



Private Mental Health  
Consumer Carer Network (Australia)

*engage, empower, enable choice in private mental health*

## **A Project to explore the feasibility of establishing a National member-based organisation for the Peer Workforce**

The Network was funded by the National Mental Health Commission to undertake a national project to explore the feasibility of establishing a national member-based organisation to for the peer workforce.

The Network believes that peer workers bring their valuable lived experience and unique skills to the workforce to assist others in their recovery journey. Building our peer workforce is essential. Having a dedicated organisation to support peer workers is the next vital step.

During the Project, consultations were held in all jurisdictions. A survey was developed by the Project Team to further distil the key messages, themes and issues raised during the face to face consultations. The survey was administered through survey monkey with the link being distributed through the Project's Peer Interest Register, face to face consultation attendees, the Network's member data base, the National Mental Health Consumer Carer Forum and the National Register.

A detailed analysis of the survey was not part of the Project; however, we have extracted the information including responses and comments. We are pleased the National Mental Health Commission has agreed to the release of the details herewith and we have posted them onto the Project website.

**We thank all participants who undertook this survey. The information gained has played a critical part in shaping recommendations of the Project.**

Here is one comment from a respondent:

*could you please share the resulting report with all who completed this survey? and also circulate through the Mental health Commission networks?*

A final comment from a respondent is reflected here and demonstrates the enthusiasm for a member based national peer worker organisation.

*This would be an Australian first for peer workers, if not a world first so much work needs to be done and much of it for the first time, but we could do it very well I think!*

### **Details of the On-Line survey**

In total 165 people entered the survey and of these 78.39% (n=113) were either consumer or carer peer workers and were from all jurisdictions with one respondent from the NT.

Respondents believe that any organisation should represent all lived experience workers 48.84% (n=63 of 129) and both consumer and carer peer workers 29.46% (n=38 of 129) and overwhelmingly endorsed both paid and volunteer staff 90.91% (n=120 of 132).

#### **Comments: Other (please specify)**

- *All lived experience paid and not paid people*
- *all consumer lived experience workers including peer educators, peer advocates, peer leaders*

- All 'identifying' peer workers. It could have streams for the more specific types. Consumer, carer consultants and lived experience workers could be welcomed to join as well. Liaison with interested non-lived experience workers could occur too.
- Community-based ('non-clinical') rehabilitation and recovery workers. Note: We are at risk of losing this workforce that has been hard fought for with the NDIS
- I think all lived experience workers should be covered. It would be challenging to be a carer peer worker and not have your own issues too. Although there may be some issues with the approach of some who have a carer role. Nevertheless, this is a challenging role, and allows a different insight into mental health and the related issues and effects on those surrounding and supporting consumers. Looking at my circumstances, it would be helpful to have an organisation which supports and advises on career paths and how to engage with the system and consumers in a professional and ethical manner, considering my lived experience (in my case complex PTSD). I think that it would be good to have an organisation which advocates for consumers (isn't this already done by CoMHWA? and other organisations in other states??) and also lived experience people entering and engaging in 'formal' careers in mental health. However, I hope that 'formal' careers would not be seen as better or preferential to consumer peer workers. It would be good to have a place, value and voice for all and to honour the different choices, capacities and contributions we can all make.
- Consumer Peer workers (paid & voluntary) Carer Peer workers (paid & voluntary) All Lived Experience workers (paid & voluntary)
- 2 specific sub-divisions which individually focus on the lived experience workforce (client) and those with lived experience (carer) to ensure lines are not blurred.
- Represent all lived experience workers - consumer and family/carers peer workers - those in an advocacy/representative role and those who are employed as peer support workers, to provide one on one or group based peer support to consumers to support them on their recovery journey. I'd also like such an organisation to support managers/supervisors of lived experience workers to build their capacity to adequately support and develop peer workers within their organisation.
- I believe that consumers and carers have such different experiences and needs that there should be two groups
  - peer workers
  - I think everyone
  - Lived experience workers and those training and employing peers.
  - People with lived experience
- Everyone has lived experience from both sides of the fence and when I hear the perspective from a carer - it is enlightening, engaging because it opens the conversation to hear their voice and share mine. It provides a space to be safe and feel vulnerable without shame of having mental distress or a diagnosis. Its peers learning from each other and the aha wow moments in the conversations is powerful. It drives me to want to keep going and learn more about mental health from all sides. .
- Peer workers is a narrow term. I think carer specific and consumer specific organisations are appropriate, with collaboration between the two. I would not like to see people employed in declared roles not being invited to be part of either national organisation. For example, consumer and carer consultants, family peer workers, consumer and carer academics in declared roles, folks who work for mutual support self help (MSSH) sector such as Grow Australia. Grow employs many fieldworkers who have lived experience but their role is not called

*peer. Also, the MSSH has many peer volunteers. There are also roles such as consumer or carer engagement roles.*

- Both are valid and valuable roles, which may fluctuate in people's lives and careers.*
- Again, sub-divisions. One for paid and one for volunteers. Volunteers have very different expectations and roles responsibilities than paid staff. Providing specific support to each I feel is very important. E.g. I would hope that volunteers are not 'used' within their roles as a substitute for paid staff to save organisations money!*
- Represent all lived experience workers - consumer and family/carer peer workers - those in an advocacy/representative role and those who are employed as peer support workers, to provide one on one or group based peer support to consumers to support them on their recovery journey. I'd also like such an organisation to support managers/supervisors of lived experience workers to build their capacity to adequately support and develop peer workers within their organisation.*
- Volunteers according to the National Standards are to be treated exactly the same and should be valued exactly the same as paid staff so this question shouldn't even be asked.*
- I also believe its time to pay all those who work in peer support - our work is worthwhile and important, even if done by volunteers.*

Responses were also received for the governance of the organisation with 59.87% (n=94 of 157) believing that the organisation should have a national base that includes individual state/territory representation.

#### **Comments: Other (please specify)**

- In having a peak body, even if it only starts out as a team of people collating information and maintaining a website, it helps give people a good reference to know where they stand and what good information is available if the peak body does the job well.*
- I think it would be good to start an organisation separate from existing peak bodies in case lived experience workers in those organisations would like advice or to discuss concerns with an external body.*
- Having a national base would make the peer workforce more uniformed across the country and having individual state/territory representation would allow for additional targeted support*
- National body with centres/branches in each state.*
- I need more knowledge on each of these categories to make an informed decision.*
- I think a national body would provide greater advocacy, but maybe lose some of the personal and local connection and specificity. It would be good to have a national body which supports the existing organisations to deliver their services and to remain local and unique.*
- A national base limits the consultation from Regional areas. Regional setups would depend on their own infrastructure that conforms to the Governing body's approach.*
- Continuity across all states.*
- If this project is also talking about representation for a 'union' perspective, I would hope that all states would provide equal pay and conditions. Currently this is not the case and is in need of rectification.*
- I would prefer a WA Branch to reduce the need for travel.*
- not sure about this one, would like to see National but the Peaks have good support bases built up over time.*

- *National governance is important, however each state and territory needs to have local representation. Some states have established peaks or organisations and some don't. Existing peaks or organisations should be supported to transition or blend in to local representation under an national framework. Existing bodies should be supported to maintain and enhance their current processes which are successfully supporting their jurisdiction where possible, whilst embracing learnings and improvements from other jurisdictions and the national framework.*
- *It will depend on what your objectives are regarding the organisation - even state peak bodies actually miss the mark so people tend to go with grass roots organisations*
- *Local Peaks could support separate branches but this would be a lot of extra resources which would also require funding.*
- *initially the above, once up & running establish National base.*
- *NIL*
- *Where state peaks exist then state reps should work closely with already formed groups*
- *National because we need United strength. Not state jurisdictions because there are so many factions that tend towards divisiveness and lateral violence.*
- *Due to my experience and peers watching people move up because they fit the image needs to be recognised. Its saddening to see that we all want to share our journey, and yes its hard because we are overlooked because we don't know the talk*
- *Including Regional and Rural areas.*
- *Not sure, but definitely a national base*
- *I see much of this organisation occurring online to bring people together to learn and share perspectives and experiences. Possibly provide peer supervision hub (peer to peer) and definitely working with peaks.*
- *Whichever option is chosen it is important to have representation from rural and regional areas. Existing State based peak bodies are not always able to deliver on this, so perhaps this needs to be taken into account, and the fact there may be different challenges between rural and metro, and also the effect of the NDIS where it has or hasn't rolled out?*
- *can't really comment*
- *I would like to see a National base that includes individual state/territory representation, and that also provides regional and place based representation.*

Responses were received about the CEO position with 84.76% (n=139 of 164) believing that the CEO should have the right skill set and a lived experience.

**Comments: Other (please specify)**

- *crucial to have an understanding of lived experience designated roles best way is to have that work experience*
- *I believe the CEO should definitely have a lived experience. It sends a stronger message to members that the CEO has a personal understanding of what it's like to have experienced/currently experiencing a mental health condition/recovery.*
- *I think that a CEO without lived experience may be able to run the organisation in a management sense. However, to truly lead, mentor and relate, which are qualities of truly excellent CEOs, or as Forbes states they best need to be "credible, competent and caring", then some real life experience is needed. I think this lived experience could be either their own or of a close family member. I think this essential for the role and also to gain more validity for lived experiences, reduce stigma and show a light at the end of sometimes very dark tunnels.*

- *If the organisation has a quantifiable basis around Lived Experience, then a CEO that has some LE is mandatory.*
- *I think it would be preferable that a CEO would have lived experience*
- *If the CEO does not have lived experience, they need to be a person who is open to being influenced by Board members who have lived experience.*
- *Lived experience is essential*
- *Only if they have carer and consumer lived experience*
- *Qualified by Lived Experience is something someone recently told me - this person was brought in with all of these people who had training but no lived experience. This group missed the mark because they didn't have lived experience.*
- *obviously it would be preferable if the CEO had a lived experience but it is often difficult to find someone who fits all criteria.*
- *I think skills are mandatory but especially the first one needs to have the core experience that a peer worker requires - if this is about self advocacy in part we can't have the figure head without it and there is no reason why a per could not do it (with the right skills).*
- *Lived experience first*
- *NIL*
- *It is essential and if additional training is required to support a person to develop their skill set that should be available.*
- *Not sure, just someone that is right for the position*

Additionally, there was strong support for the members of any board to have both a professional skill set and lived experience 75.31% (n=122 of 162), lived experience 20.37% (n=33 of 162) or lived experience in leadership roles 28.40% (n=46 of 162) In terms of the percentage of board members with lived experience the responses were fairly evenly divided here with 49.08% (n=80 of 163) saying that all board members should have a lived experience and others 46.63% (n=78 of 163) believing that 50% of board members should have a lived experience.

