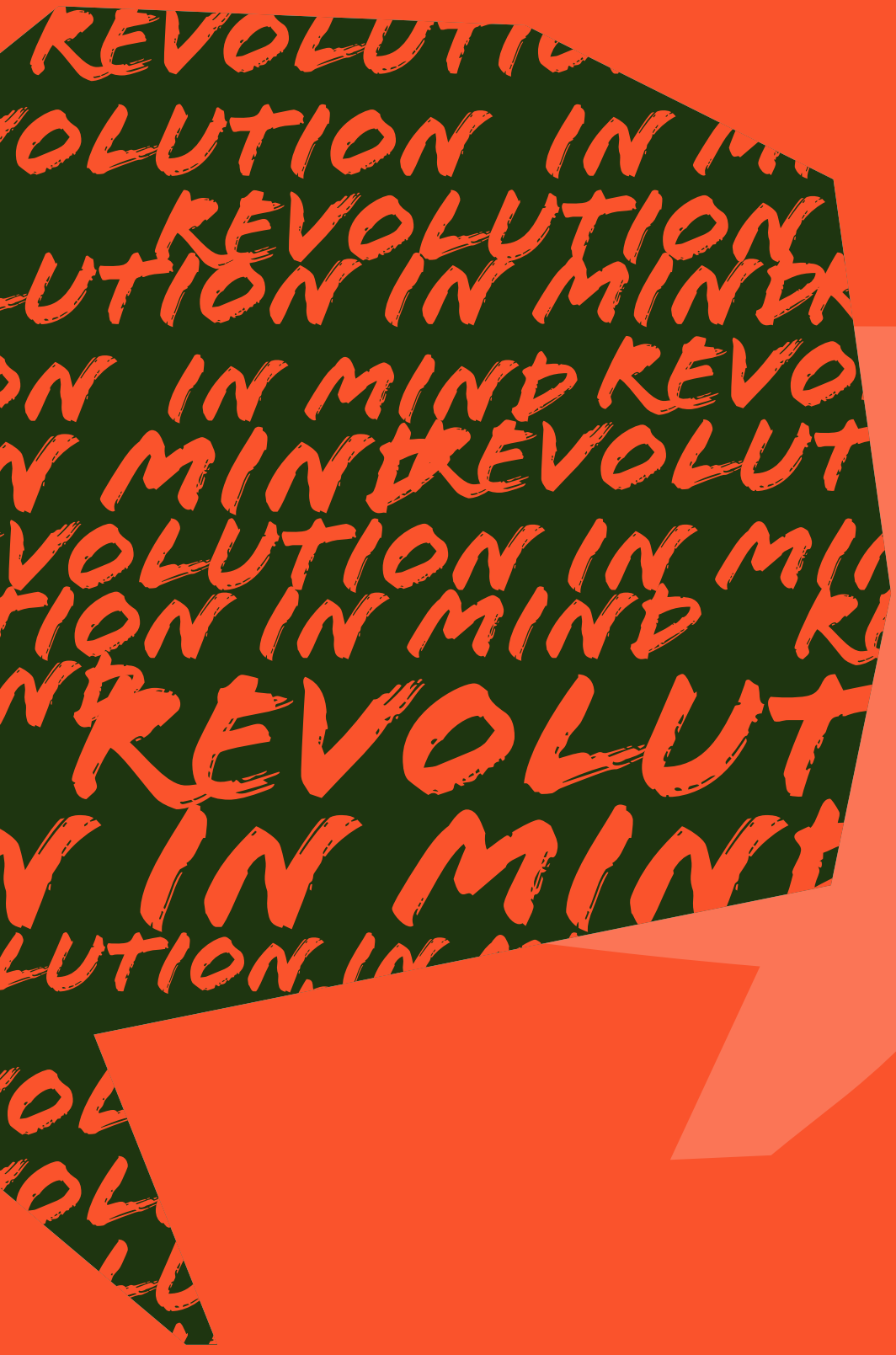

SIDE BY SIDE

SUPPORTING YOUTH PEER WORK IN MENTAL HEALTH SERVICES

ACRONYMS

FTE	Full-time equivalent
IPS	Intentional Peer Support
MOST	Moderated Online Social Therapy
NDIS	National Disability Insurance Scheme
NMHC	National Mental Health Commission
PHN	Primary Health Network
RCT	Randomised controlled trial
RTO	Registered training organisation

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This report does not necessarily reflect all the opinions or conclusions of those involved in the consultations.

