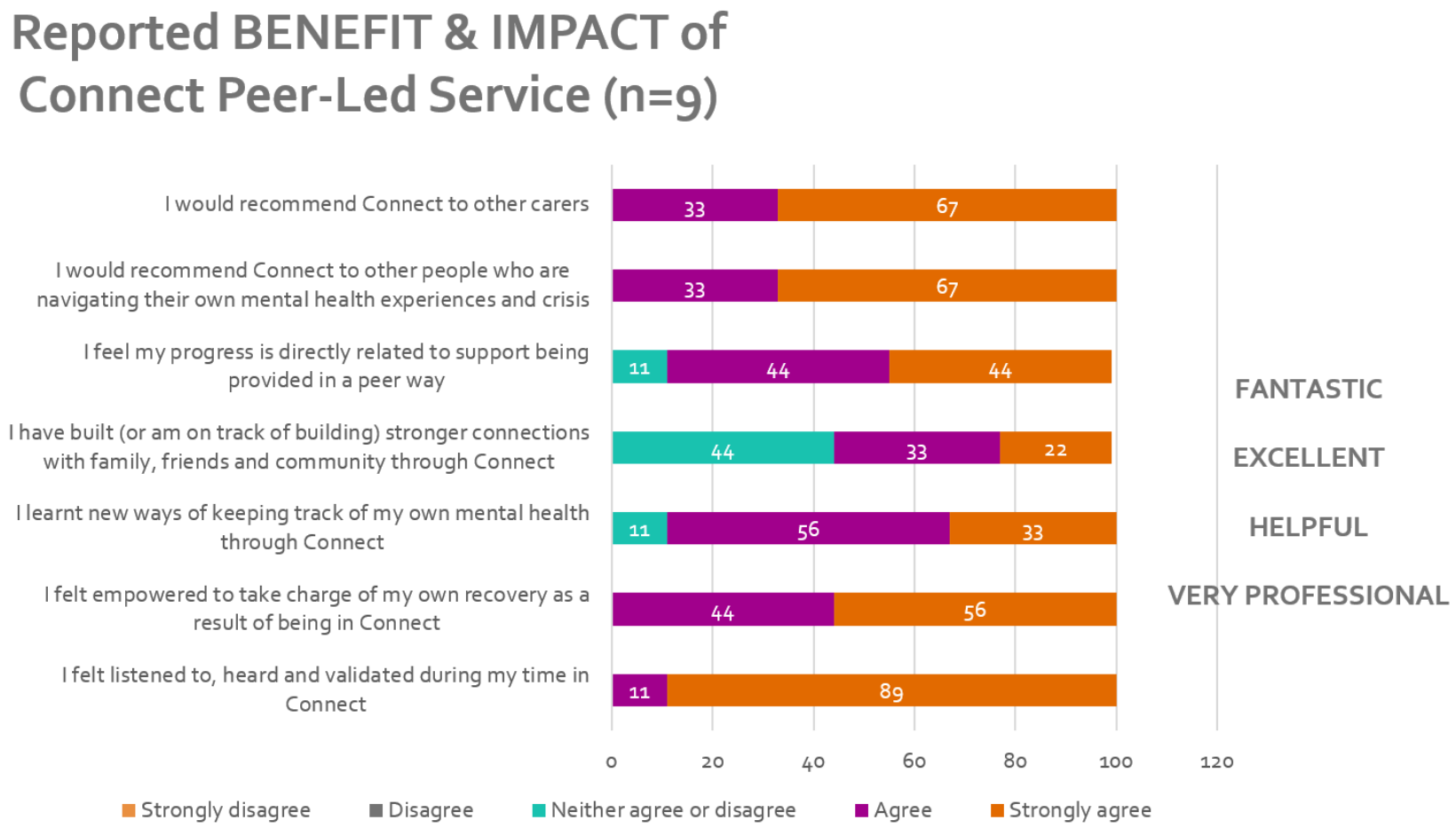
Mind Australia's My Better Life Plan was used with carers to focus on and address their own mental health and wellbeing needs. While quantitative analysis is limited due to small sample size (n=3), some descriptive analysis is provided to speak to potential areas that Connect is well suited for supporting Carers with.

For carers there were observable increases in average rating scores from pre- to post-service in nine out of 12 life areas. Carers experienced the largest increases (+3 points) in *Developing* a *sense of control over my life*, *Living where I like, Solving* p*ractical problems*, *Skills for community living* and *Connecting, sharing and belonging*. Carers entered Connect feeling very dissatisfied in these life areas and exited feeling satisfied.

On average carers experienced one-point increases in *Feeling safe and secure*, *Looking at my health and wellbeing* and *Rewarding relationships*. No change was observed in *Identity, self-awareness and self-esteem*, *Meaningful and enjoyable activities* and *Making a Contribution and getting a job* life areas.