*having a mix of lived and non would bring different skill sets and experiences enriching the board further*

*I think 50-75%. Often in organisations, there is a minority of people with lived experience, or at least those who are willing or able to disclose this. Part of equity is providing added support and resources for those who don't have the same advantages. Having a board in which people with lived experiences, who also have managerial, professional and/or leadership skills and experience can be valued and included, I think sets an important precedent. However, I don't think this should be at the expense of the sound running of the organisation. Lived experience and good business skills are not mutually exclusive, and there is also the possibility of training and mentoring people for these roles.*

The responses to the question: **Should board members have?**

**Comments: Other (please specify)**

- *But necessarily degree. TAFE or work experience*
- *I think that there should be a diversity of experiences relating to who is on the board. I think that most should have a lived experience but it is also good to have someone in who can give other perspectives(eg someone who works with the medical model without lived experience who also recognises the limitations of the approach.*

- *experience working as a peer worker perhaps with one or two designated representative positions that do not require a professional skill set. Understanding the framework of working with your lived experience e.g. trauma informed, recovery orientated, non-oppressive, rights-based is not automatically imbued in somebody by virtue of lived experience.*
- *I've selected all, as I feel it would benefit to have a variety of different experiences and strengths on the board.*
- *Would be ideal if had lived experience, but if they don't ensure they have a very good understanding of what lived experience is, and what it involves.*
- *There should be a mix of people with and without lived experience and professional experience, with the majority having lived experience.*
- *I think that lived experiences for some, but not all of the board members is essential. There are many factors required to run an organisation, and to get some of the best or most suitable skills, not all people will have lived experience. I also think there is a danger of having only lived experience and creating a sort of unrealistic situation removed from everyday life. I do know the comfort and ease of being with others who 'get it' and there is no need to explain, educate or inform. But I think a mixed board which has people with leadership backgrounds, professional skills and some or the majority with lived experience, would create a good balance, credibility, relatability, effective advocacy and the components necessary for the organisation to run effectively, efficiently and compassionately.*
- *Lived experience and other professionals*
- *People need to have the capacity for governance.*
- *All of the above*
- *I think it would be important to have lived experience representation, along with other relevant members with appropriate professional experience to be on the board. Diversity would be of benefit.*
- *I believe that the board should have a variety life experiences and skills but not just a professional skill set only as these people tear organisations and their culture apart with no understanding of how devastating their actions are as to them it's just a workplace with the CEO and executive walking on water having no real core understanding of who they really represent and their lives of misery. You only need to look at the decimation of Ruah sacking people with little notice and stripping workers of all the funding and pragmatic ways to help people. Ruah is basically a toothless tiger with low qualified workers who were the replacements for highly qualified and experienced workers all sacked and axing of group outings and activities that the previous management funded and the vocational and recreational funding for individuals which helped give meaning to lives. The current CEO slashed everything and there is almost no point in having a Ruah worker now. A CEO MUST have lived experience.*
- *Many people have lived experience, professional skill set and may have leadership roles. Lived experience you can't teach, leadership skill sets can be taught, professional skill set (which it doesn't sound you have decided what you need) can also be taught.*
- *A combination of all*
- *Could have majority LE with skill set for legal and accounting id not available in LE*
- *A mixture is fine - getting some highly skilled roles filled can be hard anyway without making it mandatory that 100% of board members have lived experience.*
- *the framing of this question accidentally implies that people with lived exp don't have professional skills a strategic comma here and there might assist*

- *I think not essential to have lived experience as a board member, but at least there should be an advisory group of people with lived experience to give their opinions on certain decisions.*
- *I think that people who have a professional or academic background and who have managed this despite living with a mental illness, should represent lived experience workers. I feel the stigma is still strong especially within the Academic, Professional and Leadership areas of employment as it is often assumed that these people would not be capable of being stable enough to perform their duties and hold those positions. We need to break down those barriers and show that anyone at any time could be struck down with a mental health issue. That does not mean they are incapable of holding down a job, it means they need a brain break, as you would have a plaster cast, crutches and time off work for a broken leg.*
- *50% or more lived experience & some members professional skill set*
- *NIL*
- *And if needed they should be provided with training to develop skills required*
- *Not sure, but definitely some members should have lived experience. They could also have done a lot of good work in MH.*
- *I don't think lived experience alone could qualify someone to take on such a role. It's my*
- *Lived experience - community Lived experience - leader Lived experience - academia Lived experience - public system peer role Lived experience - community system peer role*
- *Having members with lived experience in leadership roles is the go; however having small numbers of members added to the board with a lived experience not necessarily in leadership role. We have peer workers with many years in the field with an enormous wealth of knowledge that could be beneficial to the board to have as members.*
- *I think that there is absolutely no shortage of people who have both a lived experience and the right professional skill set.*

A further question within the survey: **If board members should have lived experience, what percentage of board members should this include?**

**Comments: Other (please specify)**

- *Understanding of issues facing peer workers*
- *If they breathe they have lived experience. It's knowing how to utilise this experience in a productive way to support & encourage*
- *Diversity brings better understanding given it is correctly harnessed.*
- *I think the board should consist of at least 50% lived experience to ensure this perspective is represented in important decision making.*
- *Lived experience equals understanding*
- *having a mix of lived and non would bring different skill sets and experiences enriching the board further*
- *I'm thinking ~50-60%. Lived experience voice is important, but it's always good to have a good mix of people to help keep each other in check and functioning/moving forward as an organisation.*
- *All should have lived experience unless enough suitable people with lived experience cannot be found. People with no lived experience should only be considered if they have exceptional skills or influence such that it would be of significant benefit to the peer workforce and the appointment is agreed upon by a panel of peer workers.*

- *The majority should have lived experience to ensure that the lived experience perspective is at the fore of everything they undertake.*
- *I think 50-75%. Often in organisations, there is a minority of people with lived experience, or at least those who are willing or able to disclose this. Part of equity is providing added support and resources for those who don't have the same advantages. Having a board in which people with lived experiences, who also have managerial, professional and/or leadership skills and experience can be valued and included, I think sets an important precedent. However, I don't think this should be at the expense of the sound running of the organisation. Lived experience and good business skills are not mutually exclusive, and there is also the possibility of training and mentoring people for these roles.*
- *The skill set and understanding of the organisation's charter is as important as a lived experience.*
- *power balance*
- *This would enable board members to contribute from a lived experience perspective and this I believe is essential.*
- *With more than 50% representation on 'the board' any decisions that need to be made will be inclusive of the majority of lived experience members.*
- *To ensure the lived experience voice is heard within governance.*
- *May not be reasonable to have all*
- *All means all.*
- *As long as all necessary skills and experience required for a National Peak Body Board Membership is secured.*
- *to ensure appropriate diversity and appropriate mix of professional experience and lived experience voices*
- *I feel this is important as they will have a personal understanding of what consumers are going through and will be in a better position to advocate from personal experience. They will be more compassionate and understanding of consumer needs and will get the respect from consumers and other workers in the field.*
- *Many valuable people have lived experience and many valuable people don't so a balance is good in this setting*
- *Preferably all but it should be across all - representatives from all facets of life not just one particular area. For example, not all should be from a wheelchair background or even Down Syndrome, include those with OCD, Anxiety, BPD, Autism - there are so many people caring for those with dual disabilities (I'm not referring to dual diagnosis as this is well recognised).*
- *75% - allowing for special skill set*
- *They do need a preponderant say in decision making. 50% +1 I would say.*
- *To ensure the right balance - also there are hundreds of professional people who have at one time or currently have a lived experience and the right marketing and recruitment of directors can secure this*
- *It would be good to have people in leadership who actually understand lived experience and its impacts, although I still don't think it is essential because some people can be really excellent and empathic without really having their own lived experience.*
- *While emphasizing Lived Experience allow room for skill based board members too*
- *I think that everyone needs to be able come from a lived experience perspective to be able to make decisions for people living with a mental illness. People who have not experienced mental*

*illness themselves or their family members will not be able to empathise with the full range of emotions that a mental illness creates.*

- *I believe majority of the board if not all should have lived experience so that they have an awareness and understanding of where their participants are coming from and dealing with on a day to day basis.*
- *See below reason*
- *This is a peak body to support people with a lived experience and who better to support than people with lived experience.*
- *Because they will get it well hopefully, we are not broken brains or have chemical imbalances - everyone is different and yes we had trauma and we will continue the fight to have lived experience recognised as an essential part of knowing what it is like, how it is feels, to listen and validate their feelings. Support through open discourse and co-production at times are unique space to begin healing, accepting and knowing you are a valuable, worthy person and your lived experience, can make a difference - if only we were equal.*
- *It should be by -and- for workers with a lived experience*
- *I think the board needs to be independent and should come a wide range of backgrounds.*
- *Board Members should all have lived experience. Too many times organisations have tried to get off the ground and have been hijacked by professionals and NGO's who change the entire ethic of what we have tried to achieve. Also non 'lived experience people seem to have an entirely different world view of what 'lived experience' is. Too often things have been tried only to have people with medical backgrounds undermining those of lived experience and have an entirely different agenda. Also people with no lived experience values often do not align with those of us that do.*
- *At least 50%?*
- *If there was a person with great commitment and skills, it would be a pity not to access that. It can (I think) sometimes be helpful to have a different perspective.*
- *Some professionals without lived experience could make a valuable contribution.*
- *My experience as a Peer worker and a Manager with lived experience for over 8 years working across public, private, community and clinical drug and alcohol and mental health landscapes is that 65% lived experience and 40% non lived experience teams are the perfect balance.*
- *Except perhaps for accountant. Although depending on how virtual organisation is, pro bono accountant may be possible with lived experience as well*
- *Getting the right mix is vital, some skills needed may not belong to people who have lived experience*
- *Talking about it and experiencing mental health is completely different. A combination of lived experience and professional skill set is required*
- *You can't make decisions about a peer work organisation without having lived experience*
- *Less than 50% does that mean 10% will do? To drive and promote the peer workforce development we need to have a strong presence of lived experience. Percentage is not what is going to make a difference at the end but the people and the members of the board that will make a difference. I believe the percentage need have a balanced numbers across.*
- *To provide equity and solid representation*
- *Lived experience to represent consumers and carers*
- *lived experience shouldn't be limited to personal experience. Experience could include friends and family members. It could be difficult to find more than 50% with the right skills set.*