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CONTENTS

EXECUTIVE SUMMARY

The mental health peer workforce has strong sector and policy support, and there are now numerous mental health services across the country that employ and support peer workers, recognising their unique value and contribution. However, there remain several persistent barriers to developing and supporting the peer workforce, which are amplified in the youth peer workforce.

Internationally, there has been significant growth in peer support in youth mental health. Youth peer workers are predominately understood to be people with a lived experience of mental ill-health who are at a similar age to the people using services. Roles for youth peer workers are embedded across various settings (e.g. primary and tertiary care), modes (e.g. face-to-face, group or online) and specialisations (e.g. vocational peer work). Despite strong policy support and implementation of peer work programs, little data exist to capture the size of the workforce and understand future needs.

There is a paucity of peer work research, particularly youth peer work research. There is emerging evidence for benefits to young people, their families and friends, peer workers, services and non-peer staff, but more research is needed to strengthen the evidence base. Future peer work research should involve varied methods that are aligned to the values of peer work and include youth peer workers in participatory research processes. Current evidence indicates that peer work is cost-effective although, again, more research is required. The economic benefits of youth peer work may be even more compelling if it were shown to enhance functional and clinical outcomes by effectively supporting young people to reengage or remain engaged in education and employment pathways.

While a number of known issues impact the peer workforce, youth peer workers experience amplified and additional barriers, often due to their age-restricted roles. As roles in youth peer work are largely short-term, youth peer workers have unique training needs, and their career trajectories require unique supports.

ISSUES

LACK OF CONSISTENT STANDARDS AND ROLE CLARITY

While guidelines and resources have defined peer work roles and best-practices, there is a lack of clear guidance addressing the unique considerations for peer work in youth mental health services. Additionally, a lack of clear consistent, system-wide approaches has led to roles being defined by individual people or services. Without national guidelines, there is no scaffolding for the creation of consistent role definitions, training, codes, core competencies and employment standards. Additionally, a lack of national standards has led to inconsistent implementation of youth peer work programs, with organisational readiness, recruitment and retention of youth peer workers remaining critical issues. Issues in role clarity include limited advice relating to boundaries, a lack of support to balance dual relationships, and insufficient clarity for youth peer workers working with clinical information.

UNCLEAR WELLBEING SUPPORTS AND UNSUPPORTIVE ENVIRONMENTS

The wellbeing of the peer workforce relies on processes to ensure continuing care and supportive environments for all staff. This requires the development of guidelines and training for non-peer staff and managers. The youth peer workforce currently face uncertainty about continuing their personal mental health supports, stigma in the workplace and often encounter organisations that are not adequately trained or culturally prepared for youth peer workers.

UNSUPPORTED CAREER TRAJECTORIES

Youth peer workers are employed and remunerated under inconsistent conditions across Australia, and require financially-viable and competitive employment conditions. The youth peer workforce currently experiences a lack of support in their professional trajectories, inadequate training

and professional development opportunities, few career pathways and a lack of appropriate professional supervision. While many of these issues are seen in peer work more broadly, this issue is amplified in youth peer work due to age-restricted roles, causing unique considerations for training, professional development and career pathways.

SOLUTIONS

National, state and territory policies have recognised the value and growth of the peer workforce through their respective mental health plans and strategies. The mental health sector will further benefit from a consistent national approach to supporting and building the workforce, but must consider how to address the unique barriers faced by youth peer workers. This report provides policy direction for addressing these barriers. Policy solutions have been guided by available academic literature; interviews with youth peer workers, managers and content experts; and a national survey of youth peer workers in Australia.