The following trends regarding benefit and impact of Connect Peer-Led Service were identified through survey data from nine people, including eight consumers and one carer. 100% of people felt listened to, heard, and validated during their time in Connect. 100% of people felt empowered to take charge of their own recovery as a result of being in Connect. 89% of people felt they learnt new ways of keeping track of their own mental health (11% rating neither disagree or agree). 88% of people felt their progress was directly related to support being provided in a peer way (12% rating neither disagree or agree). 100% of people would recommend Connect to people navigating their own mental health experiences and caring experiences and 100% of people would recommend Connect to carers. 55% of people felt they built stronger connections with family, friends and community through Connect (44% rating neither disagree or agree).



Broader System benefits and Impact of the Connect Peer-Led Service

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Elements of the Connect Peer-Led Service that Didn't Work so Well

Reflections from people who accessed Connect, the Connect team and Governance Committee members identified five design elements that did not work so well for the Connect Peer-Led Service.

Goals before relationship approach to support and recovery

By focusing conversations with consumers and carers around the My Better Life Plan, Mind Australia approaches recovery through a goal-orientated lens. It was highlighted through the Connect pilot period that such an approach may not be applicable to every person entering the program. Some people were not ready to progress into goal development upon accessing the service for the first time or did not view goals as a way to heal and recover, instead viewing time, connection and conversation as most helpful.

The goal setting process at the beginning was helpful because it helped set me up in the short term, but it wasn't long term. Her work with me really didn't put in a foundation for anything [Consumer 1]

I couldn't think of anything. I remember filling out a form asking me what my goals were but at that point, I didn't have any goals. It's hours to hour. Day to day. I'm quite busy caring for a lot of people, working full time and going through a separation with my husband after domestic violence. What goals have I got? What do you want me to think about? [Carer 1]

In addition, tension existed around peer practice, consumer experience and My Better Life Plans, with some staff members commenting on how the Plans did not fit with the approach they were taking with support and were not meaningful to people they were supporting. They also commented about the time challenge of needing to complete the forms for evaluation purposes and concern that they got in the way of building connection with people.

Forward motion and productivity, that's what society is built on. We're doing the same thing in Connect, people must be productive, engaged in economy. This is where our sense of worth and self comes from. When people are unwell, people need time to rest. When we provide a space, it's a space of rest, not a space of doing. That's one of the greatest learnings I hope that everyone – consumers, carers, service providers, people making the big decisions – can learn from this pilot [Connect Staff Member, Mind Australia]

It felt awkward trying to make it fit. It doesn't fit. It doesn't provide greater meaning or mould what I'm doing. Practice should guide my response, not a plan [Connect Staff Member, Mind Australia]

Referral pathways

Lack of referral pathways from particular parts of the service system impacted Connect's ability to support its intended target audience: people in immediate crisis. These included not having direct pathways made through general practitioners, other health care avenues and emergency departments. Connect staff recognised missed opportunities in supporting people who presented to emergency departments and left due to long waiting times, people who presented in situational crisis, people impacted by everyday mental health issues and/or people who did not identify their experiences as being mental health-related (i.e. mistaking anxiety as a heart attack). A high level of referrals were made from in-patient settings and as a result, people were not in immediate crisis when they were being supported by Connect.

It was very difficult to get staff from Lyell McEwin and Modbury Hospital emergency department. We missed the opportunity to support those in situational crisis and those who are impacting everyday mental health issues [Connect Staff Member, Mind Australia]

Many referrals are still coming through quite some time after presentation to ED. I believe that if referrals were coming through immediately at the time of presentation it would allow us the opportunity to create great rapport with people in their actual time of crisis, which would strengthen the work we are able to accomplish within the 12 weeks [Connect Staff Member, Mind Australia]

Fax-based referrals

While Connect staff recognised that fax-based referrals were standard in hospital settings, they identified fax-based referrals as a system did not work well due to Peer Practitioners being predominately outreach instead of office-based in daytime hours where referrals were the highest. This impacted on the intended timeframe of a 24-hour turn around.

Allocated hours to various team roles

The allocation of hours to particular team roles and limited overlap of team members impacted support available for the team and for people accessing their Connect peer-Led Service. Rostering of Peer Practitioners and the Lead Practitioner did not align well, resulting in missed opportunities for peer supervision. Priority in daytime hours was given to in-person support, instead of staff support. In addition, 0.3 FTE employment of a Carer Consultant limited the role's capacity to offer support to meet increasing demands and/or to provide more tailored approaches to address carer needs.

After hours rosters

An after-hour service decision was made in the early stages to accommodate for and respond to referrals or crises experienced during what was described as peak hours of crisis – the night. Phone and telehealth options were provided after-hours. However, most referrals were made during daytime hours and consumers expressed a preference for in-person support that could only be provided in the daytime due to organisational policy. As a result, staff spent their time afterhours engaging in administrative tasks instead of direct service provision. In contrast, after hours service provision worked more effectively with carers, as most carers had work and/or other commitments between 9am and 5pm.