- *All board members should have a lived personal experience of mental illness because it is a consumer organisation.*
- *Nothing about us without us*
- *give more weight to decisions made by board members*
- *Ideally you would have 100% in order to challenge stigma and highlight that lived experience skills can be used in a range of other disciplines/occupations where LE is not the key skill set.*
- *That the elected board in its entirety should identify with a lived experience as paid lived experience / peer workers/leaders so as to relate directly with the challenges and potential of its members and to be fully aware of the systemic challenges, legacy issues, power dynamics, organisational bureaucracy, and existing collaborative networks with supporters and champions from outside the L/E network. (i.e within government, health services, private practice etc)*
- *I would not consider the organisation to represent me if the board had less than 50% members with lived experience. I would argue that the board should strive for at least 85 - 100% minimum lived experience members.*
- *I think that we are representing ALL people with a mental illness so a majority of board members should come from all walks of life not just a few high achievers but people representing all of people with a mental illness*
- *Experience has a greater rating rather than management skills*
- *100%, there should be NO member of the board with out lived experience. All areas of governance can be covered by someone with lived experience. Governance can be taught, lived experience cant be.*
- *they will have the skill set as well so could be up to 100%. the lived experience is vital to understanding the role of the peer worker*

Responders believe that staff members of any organisation should have the right skill set and lived experience 49.39% (n=81 of 164) or a mix of staff with or without lived experience but the right skill set 40.85% (n=67 of 164)

**Comments: Other (please specify)**

- *Lived experience is important but it is also important to not be completely exclusive as this has the potential to be another siloed collective. To be across all that goes on, I think that it is important to not be completely in the peer space but also make sure that the organisation promotes good peer/non peer relations through example.*
- *we need to be a model for promoting and sharing governance with consumers and how effective this can be but staff at other levels of the organisation could have/not have lived experience*
- *I believe the organisation's staff could consist of lived and no lived experience staff, however, I feel it's important to have at least 50% with lived experience plus the right skill set.*
- *skill set combined with lived experience gives staff the right tools for maximum growth and direction*
- *In my experience, it has taken a long time to bring non-LE staff "up to speed" with the concept of the LE workforce. I think it's important to demonstrate the awesomeness of LE in all areas of the organisation.*
- *All should have lived experience unless enough suitable people with lived experience cannot be found.*
- *Also there could be room for choosing people with passion and experience who can be trained and mentored for different roles.*

- *As above.*
- *As above.*
- *It's healthy to have a diverse workforce*
- *Staff that have not had lived experience may have previous experience in 'other bodies' - e.g. HACSU and will have skill sets that come with this experience.*
- *more than 50% should have lived experience*
- *I believe diversity and multiple perspectives are important*
- *I feel it is important for board members to have a lived experience in order to understand the issues facing peer worker. They should also be professionally qualified as well to undertake this important role.*
- *You need a 100% LE workforce if your title states you are LE.*
- *I think it would be important to have some staff with lived experience, but I don't think everyone needs to. It is also about bringing on the right person matched to the role.*
- *A lived experience is definitely important for those workers in the field. Consumer's seem to respect the opinion of those whom have been through similar experiences and are able to offer support with coping strategies and advice for what has worked for them. PWs with a lived experience will be able to provide support, advice and guidance from personal experience. Consumers also see "what is possible" for the future when seeing others who have been through what they are going through holding down full time jobs and doing something they enjoy so much.*
- *It depends on what you are looking for - people surprise you, there are so many professional skill sets with a form of lived experience even if they don't say they do. I have discovered this through talking with people over the years.*
- *Important to have lived experience and some skill set. I guess my question is what is the organisation's definition of lived experience. Is it the lived experience of trauma or is it tertiary mental health system*
- *Needs to be a consumer run organisation*
- *equity and the ability to see all perspectives*
- *As above*
- *One needs to really understand and 'get' it on every level*
- *diversity can help*
- *Better understanding of what the organization is about.*
- *I do think that people who are in these positions should have the right skill set and come from a lived experience background, mainly so that there is opportunities for people to progress in their careers if they would like to, and it creates a more diverse workforce of lived experience workers.*
- *As it is a peer worker network, of those with a lived experience as a carer or consumer, it makes sense to have all staff on every level to also have a lived experience. It extends the whole sense of peer understanding, empathy and mentoring, as well as making decisions, which affect those with a lived experience.*
- *NIL*
- *Do not give away our jobs! Employment rates for people with mental illness in Australia are dismal....we need to set an example of reversing this!*
- *Because the staff are supporting people with lived experience I feel they need to have that lived experience and also the right skill set to be effective.*
- *I feel that this question is a double edge sword. As a person with Lived experience and attended many workshops, training, ASIST, and qualifications in Cert IV Mental Health Peer Support, Lived*

*Experience Educator and one of 19 people in WA who is a qualified as an Alternative to Suicide Facilitator and a Volunteer Peer support Facilitator .90% completed a PhD on trauma . It means nothing , It is not your lived experience or how qualified one is - it is who you know to get work as a Peer Support worker. I was naive, quiet, shy because I spent 10 years inside my house and when I finally realize there was no magic pill , I really wanted to make a difference and if I could for just one person - it was worth it.. But like many of my peers, we have studied and work hard in our recovery journey and keep going because we want to make a difference , to share ,grow and learn with our peers. However, we are disappointed because we do not get an opportunity to work in the field because we have 'no experience'. The peer support network is a very close circle but we keep going to workshops, training and watching people who did not finish the courses and put in the hard work climb the ladder as they fit the image,. This is not said in malice, it is with disappointment that I have personally seen consumers work hard at studies, volunteering and it comes down to who you know and it is devastating. So you can have the right skills and lived experience on paper but many are overlooked and others are put into positions who didn't finish the courses and climbing fast and its bullshit. No-one will give us paid work because we are not hand selected. . The favouritism and the stigma of image must stop. I am gob-smacked when I go to course and the person running it didn't finish the last one. Equality among people with lived experience does not exist in WA . Its the same people running it. and it is ruthless. we have started a support group for survivors of Peer Support Lived experience who don't suck and are passionate about working with our comrades to have a sense of self worth.*

- *There are plenty of organizations out there without the wisdom lived experience - let's not join those dismal ranks...!*
- *But preferably lived experience (consumer/carer) or experience working MH. Could even be passionate about MH/recovery.*
- *The skill set is very important, and there may not be enough lived experience workers to meet the needs of the organisation.*
- *Be willing to grow skill set and lived experience not needing to be at the top of the skill set to start*
- *I think a mix of staff would contribute to diversity in the workplace*
- *See above answer*
- *I think there needs to be a good balance of both*
- *There are enough people with a lived experience who have the right skill set to be able to recruit successfully*
- *I believe we need to work collaboratively to move forward. Lived experience and right skills set brings a balance and knowledge from both parties. Successful organisation work together. We want lived experience to be valued however we also need right skills set people to be valued by the lived experience.*
- *Skill sets can be taught. People with LE can gain experience and a skill set. A peer peak body must be staffed by Peers.*
- *Right skill set as its important to set a benchmark of professionalism*
- *As above*
- *same as above but with skills*
- *Nothing about us without us*

- *If it is a peer led organization for the peer workforce it would make sense holistically speaking for all staff to identify with some form of lived experience- in this case carer or consumer lived experience .*
- *There is no point in setting up an organisation without people with the right project management, governance, administration and professional communication skills. Ideally you would find people who have these and lived experience in order to demonstrate MH affects everyone.*
- *All staff should have the demonstrated skills and abilities to articulate the needs, challenges, opportunities, barriers, unique skill set, aspirational systemic disruptions. A Lived Experience without these abilities, robustness or capacity to gain is not taking full advantage of opportunities to create change and challenge obsolete and power influenced attitudes*
- *If this organisation is representing a LE workforce, then it should be a LE workforce. Are you assuming that you won't have capacity to find a skilled LE workforce capable of doing the work to a high standard?*
- *Like Peer Work empathy is the key factor so that attitude is compulsory*
- *Encourage inclusion of staff with lived experience who might otherwise not find a position*
- *also needs to be clear about the experience is more than just identifying as having a diagnosis, there needs to be some sense of being a part of a movement.*
- *really its important to do the job. the staff mentioned will not be the policy makers*

#### **Professional Development:**

98.17% or 161 respondents supported overwhelmingly that any organisation would provide professional development and a mixed response from 164 respondents as to what that would offer is set out in the following graph with ongoing learning and development 89.02% (n= 146), training for peer workers to be supervisors 82.32% (n=135) opportunities for external supervision 81.10% (n=133), courses for peer workers to effectively deal with stigma and discrimination in the work place 76.22% (n=125) and accredit continuing professional development points 72.56% (n=119)

*perhaps this could be tendered out to other bodies that they would be happy to endorse/recommend. so we have access to standard training that already exists and is endorsed by a national peak body*

*It is essential for a peak professional body to provide professional development opportunities to it's members.*

#### **Professional Development: What would you like the organisation to offer?**



#### Comments: Other (please specify)

- *I think the focus of professional development should be supervision and enhancing leadership skills.*
- *leadership/management training opportunities, peer speciality training (e.g. physical health focus, trauma, specific conditions)*
- *Provide accreditation only for any training or courses provided by anyone to maintain quality.*
- *Professional development for different types of peer workers, like peer researchers, including collaboration with external professionals, like non-peer researchers.*
- *Also, as in my case, how to have roles such as counsellor, psychologist, mental health nurse, psychiatrist etc with lived experience. In my university studies, many my cohort in counselling had some kind of lived experience, but, to my knowledge, there is no avenue to appropriately voice this or integrate it into practice, and also to ensure fitness to practice. There are also many professionals in the mental health field who have their own mental health issues and are too embarrassed, terrified or disincentivised to disclose. How can you be both a consumer and a provider?*
- *Only reason I have not ticked 2 of the boxes above is that this training is currently provided within the organisation I work for.*
- *Strategies and communication skills to effectively influence your organisation for the enhancement of care to the consumers the organisation serves 2. training for line managers of peer workers to build their capacity to effectively line manage the peer workforce (eg the need for managers to be flexible and accommodating in negotiating work hours and other work conditions, encouraging employee self-care, and strategies to maintain their wellbeing at work)*
- *I think all have some merit but the devil is in the detail - unless you are dealing with suicide, you would do awareness training as opposed to in depth safe talk or ASIST training. I think providing training specific to the caring needs is a much more targeted approach. Every organisation should be encouraging employers regarding care training, disability specific training, etc.*
- *We would like to support the participation of carer peer workers and advocate for all peer workers to be respected, adequately funded, with realistic workloads and a documented and*

*clear role in the model of care. So working with the new organisation from an advocacy and sector development perspective.*