1. **Clear roles and guidelines for youth peer workers and services.** The National Mental Health Commission should undertake dedicated consultations with the youth peer workforce to ensure that their guidelines meets the need of the workforce. Guidelines should include clear roles, meet the needs of an age-restricted workforce and support personal and professional trajectories.
2. **Understanding age discrimination.** There is a need for the Department of Health to seek and publish advice from the Australian Human Rights Commission and similar bodies regarding age discrimination and young people in lived experience roles, particularly concerning role termination based on age.
3. **Guidance on boundaries for allied health professionals.** Professional membership and regulatory bodies should provide clear advice and guidelines on boundaries and dual relationships with the lived experience workforce.
4. **A clear commitment to the growth of the youth peer workforce.** The Department of Health can enable the growth of the youth peer workforce by recommending a commitment to the inclusion of youth peer workers in the headspace Model Integrity Framework, that all future state and territory-based mental health plans include considerations for the youth peer workforce, and that a clear commitment to youth peer workers is included in Primary Health Network youth mental health commissioning processes.
5. **A national voice to support and lead peer work development.** A national peer work organisation, funded and endorsed by the Australian Government, would enable the creation of national guiding and regulatory documents, as well as representation in key forums.
6. **Create a centralised online hub for youth peer workers.** The Department of Health should fund the creation of an online youth peer work hub to host youth-specific peer work resources, online youth peer work training and facilitate online co-reflection.
7. **Audit and develop training, aligned to new and consistent youth peer work guidelines.** The Department of Health should fund Orygen to update and develop online youth-specific peer work training that aligns with nationally consistent peer work guidelines and is designed for both youth peer workers and managers.
8. **Collect and report data on the mental health peer workforce.** Aligned with the proposed clear role definitions, the Australian Institute of Health and Welfare should collect, analyse and report peer workforce data across all areas of mental health care and report data that allows differentiation between peer worker and youth peer worker roles.
9. **Develop a regular national census with a comprehensive needs analysis.** The Department of Health should fund Orygen to undertake an Australia-wide three-year census that incorporates a comprehensive needs analysis of youth peer workers across mental health settings.
10. **Establish high-quality evidence for the youth peer workforce.** The National Health and Medical Research Council, Medical Research Future Fund and Australian Research Council should respond to current gaps in the youth peer work literature and place focus on research that defines appropriate outcome measures, develops fidelity measures, assesses system and service-level impacts, economic evaluations, guideline-adherent RCTs, identifies the mechanisms underpinning youth peer work, and evaluates youth peer work across settings.

INTRODUCTION

WHAT IS PEER WORK?

In mental health, peer workers value their lived experience, and the lived experience of others, to provide support to people with experiences of mental ill-health. Peer workers provide peer support, which can be categorised as informal naturally-occurring support, peers working in peer-run programs or peers employed within traditional services.(1) Peer work has been broadly and inconsistently defined, but international consensus understands peer workers to be people who draw on their experiences of mental ill-health, relevant training and supervision to facilitate and mentor another person's recovery through modelling recovery and instilling hope.(2) Peer workers encourage their peers to promote resilience, support each other in taking ownership of their own lives, focus on health and quality of life, and advocate for change.(2)

The peer workforce provides mental health services with unique knowledge and expertise. Peer work in mental health services as we currently know it has a history in disruptive, consumer-led movements, at a time when the expertise and learnings of lived experience were often not recognised.(3) From their own experiences, peer workers have unique skills to build connection, trust and rapport; an ability to understand and interpret mental health needs; and insight into treatment processes. (4) A scoping review of peer support in mental health services found that the mechanisms underpinning peer relationships included the mutual use of lived experience, emotional labour, occupying a space between the role of a person who uses services and mental health staff, the provision of strengths-focused social and practical supports, and for the peer worker themselves, the role of the helper.(5)

Historically, peer workers in mental health services have been considered an adjunct or elective service option, but are now considered an integral component of the mental health system.(6) Peer work is now understood as a profession that requires resourcing, leadership development, adequate remuneration, training and career pathways. Strong support for peer workers was seen in submissions to the Australian Government's Productivity Commission inquiry into mental health (commenced 2018) from the National Mental Health Commission (NMHC), the Primary Health Networks (PHNs), the Government of Victoria, the Government of New South Wales, the SA Mental Health Commission, the Mental Health Commission of New South Wales, Beyond Blue, Relationships Australia, the Consumer Health Forum of Australia, Flourish Australia, Mission Australia, SANE Australia, the Australian Red Cross and Wellways. Similarly, the Royal Commission into Victoria's Mental Health System (commenced 2019) saw many organisations and community members advocating for the expansion and support of the lived experience workforce, particularly for peer workers.(7) Extensive stakeholder consultations in the development of the National Review of Mental Health Programmes and Services by the NMHC, as well as the Victorian and Tasmanian mental health strategies, have highlighted support for the growth of the mental health peer workforce.(6, 8, 9)