5-10pm is honestly not being utilised except for admin tasks. I feel like we can do so much more if we were given more daytime hours to do so [Connect Staff Member, Mind Australia]

Reflections and Insights from the Connect Peer-Led Service Team

Thematic analysis of Connect team member reflective practices and interviews identified eight key insights and learnings related to team dynamics, peer work practice and service experience. These will be described below.

Peer work is hard yet rewarding work

There is a misconception that peer work is simply about sharing experiences and connecting over them with consumers and carers. Peer work as a discipline and practice requires a deep unpacking of personal assumptions, biases, and subjectivities in addition to processes of unlearning default ways of thinking and/or traditional conceptualisations of what mental health support and services look like. Integrating lived experience and applying it in skilled ways takes time and is done best when well supported. This process and grappling with peer identity was more challenging for some members of the Connect team than others, and was influenced by study histories, past roles held, and sense of safety created within the team to be open and vulnerable about their practice dilemmas. Team members shared the challenge of this given innate and unconscious need *to help, to fix, and to do*, to ensure that *no one experienced what they experienced* with mental health services and systems.

The great struggles of peer work is your connection to peer work, peer-ness, and how it fits alongside other disciplines and how it can be better. Going through this experience, learning what I've learnt and being challenged, when I'm out and delivering a service, I feel confident and comfortable with the constraints and boundaries of what it is. It feels authentic and that way it's not confusing for people because I'm being authentic [Connect Staff Member, Mind Australia]

At times, Connect staff re-lived their own lived experiences and trauma by connecting with consumers and carers and hearing what they were experiencing and navigating. Some staff hinted that this made them question how far along they were in their recovery journey and whether they were capable for the role.

Through deep reflection, they realised it was normal to feel this way and *to mix the personal with the professional in peer work.* One staff member dissected this further and reflected that it was only human to be impacted and touched by consumer and carer experiences. They viewed this as a strength because it was a testament to people in peer and lived experience roles *having heart in what they do.*

The ongoing evaluation and reflection. I've done that before until now but I'm taking the time to reflect on my practice and building my identity. Reflection is essential for growth and that's how I've come to this conclusion that it's okay to be impacted by what happens [Connect Staff Member]

Some staff members were strongly impacted by external perceptions of the peer profession. They often felt a need to prove themselves to clinical service providers to substantiate the value of peer work. Through conversations and interactions, they realised that it did not matter what discipline you were from, rather, your commitment to supporting people and doing so in a way that emphasises their choice, dignity, and lived experiences. In addition, most clinicians did not care about this and were committed to work together with best intentions of consumers in their mind. It was an emotional process unpacking these thoughts, as in most cases, a need to prove themselves were directly related to their own lived experiences and service experiences.

It's made me realise that I am enough… that sometimes just being present, consistent and being me is enough to make a difference [Connect Staff Member, Mind Australia]

Remaining 'peer' requires intentional effort

Connect staff members commented on the existing Peer Work Framework developed by Mind Australia, identifying that it *was not necessarily a best practice model* and was limited in its translatability to service delivery. Connect team members believe that what was created through *fully embedding lived experience into every avenue of Connect*, via intensive wrap around commitment to centering lived experience and peerness at all levels, must be presented to the broader sector as a model of best practice.

Connect has developed a different version and definition of peer work that brings out the true, natural, genuine, authentic and narrative elements of peer work. What we've done in Connect has to be developed into a framework for peer work because I feel like we're offering something truly different compared to what other organisations offer when it comes to peer work. We're offering peer work in its less tainted form [Connect Staff Member, Mind Australia]

Clear roles and responsibilities are critical

As mentioned previously, Connect staff had an innate and unconscious need *to help, to fix, to do*, to ensure that *no one experienced what they experienced* with mental health services and systems. While there is a natural inclination to *go above and beyond for consumers*, lessons learnt were the importance of having clear roles and responsibilities of what is and what is not in the scope of practice for peer workers. This is particularly relevant when peers have study and/or work experience in clinical fields or have been in work environments even in peer roles where they have been unsupported and/or co-opted into centering clinical perspectives and practices. Through the pilot the peerness of Connect team members was nurtured and meant that consumer and carer interactions were purposeful, meaningful, focused and truly peer.

I feel like I'm making more of an active effort to apply peer principles and empowering consumers to find answers for themselves. One thing I struggled with was developing boundaries around my practice because I haven't worked in this type of setting before the only likeness I have to compare building relationships with clients to is developing friends. I was worried that my practice might not becoming a peer worker role and more of an encouraging friend role but I'm now more focused on what I'm doing because I'm referring back to my roles, responsibilities and my groundings in my training [Connect Staff Member, Mind Australia]

Where peers are with their own recovery and how they sustain it matters

Observations made by Connect staff identified that it is common to see projection in peer relationships, especially when there is a strong emphasis on experience sharing and sense making. They viewed this as harmful because it risks a worker's practice and impacts on their objectivity. In addition, it contributes to worker burnout and impacts on wellbeing. Examples of this were provided in interviews, whereby a staff member recommended a strategy that worked for them but in the past, traumatised the consumer.