- *Intentional Peer Support Training and Train the Trainer*
- *ALL OF THE ABOVE*
- *All good options above*
- *the organisations that employ peers should provide external supervision and the national organisation could advocate if they didn't*
- *I also believe that front line peer works need to be offer opportunities to visit other organisations lived experience team outside their regional area to see what's happening in other areas hands on. Perhaps this could be also a great educational excursion opportunity. Front line don't seem to be involved in this opportunity. in my experience this often offered to peer workers in leadership roles, such us supervisors etc.*
- *AoD specific Peer training and certification Create a Diploma in MH peer work. Develop and provide training around varied Peer frameworks and practise*
- *Management of peer workforce.*
- *Research and emerging practices around lived experience in settings beyond MH*
- *Challenges here I see may be the vast, broad and differing opinions, experiences and approaches to peer work. Organisational influences, clinical governance, existing & established peer workforce approaches, differing levels of experience and maturity across the nation and the fundamental v collaborative and all areas in between, may lead to lengthy and challenging conversations on what this training content may be. I think first and foremost it is most important to establish a professional network that can then explore capacity building*
- *There are established RTO's and training organisations. Rather than diluting the capacity and focus of the national peak by attempting to be all things to the workforce through delivering training, it would be more productive to use the peak to promote and support existing quality training (eg Curtin's LEAD program) and advocate for improved access (eg expectations that PSW's have access to a PD budget) to existing training opportunities. You do not provide a comments box on your yes/no response question. Then provide no capacity to provide a comment to explain a 'no' position. This creates a survey tool that has an inbuilt bias and power imbalance that doesn't capture diverse views and appears to simply be seeking endorsement for an existing intent*
- *To go to Supported Residential Facilities ,Homeless centres and learn from them as well as the vast majority of people with mental illness who suffer alienation, stigma and cannot get a job.*
- *training for staff - its often not the lived experience workforce that needs the training - they know how to engage its often clinicians in mental health services that need to be trained by the lived experience workforce.*
- *these are all potentially, it really depends on the decision of the aims and objectives of the organisation. if the aim is systemic advocacy for the consumer workforce then professional development is a lower priority,*

### **Education and Training:**

An overwhelming majority of respondents 94.90% (n=149) felt that the organisation would provide education and training. 159 respondents noted the five areas which were most important are:

1. Provide employers with education and training around the peer work role; 91.82% (n=146)
2. Provide peer workforce education for community and health professionals; 90.57% (n=144)
3. Educate organisations/unions to understand what a peer worker is; 88.68% (n=141)
4. Provide education to Eds and other mental health settings; 82.39% (n=131)

5. Provide education on reasonable adjustments in the workplace; 78.62% (N=125)
6. access for people to attain a qualification in peer work by supporting subsidies places; 77.36% (n=123)
7. Develop new units in specific areas relating to peer work (units of competency); 73.58% (n=117)
8. Training for external supervision; 71.70% (n=114)
9. Deliver intentional peer support training; 69.81% (n=111)
10. Training in suicide intervention skills; 64.78% (n=103)
11. Provide auditing training; 49.06% (n=78)

What is of note is that these key points reflect education and training to the existing workforce and work places. This supports a number of the common theme findings from the Literature Review.

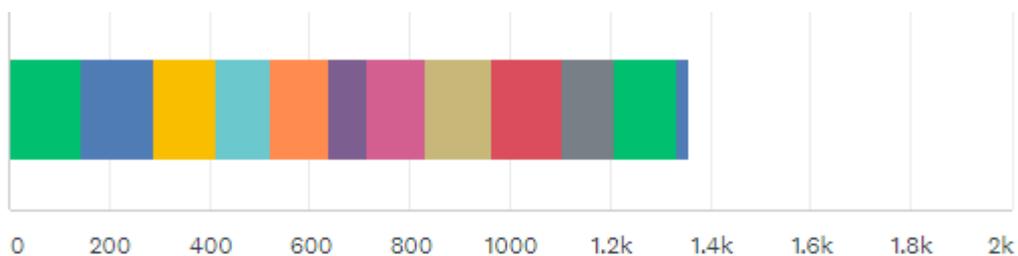
*Not necessarily, I see the organization as being advocates for work place issues and supporting the lived experience workforce as it develops and grows*

*And perhaps link it to the Cert IV Mental Health Peer Work*

*Basic training in counselling, communication, mental health first aid etc. We want the peer workers to be trained to a common standard.*

Of the 159 respondents to this question noted access for people to attain a qualification in peer work by supporting subsidies places as the 6<sup>th</sup> most important 77.36% (n=123), develop new units in specific areas related to peer work (units of competency) 73.58% (n=117), training for supervision 71.70% (n=114) and deliver intentional peer support training 69.81% (n=111) completed this section of the survey.

#### Education: What would you like the organisation to offer?



- provide peer workforce education for community and health professionals
- provide employers with education and training around the peer work role
- access for people to attain a qualification in peer work by supporting subsidised place
- deliver intentional peer support training
- training for external supervision
- provide auditing training
- develop new units in specific areas related to peer work (units of competency)
- provide education to EDs and other mental health settings
- educate organisations/unions to understand what a peer worker is
- training in suicide intervention skills
- provide education on reasonable adjustments in the workplace
- Other (please specify)

**Comments: Other (please specify)**

- *Education for workforce outside peer roles*
- *training in specific peer work areas (e.g. physical health, trauma, specific conditions), post-graduate training in mental health peer work for those who have completed university training/on-the-job training and want a higher level course in specific peer work, consumer research (e.g. research assistant or PhD opportunities with universities)*
- *If there is any chance for any kind of education then that would be brilliant.*
- *Intentional peer support training needs to blend with Cert IV MH PW (nationally accredited qualification to be reviewed in 2019).*
- *Training and information on how to move beyond a peer worker role into other professional areas in mental health.*
- *how to effectively look after your wellbeing within a peer workforce role (especially within a peer support worker role) - identifying, understanding and dealing with your triggers, how to negotiate reasonable adjustments in the workplace with your manager to support your wellbeing and therefore work performance etc*
- *Big picture stuff to do with the peer workforce as a whole, not individual training for peer workers - this is already being done elsewhere so no need to duplicate*
- *This is such a growing industry that many forms of training are needed both in-house and in the wider community, maybe even in schools eventually.*
- *As stated it will depend on the needs of the peer support community*
- *Anything relating specifically to the delivery of peer support or supporting and utilising and managing peer workers in the workplace.*
- *Provide all of the above*
- *Training on Trauma Informed Care*
- *Training in how lateral violence occurs and how to prevent this.*
- *That we all do not tick the same box , a fair go for everyone who is trying to promote an awareness of lived experience.*
- *Especially modify the current Cert. IV Mental Health Peer Work to be more Peer and Lived Experience focussed and available to all people with lived experience and not just those who are supported by an employer. RPL needs to be acknowledged. Trainers should not be ex Psyche ward staff and if so be prepared to sign non disclosure agreement.*
- *I didn't understand the developing new units option, but definitely accrediting courses relating to peer work.*
- *Provide Hearing Voices Approach training*
- *Training in self-stigma Empowering Peers in Mental Health Services and Working with Clinicians*
- *Lived experience skills applicable to other disciplines and how we can utilise them. Leadership.*
- *Challenges here I see may be the vast, broad and differing opinions, experiences and approaches to peer work. Organisational influences, clinical governance, existing & established peer workforce approaches, differing levels of experience and maturity across the nation and the fundamental v collaborative and all areas in between, may lead to lengthy and challenging conversations on what this training content may be. I think first and foremost it is most important to establish a professional network that can then explore capacity building*
- *There are established RTO's and training organisations. Rather than diluting the capacity and focus of the national peak by attempting to be all things to the workforce through delivering training, it would be more productive to use the peak to promote and support existing quality training (eg Curtin's LEAD program) and advocate for improved access (eg expectations that PSW's have access to a PD budget) to existing training opportunities.*

- Provide personal insights to every form of common mental illness to educate us all on how the vast majority of people with mental illness suffer/survive and advocate for this majority
- carers recognition NDIS plan development
- see comment above.
- all training listed is valuable, but I request clarification in regards to auditing training.

### Support Services:

The survey asked what types of support services the organisation should offer with many of the specific questions being evenly spread. 164 respondents viewed the five main areas being:

1. Networking opportunities
2. Directory of training availability
3. Virtual library with resources on research and information
4. FAQ sheets/brochures for peer workers
5. Referral services for debriefing and support

*Educate workers about Superannuation and what happens when you cease working and there is a long pause between employment opportunities.*

*Educate workers about Superannuation and what happens when you cease working and there is a long pause between employment opportunities.*

*I am getting confused as it is not clear what the aims of the organisation would be therefore it is too difficult to make this decision. these questions indicate that a decision has been made...*

### Support Services: What types of support services should the organisation offer?

Directory of training availability	85.37%	140
evidence based/impact/outcomes (published) information	80.49%	132
virtual library with resources on research and information	82.32%	135
provide mediation services, supports and opportunities	65.24%	107
phone/information support	76.83%	126
advice on career pathways	81.10%	133
networking opportunities	88.41%	145
hold conferences (provide well-funded bursaries)	80.49%	132
provide annual awards	49.39%	81
Information on professional indemnity insurance, employment conditions, benefits	67.07%	110
newsletters	75.00%	123
webinars	68.90%	113
contact point for industrial issues	67.07%	110
FAQ sheets/brochures for peer workers	81.71%	134
referral services for debriefing and support	81.10%	133

### Comments: Other (please specify)

- News letters
- Pathways to nationally recognised qualifications.
- All of the above

- *I personally find awards are not motivating and in fact can make other very hard workers disenfranchised or invoke feelings on unworthiness.*
- *All are of some value but some places do it very bad, some do it very good. Amaze has a directory for ASD and it is convoluted and many people do not use it. VICSERV have good newsletters but their courses are very expensive. An EAP accessible for all is a good thought. NDIS, funding groups, etc. all want evidence based - so you need to work out needs and priorities before you can consider what it is you want to deliver.*
- *Direct support of peers and the services that use them very useful.*
- *Links for pathways/referrals to other services, not specifically Peer Worker/support services, but demonstrate similar pathways for engaging in community, up skill & training, work experience, mentoring, e.g.. NFP community groups who actively have participation activities, events and activities with peer support style involvement.*
- *all of the above*
- *ask*
- *Educate workers about Superannuation and what happens when you cease working and there is a long pause between employment opportunities.*
- *The awards sound amazing, as it would encourage and acknowledge peer workers (could even be to organisations)*
- *website*
- *Grow the peer workforce and ensure adequate remuneration. Advocate for paid peer work roles that allow for qualification attainment at the same time*
- *Research into emerging lived experience theory and its applications. New ideas and ways of thinking are important to include in order maintain relevancy and meaning as 'best practice is by definition anti-innovation'*
- *Workshops for organisational leaders/leadership to identify best practice type approaches to implement peer work, identify their understanding of peer work negotiating risk adverse practice To publicly endorse credible L/E research or challenge research and statements that have not included genuine participation by L/E workers and is not published by L/E academics To publicly endorse and challenge government policy, policy implementation & funding announcements*
- *Be a voice representing the LE workforce to lead systems advocacy and raise the profile of the LE workforce. Challenge the power systems inherent in the precedence of 'evidence based' approaches (who's evidence; how does evidence based maintain the status quo and impede systems change?)*
- *directory of members by state*
- *I am getting confused as it is not clear what the aims of the organisation would be therefore it is too difficult to make this decision. these questions indicate that a decision has been made...*