FOCUSING ON YOUTH PEER WORK

There have been increasing local, state and national efforts to support the growing peer workforce. However, there is a need for a specific focus on the barriers faced and workforce development required to support the growth of the youth peer workforce. Many of the existing and planned structures and processes of professionalising the peer workforce support youth peer workers, yet additional distinct challenges have not been addressed. Additionally, many of the known barriers facing the peer workforce are amplified in youth peer work.

FOCUS

This report predominately focuses on the evidence and recommendations for youth peer workers who are employed within a traditional mental health service.

The report is tailored to people who provide peer support and are predominately known as peer workers or peer support workers, not those working as peer advocates, consultants or in other lived experience positions.

OUTSIDE THE SCOPE OF THIS REPORT

Peer workers fall within a wider category of lived experience workers. The lived experience workforce may include the consumer workforce (who have expertise based on a lived experience of mental ill-health) or carer/family lived experience positions (who have expertise based on their lived experiences of being a carer or family member of someone with mental ill-health). While the content and recommendations of this report may apply to consumer or lived experience workers, they are not the focus of this report. Additionally, while staff in non-peer designated roles may have experiences of mental ill-health that they may choose to share, they are not the focus of the current report either. This specific advice is not tailored to carer or family lived experience workers.

FUTURE CONSIDERATIONS

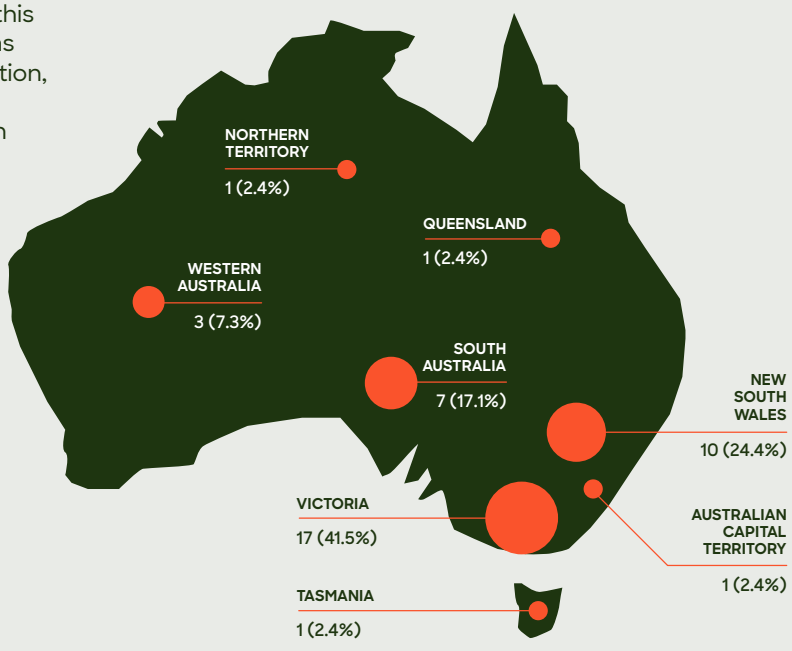
While this report largely focuses on peer workers employed by youth mental health services, the forthcoming addition of a new support item for psychosocial recovery coaches in the National Disability Insurance Scheme (NDIS) may result in an increase in the number of peer workers operating independently, either within or outside of youth mental health services. For youth peer workers operating as sole traders, some of the issues raised in this report will be further exacerbated, such as access to adequate supervision, co-reflection, ongoing professional development and wellbeing supports. Further consideration will be needed as these independent roles emerge.

YOUTH PEER WORKFORCE SURVEY

In addition to best-practice guidelines, frameworks, interviews and academic literature, this report conducted a survey of current or previous youth peer workers in Australia (n = 41). Youth peer workers from all states and territories were represented (figure 1). Thirty-six (87.8 per cent) of the 41 youth peer workers were working in youth-specific teams or services. Most youth peer workers (63.4 per cent) worked in a youth mental health service, followed by youth inpatient settings (9.8 per cent) and both youth-specific and non-youth-specific peer-run services (4.8 per cent and 2.4 per cent, respectively).