In the early stages of pilot the Connect leadership team thought these issues would be mitigated by employing workers who were *older, mature, and had more experience applying peer practices.* However, in later stages, leaders recognised that where a person is at with their own recovery is the key, *as it is difficult to be supporting someone if you are not supporting yourself.* In cases where Connect is extended, expanded, and replicated, leaders were committed to embed questions relating to a persons own recovery and how they apply their lived experience in skilled ways into recruitment processes.

Being a 'leader with lived experience' is different to being a 'lived experience leader'

Observation of and interviews with leaders in Connect highlighted the required shift of some team members from being a 'leader with lived experience' to a 'lived experience leader', and the realisation that they are not the same thing. One leader spoke about forming their own conceptualisations of what it meant to be a lived experience leader and applying that mindset into everything they did in the role.

> *My outlook of leadership and management came from my previous experience of being a leader with management experience, rather than a lived experience leader. As a manager, you held power over people and that was known. You used it to get things done. If people weren't listening, then there were consequences. Coming to Connect, it was a 180 – the complete opposite. For me, a lived experience leader is that shift of now allowing people to evolve themselves. People are responsible and accountable for their own role and I don't need to be. I just need to be there for them* [Connect Staff Member, Mind Australia]

This leader recognised that there was a time and place to manage, which did not take away from being a leader with lived experience. However, the way in which managerial roles were practiced were done so in a peer aligned way.

> *I know there is a power imbalance and I recognise that but now I understand when I am a manager, when I am a leader and how to separate the two. I'm now supporting the team in a way that meets KPIs and intended program outcomes but in a way that empowers their practice and ability to do this and in a way that does not compromise their ownership as peer practitioners and my peer practices* [Connect Staff Member, Mind Australia]

As the pilot continued, this leader took on *more of a coaching and mentoring role which wasn't in their previous definition of leadership.* Two other lived experience leaders commented on this progress and identified benefits relating to this change, including increased trust, service flexibility and adaptability, as well as empowered problem solving with team members. It was recommended that the sector invested in lived experience leaders from day one, providing opportunities for professional development and scaffolding. Additionally, it is important to recognise those with lived experience who have potential to be leaders and build and upskill them so they can thrive in leadership roles.

Make time for connection within the team

Reflections from Connect staff emphasised the importance of taking time to build connection within and across the team. Staff felt disconnected from each other due to various reasons, including: intensity and frequency of outreach support impacting on their ability to touch base with team members in the office; caseload and workload did not permit and/or *allow room* for team members to socialise or engage with each other informally; spaces for team connection (i.e. team meetings) were more structured, and had a *corporate feel*, with an agenda directing these spaces instead of staff; new staff members feeling disconnected from other staff due to being involved in the Connect journey late, or having a different role description from the majority of people in Connect; and limited overlap in rostering.

While it is often overlooked in service design, it is important that there is a priority of building team culture, particularly in ways that align with peer practice, to ensure that people are comfortable, open, and have space opening up to their team for support. Connect staff highlighted that it was easier to make time for connection at the beginning of the service, as referral rates were slow. However, during the latter stages of the pilot, there was *almost no time for connection.* Staff highly appreciated Reflective Practice as it gave them a chance to connect and reflect.

Celebrate small wins

No matter how big or small, it was important for the Connect team to celebrate small wins that everyone involved in the peer service experienced. Good news stories boosted team morale, and celebrated the contributions that staff made to a person's life. It was a means to demonstrate hope, persistence, and empowerment that can be worth learning from. In consumer interactions, celebrating small wins is special and is often negated due to *society's preoccupation with conceptualising recovery in terms of goals and reaching those goals. Sometimes, it is the small steps that are the most powerful turning points in a person's life* to take charge of their life and their recovery.

Although daunting, not having a fixed service model works

Being a part of a new service from the start, particularly when there is explicit permission for the model to be adapted over time is an unusual position to be in. Significant uncertainty exists when *you start with a blank canvas.* However, reflections from Connect staff emphasised benefits of not having a fixed model, with design elements and program objectives set out by people being supported by the service, frontline staff and people involved in governance structures for the service. Benefits identified by the Connect team included: changing things as the service progresses to ensure the service model is responsive to emerging needs and experiences; services adapting based on people who access it, instead of having eligibility criteria that turns people away before they connect with a service; freedom and flexibility to explore consumer and carers experiences and to support them in ways they want to be supported; and that it enables and encourages choice and dignity in services.

Connect team members did acknowledge that it was a daunting process. Hence, they encouraged the sector to give service organisations time, space, and a proportion of funding to invest in upskilling staff, service design and evolution. This would provide organisations with the flexibility to design alongside people with lived experience and create something that better meets their needs and preferences, the *chances of it working and being successful is dramatically increased as it designed by people who will actually use it*.