### **Promotion:**

The survey asked what would an organisation promote. 164 respondents answered this question with 92.07% (n=151) noting promoting policy for lived experience workers as the main activities, with systemic and policy advocacy 89.02% (n=146) and promote the benefits of membership, both personal and professional 80.49% (n=132), liaise with RTOs re promoting training of the Cert IV in Mental Health Peer Work 79.88% (n=131) and research 76.22% (n=125), promote establishment of peer worker run crisis centres 71.95% (n=118) and individual advocacy 70.12% (n=115)

*Individual advocacy would be great but a huge resource commitment - it would be good to include if it can be realistically resourced.*

*Also having a national organisation that accredits peer workers (though their education/work experience) promotes and strengthens the workforce.*

*Focus should primarily be on systems advocacy representing the views and needs of the LE workforce; facilitating opportunities for LE workers to come together (conferences; forums); influence research policy agendas*

**Comments: Other (please specify)**

- *Wellness and latest research*
- *consumer/peer work research (e.g. PhD opportunities)*
- *Liaise with RTO's and promote AOD training also. People with lived experience often have multiple needs.*
- *Not sure what a peer worker run crisis centre is?*
- *All of the above*
- *The biggest gap for Cert IV in Mental Health Peer Work is that it does not cover disabilities except AOD (feedback is already been provided to which they say they are working on). It is also not available for those who are volunteer peer workers which defeats the national standards. More needs to be done on advocacy as a whole - not many places offer training in this area of a national standard.*
- *Individual advocacy would be great but a huge resource commitment - it would be good to include if it can be realistically resourced.*
- *Outreach work & activities who identify and engage individuals/groups who are not referred or don't engage in support services eg. homeless people, young people disengaged from school, parents and families from domestic abuse & violence, those that fall through the cracks of the NDIS & socially & services isolated or facing cultural or social adversity or other barriers.*
- *all of the above*
- *Look into quality of training provided by many RTO's in regards to cert 4 in MHPW-this is crucial, the main reason many students are struggling is not study per se but dealing with terrible RTO's!*
- *Promoting training in Cert IV Mental Health Peer Support - I was told by several peer support agencies I wasted a year of my life doing it . Yet some did not finish as it was a challenging course are now teaching it .*
- *An end to 'tokenism'.*
- *Also having an national organisation that accredits peer workers (though their education/work experience) promotes and strengthens the workforce.*
- *Cert IV Mental Health Peer Work, requires a review and rewrite of the resources. What we currently have requires changes. I think we need to have a survey on this.*
- *Clear messages on benefits and potential impacts of LE in a range of occupations - messaging to build workforce outside of MH.*
- *Seek credible and purposeful inclusion and participation in all state and national mental health professional networks, collaboratives, and health planning*
- *Focus should primarily be on systems advocacy representing the views and needs of the LE workforce; facilitating opportunities for LE workers to come together (conferences; forums); influence research policy agendas*
- *Advocacy for all people with a lived experience regardless of functional ability*
- *Identify, support, advocate and provide advice on and for clear career pathways*

- *see above*

### **Advocacy:**

The survey explored advocacy further, and in terms of individual advocacy, 122 respondents answered individual support/advocacy in the workplace as the most important 87.70% (n=107), advocate for professional development 84.43% (n=103), stigma and discrimination in the work place 81.97% (n=100) and appropriate supervision 80.33% (n=98) and partnership with unions for individual advocacy 72.13% (n=88) were the remaining areas thought to be important.

*I think that in an ideal world, an organisation that has a peer work force should have the support mechanisms in place to meet the peer workers needs within reason and the funding situation.*

### **Comments: Other (please specify)**

- *Training people to become advocates*
- *Probably shouldn't offer stigma and discrimination but rather how to stop and support for those experiencing such*
- *I think that in an ideal world, an organisation that has a peer work force should have the support mechanisms in place to meet the peer workers needs within reason and the funding situation.*
- *Whatever the individual wants if appropriate*
- *All*
- *As above but it could be a program designed - training, reinforcement in the workplace, etc.*
- *all above*
- *See above Re: Superannuation.*
- *Acknowledgment of the LE skill set beyond 'managing reasonable adjustments'*
- *as above*

In terms of issues around stigma and discrimination and the impact this can have on the peer workforce was rated highly, and this supports a common theme extracted from the Literature Review. There is a clear need to focus on the value of peer workers, their unique skill set, and the value peer workers bring to settings in which mental health care is provided.

**If you answered yes to individual advocacy, which activities should the organisation provide?**



tiered career pathway structure	75.31%	122
community development	73.46%	119
leadership roles within organisations/services	92.59%	150
consultancy, not just in mental health	71.60%	116
advisory, to employer and peers	80.86%	131
advocacy, outreach, mentoring, teaching, training, human resources	87.04%	141
policy makers	81.48%	132
provision of supervision to peer workers	82.10%	133
lived experience educators/trainers	92.59%	150
specialist skills, eg BPD, homelessness, addictions, inpatient, youth, community	82.72%	134
Specialist skills, eg Centrelink, justice, CALD	64.20%	104
lecturers	79.63%	129
researchers	80.25%	130
departmental advisors	74.07%	120
employment within politician offices both state/territory and federally	70.99%	115

**Systemic advocacy** was also raised as a question in the survey. 151 individuals responded to this question with the top four areas which an organisation should provide being:

1. Benefits of employing peer workers
2. Submissions to governments, providers and relevant others
3. Framework for standards and practice guidelines
4. Showcasing lived experience work and sharing success stories
5. Advocacy in policies, strategies, guidelines, legislation

We can also see some of the responses align with the common themes emerging from the Literature Review. These specifically are around advocacy for stigma free workplaces and services 84.77% (n=128), position on workforce needs 74.83% (n=113) setting workplace standards 82.78% (n=125)

*Remember Peer work is not just mental health - include the diversity such as CaLD, AOD & sexual health - look at guidelines for peer review*

### **If you answered yes to systemic advocacy which activities should the organisation provide?**

submissions to governments, providers and relevant others	87.42%	132
advocacy for stigma free workplaces and services	84.77%	128
more peer worker roles	84.11%	127
showcasing lived experience work and sharing success stories	86.09%	130
setting of workplace standards	82.78%	125
benefits of employing peer workers	88.74%	134
external issues ie mental health system	71.52%	108
framework for standards and practice guidelines	86.09%	130
promote and monitor strong peer workforce structures	85.43%	129
position on workforce needs	74.83%	113
advocacy in policies, strategies, guidelines, legislation	86.75%	131

### **Comments: Other (please specify)**

- *Remember Peer work is not just mental health - include the diversity such as CaLD, AOD & sexual health - look at guidelines for peer review*
- *Excellent*
- *Important to advocate for systemic system change, alongside lived experience workers.*
- *Workforce focus - don't duplicate existing organisations which engage in these activities on behalf of individuals or communities with lived experience of mental distress*
- *All*
- *All of the above incorporated as a program*
- *all of the above*
- *Drop the its not what you know, or your lived experience but who you know -*
- *ALL SOUND GOOD!!!*

### **Setting Standards:**

Many individuals felt that an activity for an organisation should be in setting standards. 162 respondents noted the main areas as being:

1. National standards for the peer workforce
2. Standards for organisations employing peer workers
3. Standards and guidelines for peer workers in leadership positions
4. Standards of care – best practice framework
5. Develop, review and accredit education standards for peer workers

The need for role clarity and a clear identity for peer workers including broader understanding of the peer workforce was also highlighted in the Literature Review.

Of note respondents considered that standards for supervision 78.40% (n=127) accreditation of peer workers 77.16% (n=125) standards for recruitment and selection 77.16% (n=125) job descriptions 77.16% (n=125) remuneration/awards 75.93% (n=123) were also of clear importance.

*Co-reflection / Reflective practice standards and promotion Best Practice Framework is tricky. I personally have a concept of peer workforce best practice but would require extensive collaborative formation and may need to be challenged and reviewed regularly.*

*I am opposed to the intent to develop specific standards for the peer workforce. Why would there need to be a separate set of standards for the Lived Experience workforce? Surely we work under the national MH Recovery Framework and the National Standards for MH Services? You do not allow space for alternative comments. This creates a bias in this survey tool. I could not answer questions 20 fully because you did not include a comments box to explain a no answer. Question 21 does not allow to capture 'other' ideas/agendas*

### Setting Standards: what standards would you like the organisation to develop?

standards for recruitment and selection	77.16%	125
standards of care - best practice framework	80.25%	130
supervision standards	78.40%	127
national standards for the peer workforce	87.04%	141
develop, review and accredit education standards for peer workers	77.78%	126
accreditation of peer workers	77.16%	125
remuneration/awards	75.93%	123
job descriptions	77.16%	125
standards for organisations employing peer workers	85.80%	139
standards and guidelines for peer workers in leadership positions	80.25%	130

### Comments: Other (please specify)

- *Along with national health standards*
- *Standards are important but competencies measure whether people are able to practice to the standards*
- *create state standards that feed into national standards so all stakeholders and issues are included.*
- *I would support standards for organisations and how they treat peer workers but not as much for peer workers themselves.*
- *Code of conduct/ethics (key message from Larry Frick at 2011 conference that this is where things need to start).*
- *Leadership is critical with 'lived experience' supervision. I have just commenced a new role and the coordinator lacks a fundamental understanding of her role as leadership caretaker in supervision. I'm feeling discouraged even before I start on the ward.*

- *You need to be careful of creating national standards as peer work comes in many different forms and for so many different cohorts, etc. As it is mental health peer work is considered only offered by big organisations or hospitals - people don't go to hospital to access all services nor does a person necessarily go to big organisations. Big organisations are affected by kpi's and will only provide the services they are required to do whereas others go further and beyond. Accreditation is available only for those who complete the Cert IV course but it doesn't cover everything - I know I have the training.....there are overseas organisations that provide training but it is not accredited in Australia. Whilst the government wants to encourage peer work, they do not do a lot to support it or the different types or different needs of cohorts for peer work.*
- *all of the above*
- *taken on your own hard work, passion and dedication to promoting awareness of the importance of lived experience is a vital tool we can all learn from each other*
- *All of these are really important, and I guess this is the current gap in having national standards*
- *Discipline knowledge - what are the principles and codes of ethics all LE workers should sign up to regardless of where their position is/core roles of the position.*
- *Co-reflection / Reflective practice standards and promotion Best Practice Framework is tricky. I personally have a concept of peer workforce best practice, but would require extensive collaborative formation and may need to be challenged and reviewed regularly.*
- *I am opposed to the intent to develop specific standards for the peer workforce. Why would there need to be a separate set of standards for the Lived Experience workforce? Surely we work under the national MH Recovery Framework and the National Standards for MH Services? You do not allow space for alternative comments. This creates a bias in this survey tool. I could not answer questions 20 fully because you did not include a comments box to explain a no answer. Question 21 does not allow to capture 'other' ideas/agendas*
- *I think we should be the voice of all consumers and advocate for all*

### **Representing the peer workforce:**

The survey asked whether respondents see an organisation as representing the peer workforce. Of the 157 respondents to this question, 151 noted yes. The five most important being:

1. Promoting the peer workforce as a profession
2. Guiding principles for the peer workforce
3. Peer leadership
4. Point of contact for the peer workforce in Australia
5. Support and advocacy for all lived experience roles at all levels of services including peer workers.