Consulted youth peer workers provided perspectives from programs of varied session-lengths and models. Most youth peer workers (92.5 per cent) had roles that allowed them to enter into ongoing relationships with their peers. Of those peer workers, most (73.0 per cent) reported no limit to the number of times that a young person could see a youth peer worker. Consulted youth peer workers included telephone and online peer workers, who did not necessarily utilise a caseload or session-based model. Youth peer workers with limited sessions described time-based limitations (e.g. three months post-discharge or a range of tenure from 3–24 months), session-based limitations (e.g. 12 session limits) or requirements to end peer support once the young person reached their tenure of care with non-peer clinicians at their service. The average estimated number of times that youth peer workers met with a young person was seven times, with a range from 2–26.

FIGURE 1. STATE/TERRITORY INFORMATION OF SURVEYED YOUTH PEER WORKERS (N = 41)



PEER WORK IN AUSTRALIA

While Australia's peer workforce has a thirty-year history, the last decade has seen it develop rapidly, becoming integrated into mental health services across the country and supported by federal and state governments.(3) A survey of the Victorian mental health workforce reported that approximately 75 per cent agreed that peer support was essential to an effective mental health sector.(10)

In Australia, consumer workers were employed in 45.3 per cent of specialised mental health service organisations in 2017–18.(11) However, percentages varied widely across the country, ranging from 8.6 per cent in Western Australia to 70.0 per cent in Queensland.(11) Nationally, the number of state and territory specialised mental health services employing consumer workers increased an average of 3.0 per cent annually between 2013–14 and 2017–18.(12)

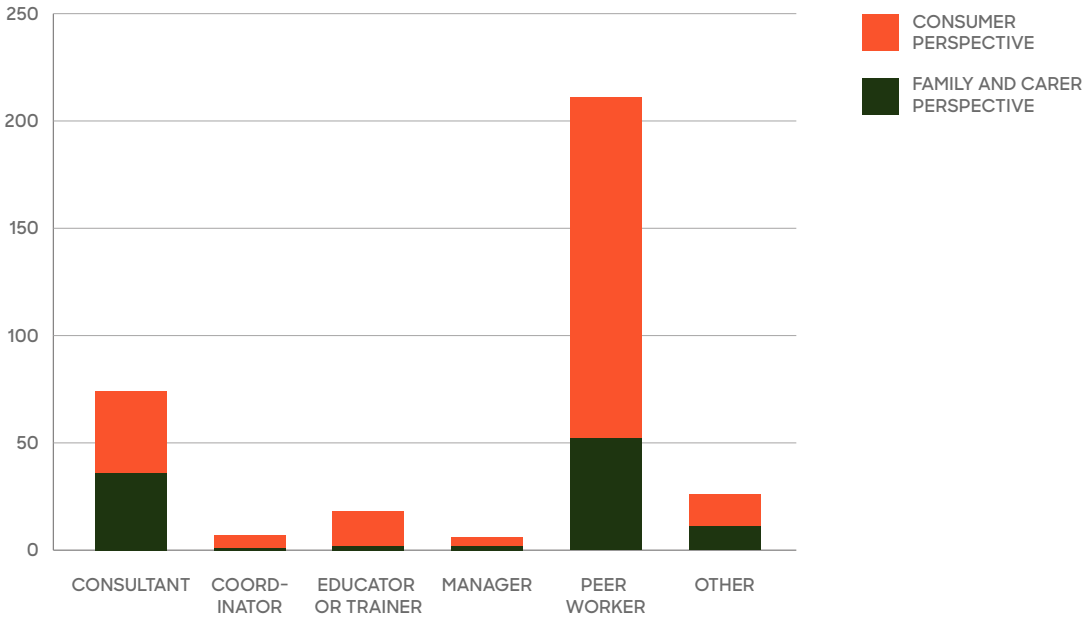
Compared with other mental health workforces, full-time equivalent (FTE) consumer workers in state and territory specialised mental health facilities were the fastest-growing, with a national average annual increase of 27.6 per cent between 2013–14 and 2017–18.(13) This was a notable difference from the average annual growth of medical staff (3.4 per cent), nurses (2.2 per cent) and allied health professionals (2.9 per cent) in specialised mental health services over the same period.(13) However, FTE consumer workers still only make up 0.5 per cent of the FTE specialised mental health workforce nationally, potentially highlighting an underestimated or underappreciated workforce and the current volunteer, casual and part-time arrangements that exist.(14) Notably, consumer workers likely describe several roles that extend beyond peer work.