Key examples of how *not having a fixed service model* works and staff adapting their practice in alignment to consumer and carer needs, included: following up with text messages where consumers had been unresponsive to initial contact to express their genuine care and commitment to supporting them; providing e-mail support for two consumers who would otherwise be *turned away from other services due to being considered 'too complex' for services*; shifting to text support from face-to-face for consumers where a natural decline of support exists; being flexible with scheduling of face-to-face appointment's for carers, given that the majority worked full time in addition to caring; using game applications (i.e. Pokémon Go and Dungeons and Dragons) as a means of connecting with consumers where having natural conversations which delve deeply into mental health experiences flow from this; and being present while consumers were in in-patient settings, allowing consumers to *leave hospital with a connection* and *be supported with their transition back into community*.

Sometimes not doing anything and just being there is better than fixing everything

A significant learning from Connect team members was that *not doing anything and just being there is better than fixing everything.* Some struggled with this idea more than others, with most being challenged by it more than once during the pilot period.

In the early to middle stages, Connect staff struggled with the idea of not making progress with My Better Life Plan goals, which formed a partial conceptualisation of what recovery meant in the context of Connect. Hence, no progress was considered negative. Staff later reflected that they had failed to allow space for what they knew to be true, that *healing, recovery, and thriving all takes time and does not happen overnight.*

Various key moments shifted team members perspectives on what recovery meant and how best to navigate it with the people they supported whilst being part of a short trial proof of concept service offering. This included reducing the emphasis on My Better Life Plan's directing consumer and carer interactions, and ensuring the Plans were not viewed as the sole determinant of consumer success or staff performance and the deciding factor of whether the program would be extended or not. It was important to empathise that pilot programs may not allow some consumers and carers to reach their service goals but their experience with Connect still provides opportunity for learning skills and building people's capacity to make progress through providing positive service experiences that build trust and confidence to access other mental health services in the future. When the Connect team members were reminded of these points, they were able to re-centre connection, recovery and peer practice. Thus taking pressure off the need to prove themselves and what they are doing, and allowing them to be with the people they were supporting.

Support does not always need to be goal orientated, sometimes it's alright to just sit there with the person through their uncomfortable or difficult emotions and just listen… often people just want to be heard, seen, and understood [Connect Staff Member, Mind Australia]

Silence is golden [Connect Staff Member, Mind Australia]

After our conversation with [an external contractor that participated in a Reflective Circle]*, I have made an active effort this week to be more peer, namely not trying to fix but rather just be there with them in it. I found it more difficult with some than others but tried my best to validate their experiences and remember that for them, this was very real, rather than my old approach which could be leaning towards challenging these thoughts* [Connect Staff Member, Mind Australia]

4. TOWARDS A MODEL FOR PEER-LED SERVICE DELIVERY

A model for peer-led and lived experience centred service delivery:

This proposed model for lived experience centred and peer-led service delivery is recommended to be followed in future replication, scaling and expansion of the Connect Peer-Led Service or similar programs.

The model has five pillars: lived experience involvement, expertise and leadership at the heart of everything; designed for maximum impact; investment in the peer workforce; collaboration across disciplines, service type and people; and priority on reflection, adaption and being change-focused.

Three core commitments – connection, agency and innovation – weave through and strengthen each pillar. These core commitments speak to the essence of peer-led initiatives that would be undermined if they were not present.

Connection by people, for people, with people. All levels together.

Agency to choose and to change, to speak up and do differently, to follow the path that feels most able to lead to doing justice with and for people with lived experience. Self-determination is everything.

Innovation in its truest sense, current approaches are not working. It is trusting what is known, being brave, being bold. Leading the way, proving it does work.

Lived experience involvement, expertise and leadership at the heart of everything

A truly lived experience-led service is more than employing a peer worker or two and requires more of organisations than what is currently offered by most. It requires services to including people with lived experience in all co-design and/or consultation processes, having advisory groups contribute to service design, implementation and evaluation as well as gaining and responding to feedback about the experience of people using the service. This pillar is about having lived experience leaders in governance, leadership, and staffing structures to ensure that lived experience is embedded across every aspect of a peer-led service from the frontline to the decision-making table.

The power of peer-led service provision was demonstrated in Connect, with 50% of its governance structure consisting of people with lived experience and the remainder being service providers in the local area. In addition, all Connect team members not only had a lived experience but had confidence and increased comfort in their role and identity as a lived experience leader. The following benefits of having a solid lived experience leader included:

- Strong alignment to peer-services values and principles and an openness to challenge people when their actions are not aligned
- Mentoring capabilities with staff members
- Valuing of transparency and open communication, with uncertainty being significantly reduced as staff members are informed of *what goes on behind the scenes*
- Reduction of power imbalance, fostering honesty and vulnerability within the team
- Enhanced staff morale and performance as the team has healthy, safe, and appropriate ways of raising concerns, navigating conflicts, asking for help, and being honest about their performance
- Increased staff loyalty and trust and as a result, a commitment to employment despite the potential of the service period not being extended.