*The professionalisation and promotion of the peer work force is so important to the profession as a whole but also for individual peer workers on the ground.*

*Peer Work representative perhaps needs to be also mindful of the importance of valuing lived experience in all workers so as to not unintentionally stigmatise.*

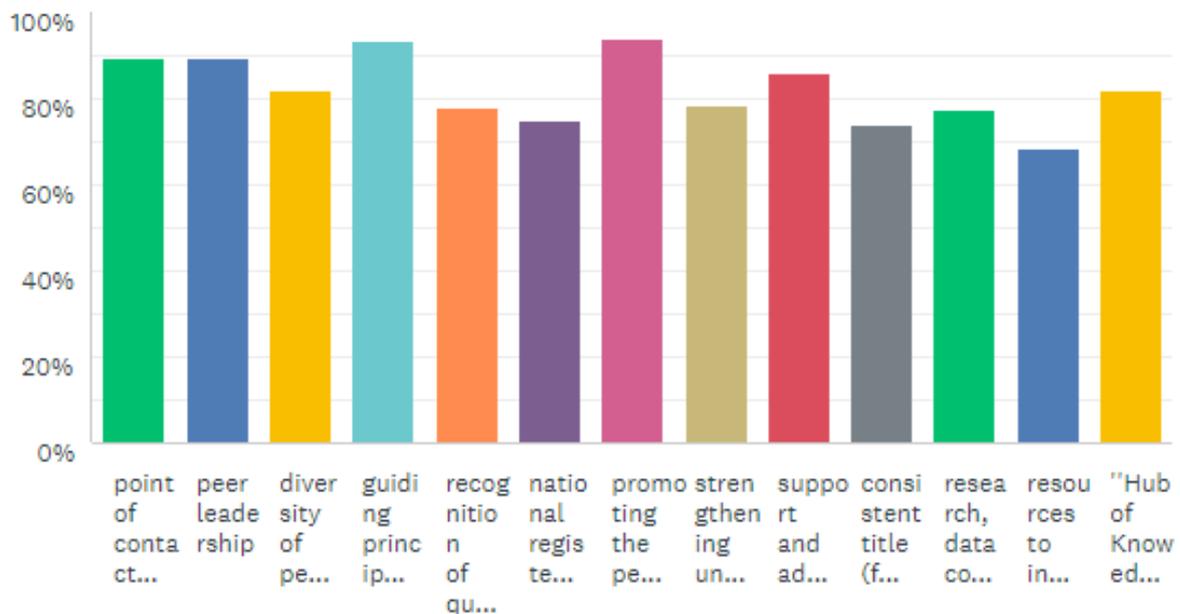
*I believe the strategic plan it's about lived experience participation. It is a standard that promotes excellence in the service delivery.*

### **Comments: Other (please specify)**

- *The professionalisation and promotion of the peer work force is so important to the profession as a whole but also for individual peer workers on the ground.*
- *maybe*
- *Peer Work representative perhaps needs to be also mindful of the importance of valuing lived experience in all workers so as to not unintentionally stigmatise.*
- *Again it depends on what you want to achieve - I see all organisations contributing to this.*
- *It would be essential to not forget the states which are not in the East - historically this has occurred*
- *I believe all organisations that deal with community services should have lived experiences*
- *YES! Promoting and destigmatising and legitimising in turn*
- *I believe the strategic plan it's about lived experience participation. It is a standard that promotes excellence in the service delivery.*
- *The professionalisation and promotion of the peer work force is so important to the profession as a whole but also for individual peer workers on the ground.*
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- *I believe all organisations that deal with community services should have lived experiences*
- *YES! Promoting and destigmatising and legitimising in turn*
- *I believe the strategic plan it's about lived experience participation. It is a standard that promotes excellence in the service delivery.*

Further responses showed 'Hub of Knowledge' for newly created peer worker positions 81.94% (n=127) diversity of peer workforce 81.94% (n=127) recognition of qualifications 78.06% (n=121) strengthening understanding and applicability of the peer workforce within unions 78.71% (n=122) research, data collection 77.42% (n=120) national register of qualified peer workers 74.84% (n=116) and consistent title (for peer worker) rated at 74.19% (n=115)

**National representation of the peer workforce: Do you see the organisation promoting the profession of peer work? If you answered yes, would this include?**



### Comments: Other (please specify)

- *There are differing roles within peer work and any intent to develop a consistent title would need to acknowledge and define the parameters of each role e.g. my work is focused on systemic advocacy and policy development I rarely am involved in direct face to face peer support.*
- *I think research and building new sources of knowledge is very important. As is viewing mental illness from a variety of perspectives which serve to destigmatise it, such as indigenous perspectives which see it as a spiritual experience. The whole word 'mental illness' has such negative connotations and is also misleading. Often these are very normal responses and coping mechanisms which should be honoured and understood, including as strengths. While the DSM has some merit, I also has issues with it and the medical model.*
- *All*
- *All are great ideas but again look at what is already out there and why it works and why it doesn't and look at ways to better this. The Centre of Excellence for Peer Work is a great start - I have met this lady and she knows everything about peer work.*
- *recognition of the value of lived experience in supporting others and helping people (peers) navigate complex service systems for diverse needs.*
- *all of the above*
- *Would prefer consistent titles (plural) for specific peer roles ie peer support (worker), peer advocate etc*
- *Having a national register is such a good idea! Not sure what it means about consistent title*

### Code of Ethics and Code of Conduct:

The survey asked about whether respondents would see an organisation developing a code of ethics and from 163 respondents to this question, 150 noted yes. The five main points raised were by 152 respondents were:

1. Confidentiality/disclosure/privacy
2. Advocacy and empowerment
3. Respect for different perspectives and diversity

4. Skills boundaries: risk/duty of care
5. Recovery principles

*I think this is important in order to guide and lead the profession and individuals, have validity, set a standards and operate ethically.*

*Definitely endorse developing a code of ethics which mitigates against peer workers being coopted into medical model approaches and interventions. I am always uncomfortable when I read position descriptions which cite the purpose of the peer role is to prevent re admission to hospital. Peer work is about walking alongside the consumer on their recovery journey.*

*Inclusion, trauma informed, compassionate, Dignity, Person first, Support and connection, Meaning and purpose, Inclusion and diversity, Recovery, Equity, Collaboration and partnership, Communication*

The need for exploring boundaries and self-disclosure in the peer worker role was a theme which came from the Literature Review and this is consistent with the responses as is the health and well being of peer workers.

Further responses showed that behaviour, expectations, boundaries were important 84.87% (n=129) as was professional development, learning and reflective practice 82.24% (n=125).

The survey differentiated between code of ethics and code of conduct as this was raised quite a lot during the face to face consultations. Of 162 respondents, 132 believed an organisation would develop a code of conduct for peer workers. Areas noted of importance were establishing best practice 90.15% (n=119), role definitions 80.36% (n=114), conflict management 84.09% (n=111) and scope of practice 82.58% (n=109) Other areas of note were boundaries for friendship/peers/colleagues 80.30% (n=106) and supervision by person with lived experience 81.82% (n=108)

*Yes. Ethics is about the thinking behind decisions whereas conduct is the actions*

*this would cause conflict with existing codes of conduct for peer workers who span many organisations*

*Yes. They are similar bu different. Code of ethics represents values of the organization to which members should adhere and agree to. Code of conduct outlines acceptable actions and behavior which members are answerable for.*

*Code of Conduct makes the 'no' behaviours more explicit.*

*Yes - The primary difference between code of ethics and code of conduct is that code of ethics is a set of principles which influence the judgement, while the code of conduct is a set of guidelines that influence employee's actions.*

*They go hand in hand, Ethics are the principals and beliefs underlying the code of conduct. A code of conduct is necessary as it is such a diverse workforce, there needs to be some expectations around what it is to be in this workforce providing a quality service.*

#### **Comments: Other (please specify)**

- *Only if needed and the work has not already been done*
- *this could eliminate grey areas in practice.*
- *yes yes yes*
- *Comments as per above - this is where it needs to start.*

- *I think this is important in order to guide and lead the profession and individuals, have validity, set a standards and operate ethically.*
- *nil*
- *I think every organisation should because it helps people understand the role.*
- *Trauma informed management of peer workers very important to consumers and carers alike.*
- *essential - like APS ethics*
- *You would need to incorporate a code of ethics, This would be importance to the organisation staff and participants*
- *Definitely endorse developing a code of ethics which mitigates against peer workers being co-opted into medical model approaches and interventions. I am always uncomfortable when I read position descriptions which cite the purpose of the peer role is to prevent re admission to hospital. Peer work is about walking alongside the consumer on their recovery journey.*
- *I'm unsure about this, would it not depend on the sector/organisation they are working in?*

A question about what should be included in a code of ethics respondents said:

**Comments: Other (please specify)**

- *Also Carer and support centred*
- *Interprofessional practice*
- *All of the above should be included*
- *nil*
- *Consumer centred is basically individual control but there are a lot of carers stepping into that role as the consumer needs assistance. So whilst it should also be consumer centred - you need to teach peer workers that Carers step in "for the moment" or to teach Carers how to focus it on consumers if they don't do so already. Many act as gate keepers and know the individual much better than anyone else.*
- *all of the above*
- *\*behaviour, expectations and boundaries...and \*respect/understanding are not and implicitly in any working role and not specific to peer roles. I think these 'standards' imply an incapacity to behave like non-peers. These proposed boundaries reflect a slippage into the 'masters' house' designation of 'mental patient'. No to these.*
- *All sound good, some of them didn't completely understand*
- *All above are important*
- *I think this is up to employers to create and monitor.*
- *Inclusion, trauma informed, compassionate, Dignity, Person first, Support and connection, Meaning and purpose, Inclusion and diversity, Recovery, Equity, Collaboration and partnership, Communication:*
- *Purposeful and appropriate utilisation of personal lived experience Professional boundaries Peer (consumer) - led Striving to create Mutual Responsibility in peer support relationships Sitting with discomfort / negotiating discomfort and dignity of risk & choice*
- *You provide no opportunity to explain a no answer. I would advocate that the organisation has a values statement rather than a code of ethics. A values statement that captures and promotes agreed values for the LE workforce (and I would hope would capture links between the workforce and the social activism roots and intent on social change of the consumer/survivor/x patient movements) A code of ethics/conduct is simply grooming the LE workforce to mimic other professions. Do we want to be a watered down version of other professional fields or do we want assert our own identity and challenge mainstream systems by walking our own path? I*

would like to see a peak body with a clearly articulated and endorse values statement that can be seen as capturing 'peer ethos' that allows diversity of views and scopes of practice, but identifies our common interest.