A recent survey of Victorian public mental health services found 341 lived experience positions (figure 2), equating to 187 FTE positions.(15) Of these roles, 70.1 per cent were consumer roles, with the remaining family or carer roles. Of the 238 consumer roles, 159 were consumer peer workers. Other lived experience workforce roles included:

- consumer and carer consultants (who collate information from people using services to make recommendations about service improvement);
- lived experience managers (who support the development of the lived experience workforce);
- consumer and carer educators (who facilitate or co-facilitate education and training for staff or people using a service);
- advocates (who support others to have a voice, or use their voice to speak for others or a group); and
- policy advisors and researchers (who use their lived experience to advise, design or lead policy advice or research projects).(15)

FIGURE 2. A CROSS-SECTION OF LIVED EXPERIENCE POSITIONS IN VICTORIAN PUBLIC MENTAL HEALTH SERVICES (N = 341)

Source: Department of Health and Human Services. Lived experience workforce positions in Victorian public mental health services.(15)



DATA

Limited and varying data exist for the peer workforce in Australia. The NMHC have recommended the development of a national mental health peer workforce data set, data collection and public reporting across all sectors. (6) The data currently available is primarily restricted to consumer and carer workers in public specialised services and provides inadequate insight into the workforce, with a clear gap in understanding the peer workforce across all services. Additionally, there is no national dataset that allows youth peer workers to be separately analysed. To best provide support to the workforce and guide future policy decisions, there is a clear need for a national dataset across all mental health environments, and data that allows youth peer workers to be differentiated.

Similarly, all youth peer workers consulted for this report considered that a regular survey to assess needs as the workforce changes would be extremely useful (54.8 per cent), very useful (29.0 per cent) or moderately useful (16.1 per cent). As the workforce increases and changes, a national survey conducted every three years could effectively assess their changing needs and barriers, partially address the currently limited research and data, and inform policies, training and resources for a national peer work organisation and online hub.

POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
COLLECT AND REPORT DATA ON THE MENTAL HEALTH PEER WORKFORCE			
Aligned to the definitions in the proposed nationally consistent peer work guidelines, the Australian Institute of Health and Welfare collect, analyse and report peer workforce data across all areas of mental health care. Reporting allows differentiation between peer worker and youth peer worker roles.	Currently, very little is known about the number of employed peer workers in Australia. Data is needed to record uptake, monitor progress and make informed policy decisions.	Service planners and policy-makers making informed decisions based on an understanding of the growth of the youth peer workforce.	Australian Institute of Health and Welfare.
DEVELOP A REGULAR NATIONAL CENSUS WITH A COMPREHENSIVE NEEDS ANALYSIS			
The Department of Health fund Orygen to undertake an Australia-wide three-year census that incorporates a comprehensive needs analysis of youth peer workers across mental health settings. This informs adjustments to the guidelines and proposed online hub.	The needs and barriers of the youth peer workforce change as the workforce continues to grow and develop. A regular survey ensures that supports are up-to-date, responsive and appropriate.	Youth peer workers are supported by responsive guidelines and resources that are aligned to their current needs.	Department of Health, Orygen.

