

Position Statement

Peer workers integration within the medical model

Endorsed: May 30th 2023

BEING's position

BEING believes that to ensure that consumers have choice when it comes to government mental health services there should be a balance between clinical and peer-run services in government funded mental health services. But for this to be sustainable it is important that peer workers are appropriately supported and that their role is understood and valued by their non-peer colleagues.

Education and support

This could be implemented by providing more professional development opportunities for peer workers together with more training for clinicians and other mental health workers to support better understanding of the peer work role in the mental health space.

Appropriate support for peer workers should also be made available. This could include one on one peer supervision, group supervision and other opportunities to build and sustain collegiality. This would align with the model of support for social workers.

Collaborative models of care

BEING is very supportive of current services that are exemplars of productive collaboration between peer workers and non-peer workers. Important examples of this fruitful collaboration in NSW include some of the Safe Haven crisis support services currently implemented across NSW.¹ In some locations, peer workers and clinicians work side by side as equals, each providing professional and complementary supports to consumers.

Background

Peer workers are an integral part of any clinical setting where consumers are treated and supported. In the words of Ehrlich and colleagues (2019), "The inclusion of peer support workers in clinical care teams is crucial to a recovery-supportive focus. Peer support workers facilitate egalitarian spaces for non-peer staff and consumers to frankly discuss

¹ <https://www.health.nsw.gov.au/towardszerosuicides/news/Pages/dec-2021-spot.aspx>



the lived experience of mental illness.”² They “act as a bridge between patients and healthcare providers and are critical in establishing trust, easing transitions in care.”³

There is increasing evidence of the subjective psychosocial benefits of one-to-one peer support in mental health services. A recent systematic review and meta-analysis conducted by White et al. (2020) reported that there were significant improvements in self-reported recovery and sense of empowerment for people who received peer support.⁴ There is qualitative evidence to show that peer workers help improve consumer quality of life, hope and empowerment, especially those with lived experience of severe mental health issues^{5 6}

Despite the value peer workers can bring to mental health services, they face many challenges when trying to integrate into clinical teams and settings including an increased risk of burnout from lack of job security, inadequate training, poor supervision support, resulting from the failure of non-peer line managers to understand the peer support role, as well as difficulties adjusting to the high demands of the job.⁷

Peer workers are not always treated as equals within the clinical team and are often allocated assignments that are not relevant to their role.⁸ This is commonly referred to as ‘Peer drift’ which is defined as follows: “when the role of the peer support worker begins to deviate from the practices that distinguish peer support workers from clinical providers or other recovery supports.”⁹

² C. Ehrlich, M. Slattery, G. Vilic, P. Chester & D. Crompton (2020). What happens when peer support workers are introduced as members of community-based clinical mental health service delivery teams: a qualitative study, *Journal of Interprofessional Care*, 34(1), p.107, DOI: 10.1080/13561820.2019.1612334

³ Lennox, R., Lamarche, L. & O’Shea, T. (2021). Peer support workers as a bridge: a qualitative study exploring the role of peer support workers in the care of people who use drugs during and after hospitalization. *Harm Reduction Journal*. 18, 19 (2021). <https://doi.org/10.1186/s12954-021-00467-7>

⁴ White, S., Foster, R., Marks, J., Morshead, R., Goldsmith, L., Barlow, S., Sin, J., & Gillard, S. (2020). The effectiveness of one-to-one peer support in mental health services: a systematic review and meta-analysis. *BMC Psychiatry* 20, 534. DOI: 10.1186/s12888-020-02923-3

⁵ Firmin, R. L., Mao, S., Bellamy, C., & Davidson, L. (2019). Peer support specialists’ experiences of microaggressions. *Psychological Services*, 16(3), 456–462. <https://doi.org/10.1037/ser0000297>

⁶ Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health (Abingdon, England)*, 20(4), 392–411. <https://doi.org/10.3109/09638237.2011.583947>

⁷ Gillard S, Foster R, White S, Barlow S, Bhattacharya R, Binfield P, Eborall R, Faulkner A, Gibson S, Goldsmith LP, Simpson A, Lucock M, Marks J, Morshead R, Patel S, Priebe S, Repper J, Rinaldi M, Ussher & M, Worner J. (2022). The impact of working as a peer worker in mental health services: a longitudinal mixed methods study. *BMC Psychiatry*, 22(1), p.373. doi: 10.1186/s12888-022-03999-9 Accessed via <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9158348/> on 8.12.2022

⁸ Anna Wall, Theresia Lovheden, Kajsa Landgren & Sigrid Stjernswärd (2022) Experiences and Challenges in the Role as Peer Support Workers in a Swedish Mental Health Context - An Interview Study, *Issues in Mental Health Nursing*, 43:4, 344-355, DOI: 10.1080/01612840.2021.1978596

⁹ Ellison, M., Mueller, L., Henze, K., Corrigan, P., Larson, J., Kieval, N., Sawh. L., & Smelson, D. (2012). The veteran supported education treatment manual (VetSEd). ENRM Veterans Hospital, Center for Health Quality, Outcomes, and Economic Research. Cited in Substance Abuse and Mental Health Services Administration. (2022). Peer Support Services in Crisis Care. Accessed via https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP22-06-04-001.pdf on 8.12.2022