- An concrete set of ethics for all consumers to aspire to
- complaint mechanism, police clearances to work with vulnerable people

## code of conduct

### Comments: Other (please specify)

- I think boundaries are very important to establish and support, as are trauma-informed responses and education. Interpersonal skills are also something which should be mentioned and additional training provided if required.
- nil
- All of the above, they should also be aware of restrictive practices
- all as above
- Suicide Prevention
- all of the above describes practice framework NOT code of conduct. Except for \*boundaries \*safety clearances.... \*role definitions which are inappropriate because they imply a 'special' inability to be professional (ie mental patients cant fo these things), or areas that are workplace specific and may change.
- Maybe in one document have both ethics/conduct. Sorry not too sure about this area. But it is important to have.
- I'm wondering if some of the above codes of conduct, ethics are doubled up and repeated in each code?
- These questions do not allow to capture views that offer an alternative to code of conduct/code of ethics.
- This may seem to be of centre but to include looking after oneself for a good balance of work and recreation so lower functioning people can work as peers

### National Guidelines:

The survey asked whether development of national guidelines would be a function of an organisation and of 158 respondents, 152 said yes. The five main points guidelines should cover were rated by 156 respondents as

1. Legitimacy of the peer workforce
2. Valuing peer workers and peer workforce
3. Responsibilities in the workplace (peer worker and employer)
4. Quality improvement
5. Flexibility to needs of peer workforce.

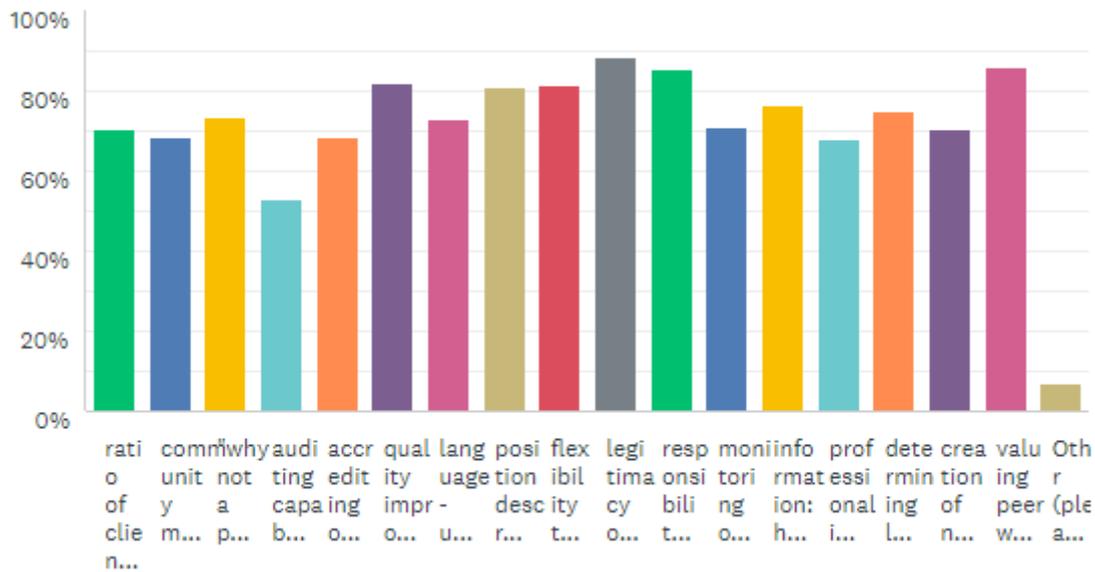
Other areas of importance were position descriptions 80.77% (n=126) determining levels of remuneration according to skills/qualification 75.00% (n=117) ration of clients to peer workers 70.51% (n=110) creation of national award 70.51% (n=110).

*I feel there should be National Guidelines for all Peer Workers regardless of their State. However, each state may have their own cultural expectations which pertain to each state.*

*Yes fully developed by consumers and peer workers*

Guidelines should cover practice, scope and skills; how to mitigate lack of capacity in any of these areas, and scope to be innovative.

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**Comments: Other (please specify)**

- Perhaps this can be done by the organisation, but it should also liaise with government and other interested parties. The guidelines would be very helpful in order to guide practice and the ways to adhere to the ethical guidelines.
- unsure
- Of course if you are considered a peak body or linked in with peak bodies - you could contribute.
- Maybe - this should be developed by transparent national processes
- Not sure, maybe - as long as they are not eastern-centric
- I feel there should be National Guidelines for all Peer Workers regardless of their State. However, each state may have their own cultural expectations which pertain to each state.
- as answered above
- But exclude areas that are workplace diverse (might have necessary variances) and reflect special 'mental patient' boundaries.
- Yes fully developed by consumers and peer workers
- With State/Territory considerations.

**Further question**

If you answered yes, what do you think the guidelines should cover? Please tick all applicable

**Comments: Other (please specify)**

- yes
- All
- All of the above - barriers, cultures, disabilities
- I do feel that the Peer Worker Organisation should not be an organisation for people who can't cope, and who use their mental illness as an excuse for their behaviour. I feel that this peak body should be the backbone for the Peer Workforce and a go to place for information, advocacy, clarification of role, and guidelines to work with in a peer work position. I do feel that workers

*should be well enough to do the job, and if they are, then they need support where there is discrimination or workplace bullying which would affect a person with a mental illness. This does not mean that they were not well enough to do the job, it means that they may have been bullied or belittled and are struggling with their self esteem or confidence which may appear that they are unable to cope.*

- *as above*
- *Aren't most of these already implied? Could inform a charter.*
- *About the ratio, definitely encourage a good one, but not being too strict on it? Also once it is established (or even before), creating links with other international bodies could strengthen capacities for both us and them.*
- *Guidelines should cover practice, scope and skills; how to mitigate lack of capacity in any of these areas, and scope to be innovative.*
- *Purposeful and appropriate utilisation of personal lived experience Professional boundaries Peer (consumer) - led Striving to create Mutual Responsibility in peer support relationships Sitting with discomfort / negotiating discomfort and dignity of risk & choice*
- *eligible for membership of allied health profession AHPRA*

### **Career pathways:**

The final question in the survey focussed on career pathways. 162 respondents reported the five main points as being:

1. Leadership roles within organisations/services
2. Lived experience educators/trainers
3. Advocacy, outreach, mentoring, teaching, training, human resources
4. Specialist skills eg BPD, homelessness, addictions, inpatient, youth community
5. Provision of supervision to peer workers

Career pathways became an important issue to attendees at the face to face consultation and featured equally important to the survey respondents. These covered several areas of importance to peer workers. These are noted below.

*They should be allowed and included into all organisations, and definitely embraced and utilised in academia, politics, corporate roles and other areas of influence. Mental health issues face far more people than statistics demonstrate. The stats are already high. We need to create a world where diversity is valued and also people are able to utilise their strengths and not be penalised for their 'weaknesses' or rather the different ways they adapt and function.*

### **Career pathways: What types of opportunities would you like to see available for peer workers:**

▼ tiered career pathway structure	75.31%	122
▼ community development	73.46%	119
▼ leadership roles within organisations/services	92.59%	150
▼ consultancy, not just in mental health	71.60%	116
▼ advisory, to employer and peers	80.86%	131
▼ advocacy, outreach, mentoring, teaching, training, human resources	87.04%	141
▼ policy makers	81.48%	132
▼ provision of supervision to peer workers	82.10%	133
▼ lived experience educators/trainers	92.59%	150
▼ specialist skills, eg BPD, homelessness, addictions, inpatient, youth, community	82.72%	134
▼ Specialist skills, eg Centrelink, justice, CALD	64.20%	104
▼ lecturers	79.63%	129
▼ researchers	80.25%	130
▼ departmental advisors	74.07%	120
▼ employment within politician offices both state/territory and federally	70.99%	115
▼ Other (please specify)	Responses	8.64% 14

### A sample of final comments:

*I am excited to see the development of a national peer work organisation and all it entails for the improvement to individual peer workers and the profession as a whole.*

*The organisation needs to be independent of government or business to have peer workers welfare as the prime focus.*

*I think that it is really important that as a membership organisation that we need to promote and position ourselves as leaders in mental health recovery.*

*Thank you very much for allowing me to be heard and to have my say. I really, really appreciate it.*

*Good Luck. This is an amazing and exciting opportunity to empower individuals with lived experience and in the process i believe this will minimise stigma.*

*When it comes to policies, codes of ethics and conduct there are only some slight changes to make that would aid in them being more peer work specific, however having said that I don't think we need our own.*

*I support the very much needed unifying body to exist for our discipline . It's crucial to the continuation of the Peer workforce to ensure recognised career pathways and governance*

*I think having peer workers coming together, to acknowledge each other and the work that we are all doing would be a brilliant for step. Each one is different and being a peer can mean many different things to each other. I also believe that coming together as a collective unit to unify and organise for common goals will be powerful.*

*Thank you for the effort to make a fair and better place for peer workers*

*I hope this is established as a governing body both enables peer workers to be validated and supported as well as being accountable and educated to provide the best possible support to consumers of services, also to be a living example of what can be achieved with a lived*