YOUTH PEER WORK

Peer support is currently a component of youth mental health care in countries such as Canada, New Zealand, United Kingdom, Singapore, the United States and Australia, with young people appreciating that other young people are staffed at these services.(16) The World Health Organization notes that adolescent-friendly services involve adolescents in providing health services.(17) There is a clear rationale for youth peer workers in services internationally, with consultations in the UK highlighting that young people wanted to hear from others who accessed mental health services(18) and young people in the US listing peer support as one of their top five priorities for youth mental health services.(19) Similarly, the Mental Health Coordinating Council consulted with young Australians, their families and mental health professionals, and found that young people wanted access to other young people who shared similar experiences to them.(20) The preference for peers is aligned to findings from an Australian early psychosis program that partially attributed high rates of treatment adherence and engagement to a strong peer group culture which gave young people a sense of normalising their experiences, reducing isolation, increasing their ability to cope and providing a non-judgemental atmosphere.(21)

In addition to the critical tenants of peer work, youth peer workers identified that their role also involves understanding how to advocate for young people, sharing a diversity of experiences, and understanding and feeling comfortable with young people.(22) Possibly the most vital difference between peer work and youth peer work is the need for youth peer workers to be of a similar age to the young people seeking support,(22) improving the likelihood that there is a shared experience of interacting with the youth mental health system, and current experiences of contemporary concerns facing young people, such as issues relating to education or employment.

WHAT MAKES A PEER?

In the mental health peer workforce, peers are predominately defined as people with experiences of mental ill-health. In youth mental health, similarity in age is also often understood to be an essential factor that enables a shared experience.(22)

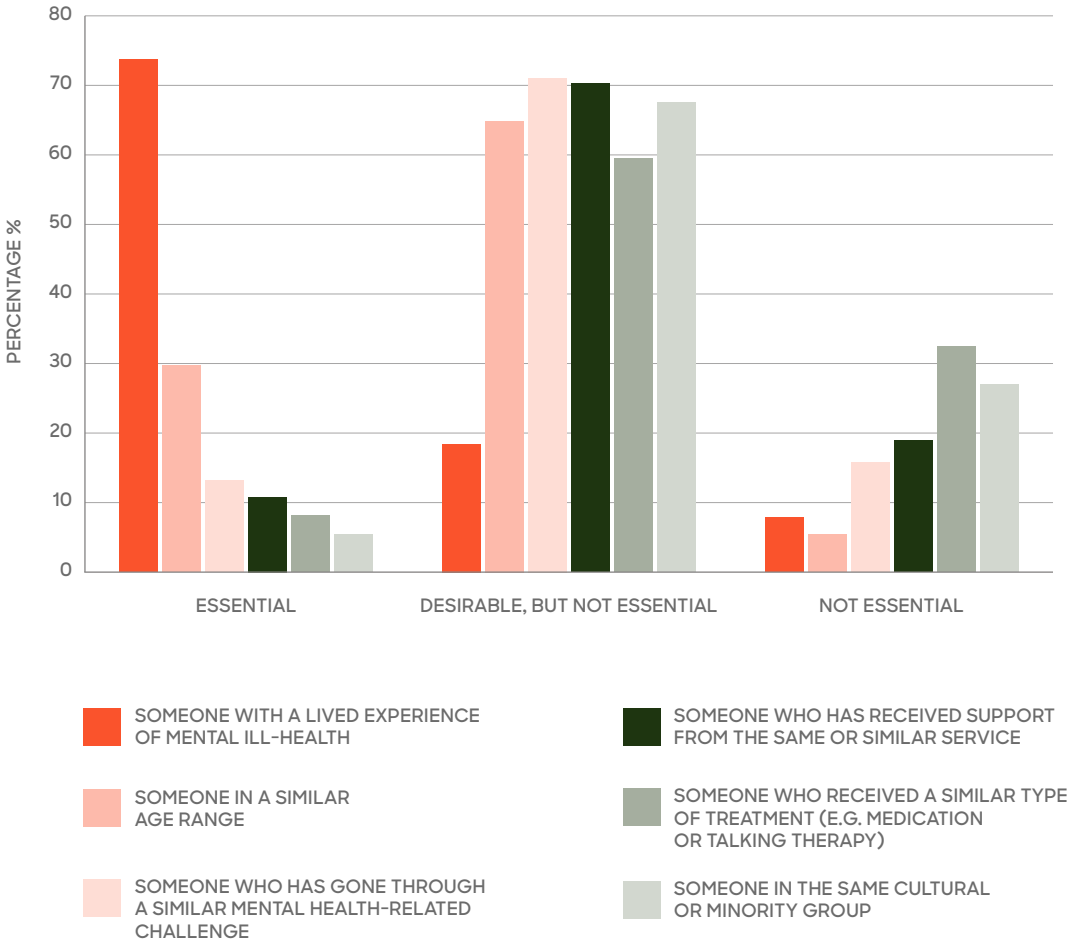
In youth mental health, the peer workforce is primarily comprised of young people with experiences of mental ill-health, with age ranges ill-defined or inconsistently defined. While inconsistent, the overwhelming majority of services ensure that youth peer worker roles are filled by young people who are approximately within the age range of young people attending the service.(22)