Peer services must be developed and designed in partnership with people with lived experience. People with lived experience are experts of their own experiences. They have ideas of what has helped, what has harmed, and what needs to be improved across mental health services, in addition to conceptualisations of how they want to be supported. These ideas must be captured and actioned to instigate positive change in *services and systems that have already failed so many Australians.* What was unique about Connect was that it had various touch points and contributions from people with lived experience; consumers supported by Connect; community members; service providers with lived experience in both designated and non-designated lived experience roles; and lived experience leaders all had a part in shaping *the look and feel of Connect*.

Designed for maximum impact

Designing for maximum impact required aiming high for what peer-led mental health services can achieve. When this attitude is embedded into every service aspect and in the workforce, there is an unconscious driving force to create the best service design, achieve the best outcomes with people in crisis, and not let barriers inhibit staff, organisations, and services from progressing towards their targeted goals. In addition, there is an openness to try new things, to fail and learn from what doesn't work so well, and to *go the extra mile* to support someone in need.

In the context of Connect, every staff member came in with the mindset of reducing crisis presentations to emergency departments and proving that peer work works to the broader sector. While considered as two *unachievable goals by critics,* staying grounded by these two objectives allowed staff members to direct their focus on supporting consumers the best they could instead of being distracted by what was happening around them.

Connect's leadership had a strong impact on reaching for the maximum as they had strong beliefs, visions of scaling and replication, and were committed to achieving the service's intentions. No matter what barriers or restrictions presented, Connect's leadership powered through, innovated with their solutions, and utilised relationships to address them. These attitudes and practices were observed by Connect team members and translated into strong peer practice with the people they supported.

Investment in the peer workforce

Investment into the peer workforce is not limited to creating full-time positions for Peer Practitioners and Carer Consultants. This pillar speaks to investing into the peer workforce once employed, to ensure that people experience personal growth and professional development. What Connect staff experienced in this trial proof of concept is *rare* and often not considered when developing or improving services. Staff were supported to attend extensive induction and training programs through Mind and were provided wrap-around support from a lived experience-led organisation. They also developed skills in in service design, were participants of co-design and participatory methodologies, including developmental evaluation and evaluative conversations. The Connect team were given opportunities to further define and conceptualise their peer identity and practice on their own terms, while being grounded in theoretical underpinnings and social movements through the employment of a Lead Practitioner and associated supervisory opportunities. In addition, professional development opportunities were sought after by the Service Manager to address emerging needs observed in the service. These actions were intended to support the sustainability of knowledge, skills, and experiences gained through Connect and to support further development of peer practice and the workforce beyond Connect.

In relation to personal growth, reflective spaces were fostered to ensure staff were recognising peer work's impact on themselves as people and practitioners and used as an alternative way to workshop through internal conflicts, healing, and recovery. Peer to peer relationships between staff were encouraged to ensure each staff member had someone to turn to in challenging times and to celebrate wins. In addition, staff wellbeing was prioritised, with staff members encouraged to be honest with themselves, with the team about how they were feeling, and to take time to care for themselves during the pilot.

Collaboration across disciplines, service type and people

There is no doubt that collaboration across various disciplines, service types, and people is critical for best outcomes to be achieved. Historically, divides between clinical/non-clinical services, government/non-government agencies have not easily allowed this to happen. Connect was in a privileged position where it had *the right people in the right roles with the right motives and intentions*, with government funders with a clinical background committed to a change process and open and willing to try something new.

> *NALHN has been on a journey to ensure that recovery principles lead practice and acknowledged that it has not been done well in the past. Connect is (and was) an opportunity to get it right and one of the few opportunities where there was buy-in from Board, leadership, and management to ensure that mental health services are lived experience-led, driven, and designed* [Governance Member, NALHN]

As a new service, it was necessary for Connect to create designated service pathways to reach people in crisis. Mind Australia's partnership and collaboration with the local health network supported the organisation in achieving its service objectives and proving that peer services can work in parallel to mental health clinical services. Other examples include partnering with the Urgent Mental Health Care Centre, and Sonder's emerge program and afterhours walk-in centre to add to service demands.

There is also a role for peer services to partner and collaborate with other mental health and social service organisations in the region. This way, peer services can learn about emerging needs, service demands, areas in which other services are limited in and/or lacking to inform service design. Other benefits include peer services growing their reach, consumers and carers receiving timely access to mental health services, and a collaborative care approach is adhered to, and best outcomes follow. Other organisations can also learn about peer work; its value-add; and how peer services can support them to meet increasing demands.

> *There's an opportunity to re-write and rebalance the system because all roads have led to the emergency department but there is need for more of those alternate options which is ideally the point we want to get to… That's the absolute value of Connect* [Governance Member, NALHN]

Connect is a testament to this. It presents as evidence that collaboration between clinical/non-clinical services and government/non-government agencies can happen, and positive outcomes can result, when trust, power, and knowledge is shared in a partnership.