*experience of mental health challenges/illness and previous stigma and limited opportunity. I totally support the development of a governing body but one that is 'real' not just a bureaucratic nightmare like some governing bodies seem to be, so maybe start small and expand over time :)*

**Do you have any other comments you would like to make?**

- *Na*
- *yes*
- *They should be allowed and included into all organisations, and definitely embraced and utilised in academia, politics, corporate roles and other areas of influence. Mental health issues face far more people than statistic demonstrate. The stats are already high. We need to create a world where diversity is valued and also people are able to utilise their strengths and not be penalised for their 'weaknesses' or rather the different ways they adapt and function.*
- *All of the above - but it would depend on the detail of the information such as what do you mean about the tiered career pathway structure...what does it look like?*
- *to maintain veracity of "the lived experience approach" the context of being "useful" for the person being provided support should be adhered too. that relationship is the key to providing scaffolding in the provision of support. Sustainable change occurs when the person being supported is engaged and invested in exploring the possibilities of their life, this occurs when folk are in a relationship that has the concepts of equity and respect at its heart.*
- *The employment of Peer Workers in all Politician Offices would be paramount, even if they are volunteers or paid workers they are the heart and soul of each Industry. eg. A representative from the Rural Areas, eg Farmers, Fisheries Dept they all have issues that lead to mental distress and in some cases Suicide.*
- *all as above*
- *Employment within the GP Medical Practices*
- *Yes everything that everyone else does except in a none power over way.... the list will never be exhaustive.*
- *It is so important for a national body to guide in this area*
- *I would think people with lived experience are already in a lot of these types of roles. Is becoming a 'peer worker' in some instances a matter of feeling safe to disclose?*
- *AOD, Trauma and Suicide Specialists*
- *Qualifications, Skills and abilities of Peer Workers / Managers /leaders recognised and transferable to leadership roles within government health / PHN's etc.*
- *I think we need to focus on suicide prevention and employment rather than piling on advantage's to us who are lucky enough to get paid in this field of work*
- *There is a need for a national peer worker peak body however this should be focused on people with the personal lived experience of mental illness or distress. There is a tendency for others to colonise terms which describe the personal lived experience and claim them for themselves, a practice which devalues the very real trauma of lived experience. Consumers & Carers are not a dyad and deserve individual recognition of their own situation.*
- *I am excited to see the development of a national peer work organisation and all it entails for the improvement to individual peer workers and the profession as a whole.*
- *The organisation needs to be independent of government or business to have peer workers welfare as the prime focus.*
- *any board would need to be proactive in getting peer workers in places that may have resistance to them being there ie Hospital Intensive care Units, Prisons, some Private hospitals. resistance can occur because of lack of employer staff to supervise, that is why Peer Workers need a*

*structure of peer supervision by the peak body employing them. Too often the story is peers are under supervised, stress out and leave because of lack of support. Good people are lost because they are not listened to or supported when crisis may occur. I think this survey is great. What can really jam up the works is an over investment in being too safe, too careful because peers need to come from all walks of life ie ex prisoners who can understand forensic consumers concerns cause they lived it. That goes for all walks of society.*

- *Happy to chat about this further as this is something I'm extremely passionate about!*
- *I think that is really important that as a membership organisation that we need to promote and position ourselves as leaders in mental health recovery.*
- *Bullying peer to peer has become prevalent in my workplace and I want sufficient interventions to stop it sometimes this is encouraged by clinicians to meet their own agenda.*
- *Thank you very much for allowing me to be heard and to have my say. I really, really appreciate it.*
- *Good Luck. This is an amazing and exciting opportunity to empower individuals with lived experience and in the process i believe this will minimise stigma.*
- *When it comes to policies, codes of ethics and conduct there are only some slight changes to make that would aid in them being more peer work specific, however having said that I don't think we need our own.*
- *I'm afraid I am not familiar with every Upton and so have ticked yes to be on the safe side*
- *I support the very much needed unifying body to exist for our discipline. It's crucial to the continuation of the Peer workforce to ensure recognised career pathways and governance*
- *keep me informed what's going on*
- *could you please share the resulting report with all who completed this survey? and also circulate through the Mental health Commission networks?*
- *I think having peer workers coming together, to acknowledge each other and the work that we are all doing would be a brilliant first step. Each one is different and being a peer can mean many different things to each other. I also believe that coming together as a collective unit to unify and organise for common goals will be powerful.*
- *Thank you for the effort to make a fair and better place for peer workers*
- *I hope this is established as a governing body both enables peer workers to be validated and supported as well as being accountable and educated to provide the best possible support to consumers of services, also to be a living example of what can be achieved with a lived experience of mental health challenges/illness and previous stigma and limited opportunity. I totally support the development of a governing body but one that is 'real' not just a bureaucratic nightmare like some governing bodies seem to be, so maybe start small and expand over time :)*
- *If the word consumer is used to replace patient, which was a great word as it was transient (only used when the person was in hospital) then it should never follow a person that has had a lived experience of been a service recipient. That is the system shooting itself in the foot, we want people to grow out of impairment into good ordinary community members - not consumers for the rest of their lives - I see that as so sad when a well intended system doesn't use growthful and hopeful language paving the way to being a whole person.*
- *I will be an asset and do my best as a person lived with experience*
- *This would be an Australian first for peer workers, if not a world first so much work needs to be done and much of it for the first time, but we could do it very well I think!*
- *A big ask but a material difference -let it happen*

- *I think a drive a significant shift needs to be driven by honouring the concept of peer, a conversation of equity where responsibility for the relationship is held by all parties, and delineating when one of the persons sitting at the table is recompensed for their involvement there is a shift of paradigm and a fair and reasonable expectation from the person receiving support that a "useful" service is going to be provided, that this service is going to be an inclusive process, is not going to be directive rather exploratory in nature, and is going to come from a structure and knowledge base driven from the "lived experience perspective" informed by humility so as not to become another expert in the someone else's life. The structure stems from trauma informed frame and looks to the person for direction acknowledging the individual is the expert in their motivation, volition, and life. In my humble opinion peer is a sacrosanct relationship and in keeping with this position when payment becomes involved there is a shift in the dynamic. Inherently it becomes clear that there needs to be a distinction that honours peer and describes a new role of lived experience worker better defining the relational aspects, tasks, strengths and diversity of this approach or dare I say discipline.*
- *Many of the options here are outside my experience, so my selections may be ill-informed*
- *I would welcome the idea of Peer Led Recovery Centres such as Brook Red in Queensland, they have 3 branch offices are Peer Run and are very professional with their approach and how they run their services. We can learn a lot from other states, and it would be even better if we had National Services that are in line with each State.*
- *NIL*
- *One of the most critical issues is some kind of career path.*
- *stop the circle of those controlling the peer support workplace and each person accepted on their own merits not whether or not , you are a friend of a friend and fit the image, Its ruthless*
- *It's a great thing you're doing here! I want to be involved.*
- *I am so encouraged and happy to see something like this developing. I am sorry I couldn't make it to the Brisbane consultation earlier this year, but I know there is a strong interest here and our PHN (PPIMs) meetings are quite supportive in this matter. Please keep up the good work! Thank you :)*
- *Its a dream of mine to see such an organisation get off the ground!*
- *With so many different experiences peers can use there skills in so many different ways that are just not seen I worked in an organisation as one of the first peer workers and ended up speeding to more workers without peer labels and supporting there mental health challenges and trying work situations than I saw in my payed roll on a daily basis I was seen as safe and would have loved this to be a support available to all workers in all workplaces*
- *Gold Coast PHN has a Peer Workforce Development Plan, if you would like a copy it is here: <https://www.pirgoldcoast.com.au/publications/peer-workforce-development-plan/>*
- *Lived experience of consumers and carers need to work together with organisations and utilising each others strength to move forward not for our personal gratification but to improve service deliveries that will be beneficial to our wider community.*
- *Please make this happen :)*
- *More Youth Peer Workers and Specialists. Carer/ Consumer Peers on wards and in Emergency Dept of Hospitals to advocate health care needs on behalf of Carers and Consumers. That all persons with Mental Illness are provided with the option of a Peer to consult with or advocate for them on admission and through triage and release from Hospital / Health Care Services.*
- *Please notify with any results or important news about this. Sounds like a much needed, innovative idea.*

- *While I have been a long time staunch advocate for the credibility and professional recognition of the peer workforce, I believe it absolutely necessary to still stop and ask myself/ourselves as to how much uniformity and duplication of other professions robs our workforce of its unique place and human benefit. How much of this is vital? How much are we becoming another bland and inflexible co-opted mental health arm? What are the possibilities and realities of poorly approached peer work tarnishing the work force in general? Do we aspire to be fully integrated, partly integrated or completely separate to mainstream mental health services? How do we identify talent or potential in those without formal qualifications and experience?*
- *this survey is not designed to capture views that vote 'no' to most questions. this creates a bias. There are aspects of the language used in this survey (ie consumer/carer/stigma) and the structure of questions that that projects a conservative agenda and gives the impression that this peak body will potentially be a tool for conservatising the Lived Experience workforce.*
- *Consumers of all capabilities should be represented and including schizophrenia bipolar and schizoaffective should be represented in proportion to there proportion of there representation of the mental health "pie" .*
- *And if this could happen that is what I call inclusive and Consumer and Carer driven.*
- *Out of all the questions the one I find the most important is about the CEO and staff who will be employed should in my opinion most definitely have lived experience.*
- *These are well thought out questions.*
- *Needs both National Combined workforce professional body for the lived experience workforce not to be confused with a consumer and or carer combined peak body advocating for consumer & or carer issues. In addition to this I would like to see jurisdictional bodies for the lived experience workforce that link up to the national workforce body with separate consumer and carer peak bodies for consumer and carer issues that link up to a national consumer and/or carer body.*
- *This survey is too difficult to complete. It is confusing, asks too many questions and makes a whole lot of assumptions. This project should not have been funded in this way. It is very problematic that the peaks across the country are not part of the governance group of this project. the commission should have done better.*
- *Some questions did not have a space for comment. I feel this was required for all questions. For example the CEO question could have more options to select or at least a space for comment. i.e. it is not that simple and my answer would always be recruiting appropriately for a role and not settling for someone that did not meet all requirements. Ideally someone with lived experience who has the expertise. But as a minimum requirement best fit for role and someone that 'gets it, rather than not having an appropriate leader at all.*
- *this is a great project. i very much hope it is successful*

National

Peer Going Professional Issues Questions Hap

py Mental Health Say Lived

Experience Peer Workforce Peer

Workers Happen Consumer Involved

Organisation Options Safe PHN Important

Project Stop