Priority on reflection, adaptation and being change-focused

Reflection, evaluation, and being change-focused is encouraged in future scaling, replication or in building new models of care and peer-led services, as it allows everyone involved to be actively addressing their assumptions, biases, ways of thinking and practice. Reflective and evaluative practices encouraged Connect staff to solidify their peer and professional identity. For clinical service providers, it encouraged them to challenge their default ways of thinking and doing to incorporate peer principles, such as power sharing, holding space and exploring approaches that truly centre recovery and offer an alternative to the dominant biomedical paradigm. For the broader sector, being involved in a heavily reflective and evaluated service model enabled them to further identify service gaps, emerging service problems, and generate solutions in the now to increase efficiencies and effectiveness of mental health services.

Benefits exist from being change-focused, as it enables service models to be continually refined to become best models of practice in addition to evolving based on the changing nature of needs and demands. In Connect, *everything was up for grabs* meaning that in any given moment, service design had the potential to be changed and adapted. While practice was person-centered, service design was influenced by collective perspectives and observations from consumers, carers, the Connect team and Governance Committee members, with decisions made in collaboration with LELAN as the developmental evaluation partner.

The benefit of this approach was strongly valued by everyone, with a lived experience leader stating that *the model we started off with is nothing to what it is now. You can't put a figure to how much it's worth because it is worth the pain of so many people failed by the system.*

5. RECOMMENDATIONS FOR ONGOING IMPROVEMENT OF THE CONNECT PEER-LED SERVICE

Connect's service concept was consistently refined throughout the pilot, with involvement from people with lived experience, direct service users, and service providers form Mind Australia and NALHN. The following section provides a summary of key opportunities for growth and expansion, in addition to improvements to service design and service delivery.

Improvements to Service Design

Improvements to service design considered any design elements that need to be included, excluded, or re-considered to strengthen Connect's service model. Key recommendations included:

- Create a direct referral pathway from emergency departments and hospitals. In addition to, building a Connect presence in emergency departments to strengthen evidence around peer model responsiveness and effectiveness and to capture original target audience which were people in immediate crisis
- Increasing pathways into Connect that sit out of the emergency department. For example, building relationships with general practitioners and other service providers who may come in contact with people in crisis, establishing a footprint in community by engaging with community leaders and/or providing community education, in addition to other highly accessed places (i.e. community centres and schools)
- Create a self-referral pathway into Connect to eradicate barriers of support seeking. This way, support can be found in one location and without needing to *jump through hoops and loops* of the mental health system
- Adapt the after-hours roster after efforts are invested into building referral pathways. Rationale behind this is to ensure that the after-hours roster is properly tested with more streamlined access to people presenting to emergency departments and hospitals, before this design element is excluded
- Carer connections were made through consumers and/or through service providers who provide limited-to-no information to carers about Connect's carer service. As a result, it is important to re-consider strategies of carer engagement to include direct contact between Carer Consultants and carers, educate on-site clinical teams about Connect's carer services, and develop information packages surrounding what Connect can offer (beyond a letter)
- Clearly define service expectations and intentions that can be communicated to consumers, carers, and other service providers, as peer work is ambiguous and many are unsure on how these approaches are practiced or look like in services
- Engage in more intensive roadshows with clinical service providers and other referrals to ensure consumers and carers are informed of what Connect truly offers.

Improvements to Service Delivery

Improvements to service delivery were conceptualised as any ideas that needed to be included, excluded and/or re-considered to strengthen the delivery of Connect's service model. This was identified to be in relation to professional development and training; workforce and staffing arrangements; supervision; culture; and modalities of support. Key recommendations include:

- Ensure that the workforce reflects diversities, identities, and cultures of people and communities that will access the service. Engage in research processes to identify this before employing staff members
- Recruit people into lived experience designated roles based on their lived experience, peer work experience, level of self-recovery (and ability to articulate this), as well as formal education and qualifications
- Engage staff in an extensive induction and training process to ensure that there is a consistent foundation of peer work. Processes must go beyond Mind Australia's peer work training and include other professional development opportunities with external lived experience organisations
- Ensure that new staff members are given time to develop relationships with other staff members and are fully immersed in peer practice before engaging in any external work
- Ensure that staff are given time to develop relationships with each other before engaging in any external-facing work, as team culture can be impacted due to the busyness of providing outreach services
- Build in designated and formal supervision time with the Lead Practitioner, rather than allowing supervision to be informal and staff-directed
- Role clarity between the Service Manager and the Lead Practitioner, with the Lead Practitioner's responsibilities to include coaching and mentoring staff; managing referrals; and being the person to reach out to for practice-related conflicts or dilemmas
- Increase the Lead Practitioner's capacity to conduct dual visits with Peer Practitioners in early stages, as a learning and professional development opportunity
- Foster connection in team meetings, rather than holding them in a structured, corporate format
- Build in processes to actively build team relationships and connections to the broader organisation
- Service providers to have conversations with consumers and carers about which modality of support works best for them, rather than making assumptions of what works/does not work for them
- Emphasise to service providers that outreach can occur in other environments, outside of a person's home
- Educate service providers to conceptualise recovery from the perspectives of consumers and carers in the early stages, rather than giving priority to My Better Life Plan
- Limit restrictions around modalities of support while considering employee safety. This was adapted in the later half of Connect, however, it is important to extend opportunities for in-person support outside of 9am-5pm (where possible). In addition to providing telehealth and virtual supports through day-time hours if it is requested by consumer and carers

- Engage in a re-evaluation of the Carer Consultant role, with specific decisions to made around increasing work hours
- Encourage opportunities for parallel support, where possible, while setting clear boundaries of what is expected of consumers, carers, Peer Practitioners and the Carer Consultant roles coming together
- If Connect was to be evaluated again, educate staff regarding the difference between practice data and evaluation data, as lack of clarity impacts on service quality

Opportunities for Growth and Expansion

Opportunities for growth and expansion were defined as service design elements and partnerships that Connect can include and/or build on to increase the service's reach and contribute to addressing additional service gaps in the mental health system. Key recommendations included:

- Connect+ and Connect to work alongside each other if funding is provided for both service models. There is potential for Connect+ to act as an entry point into Connect, which is an alternative to presenting to emergency departments and/or hospital for support. In addition, peer support can occur directly in community through Connect+'s mobile nature, increasing outreach opportunities. Other opportunities include consumers and carers being directed to Connect+ post-exit for additional peer support or to become upskilled as staff and volunteers
- Facilitate group programs to build connection between consumers and carers and to develop peer relationships outside of consumer-service provider relationship
- Create and offer a physical space where consumers and carers can come together to connect with each other. This idea was considered in the context of Connect+, whereby there was a generation of a community drop-in centre where people could come and connect over their lived experiences
- Actively promote parallel support to the broader sector. The carer service was *described as more of an add-on* to Connect. Instead, it is a critical and unique design element that does not typically exist in mental health services and/or other social services. This point of difference, in addition to service individuality, must be capitalised on moving forward to maximum Connect's impact
- Re-consider how Connect is conceptualised, with emphasis to focus on it being a peer approach to suicide prevention rather than a hospital avoidance model. Rationale behind this was to build in more self-referral pathways to eradicate the need to present to hospital and not receive proper and adequate care
- Provide peer education to service providers, as service organisations have recognised Connect's impact and are interested to learn from Connect staff about their practice. This contributes to building peer workforce and *activating peer-ness* in lived experience service providers not in designated roles
- Develop a youth-specific stream of the service, as a high proportion (54%) of consumers were aged between 15-34 and insights from service providers validated that young people responded well and more positively to peer support, compared to older consumers
- Create more partnerships with existing and emerging peer services in South Australia. While partnerships were made with certain services, there must be a shift to prioritise alternate peer services to ensure that Connect is fully peer
- Consider alternate referral pathways into Connect that sit outside of the emergency department and hospital to ensure that Connect is true alternative

6. THE WAY FORWARD:

As Mind Australia considers their next steps with Connect, it is important for the organisation to be grounded by and encouraged by the most important things recognised by consumers, carers, and service providers from Mind Australia and NALHN. These include:

1. *Connect offers human connection and understanding to those experiencing mental health challenges. Within that, there is acceptance, understanding, sharing of power, inspiration of hope and purposeful disclosure – all the ingredients for recovery.*
2. *Connection to ourselves… to our consumers… to the wider mental health services… connection. I am sure that everyone involved feels that connection and the importance of what each and everyone brings to foster that connection.*
3. *What Connect offers people in the community is what no one else offers. For me, Connect filled a huge gap in the system where people who would not usually get support can get that support through Connect.*
4. *Being true to our consumers… to the service model… to what we've developed is what gave us a gold medal at the start. If I think about what we've done with Connect, what we thought it would be, I think we've done it and put it into practice.*
5. The power of peer work is its *power to stand alone, stand against, and stand with other disciplines. We know that we don't fit anywhere, yet we know that we can fit everywhere and rather than pushing it onto people, we are creating, nurturing and allowing that space and it's powerful.*
6. *I hope that Connect doesn't lose its character, because it is character that makes it special and different.*

What Mind Australia has created alongside NALHN and LELAN has truly brought to life the vision once thought in our minds and written down in a proposal. From a blank canvas to a dual peer service that employed eight people with lived experience in designated roles and supported 101 people impacted by mental health. Connect has demonstrated that:

1. Peer workers in mental health care and crisis settings supports the reduction of emergency and hospital presentations in crisis situations
2. Peer models work and actively contribute to better outcomes related to consumer and carer outcomes and demand management
3. Clinical/non-clinical, government and non-government agencies can work together to address systemic barriers leading to improved help seeking, greater efficacy and uptake of mental health services
4. Connect, as a proof of concept implemented, provides a unique model on how peer-led and lived experience-driven service delivery can be implemented and is revolutionary for the mental health sector in South Australia

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Appendix 1: Evaluation Strategy

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