Consultations with services have indicated that some youth mental health services have not required young people to have an experience of mental ill-health to become a youth peer worker. While well-intentioned and while it may be beneficial for young people to be employed in similar roles (e.g. young people employed to provide mental health promotion to peers), hiring a youth peer worker without a lived experience of mental ill-health contributes to a lack of role clarity and separates them from the wider peer workforce, peer work frameworks, research, professional development and training. Additionally, the NMHC highlighted that acknowledged lived experience of mental illness and recovery is a key principle underpinning the development of the peer workforce.(23) Given the growing evidence base, current and developing frameworks and the support for peer work, youth peer work roles should require experiences of mental ill-health, be prioritised over similar roles, and funding for youth peer work resources should be secured to this definition. However, youth peer workers should never be required or pressured to share their stories of lived experience with staff or young people, and should be provided training on how to use their lived experience in a way that is safe and comfortable.

When asked what defined a ‘peer’ in youth mental health, 73.7 per cent of youth peer workers consulted for this report believed that it was essential to have an experience of mental ill-health, with another 18.4 per cent believing it was desirable, but not essential (figure 3). Having a lived experience of mental ill-health was the only requirement predominately considered essential. This was followed by a peer being someone who was in a similar age range, with 29.7 per cent considering it essential and another 64.9 per cent identifying it at desirable, but not essential. This may highlight an alignment to the wider peer workforce, which largely does not utilise an age-based definition. Additionally, it may also reflect that current age cut-offs are considered largely arbitrary by youth peer workers, or it may highlight a concern of the ‘ageing out’ process, which is a term that refers to leaving the youth peer work role due to age.

> **“Peer work has the chance to be a new perspective on care and access to treatment. It has the opportunity to reshape how we understand power within clinical relationships and how mental health services function.”**
>
> YOUTH PEER WORKER

FIGURE 3. YOUTH PEER WORKERS IDENTIFY WHAT IS ESSENTIAL TO BEING A "PEER" IN YOUTH MENTAL HEALTH (N = 38)



DIVERSE SETTINGS

Youth peer workers provide support across all stages of mental ill-health and may work face-to-face, in groups, over the phone or online. The youth peer workforce is employed in a variety of settings to meet the unique needs of young people, including:

- inpatient units;
- community;
- post-discharge support;
- online;
- primary mental health services;
- residential services;
- drug and alcohol services;
- schools;
- universities; and
- other educational institutions.(24)

YOUTH PEER WORK ROLES

While youth peer work roles in mental health predominately describe one-to-one mental health support, youth peer work may also occur in a range of specialisations, settings and modes. This list is not exhaustive, many of the tasks likely overlap, and an individual peer worker may perform multiple peer work roles.

PRIMARY CARE AND COMMUNITY PEER WORK

Many youth peer workers work in primary care or community environments to provide face-to-face and/or group peer work, predominately focused on shared experiences, recovery goals, and a broad focus on mental health. Currently, this role can vary significantly based on the needs of the population accessing the service, or based on the focus and offered services of the organisation.

HOSPITAL AND INPATIENT PEER WORK

Peer workers can be employed in emergency departments and other areas of tertiary care. In inpatient settings, peer workers can provide different supports and approaches than non-peer clinical staff.(25) Youth peer workers share their experiences of an inpatient stay to support engagement, meaningful activity and consider issues involved in recovery.(26)

POST-DISCHARGE SUPPORT PEER WORK

The NMHC's National Review of Mental Health Programmes and Services recommended that all states follow a national protocol for all hospital discharges after an inpatient stay or suicide attempt, which would include that every person is offered a trained mental health peer worker or case manager.(6) Peer workers providing post-discharge support may have a particular focus on suicide prevention support and reducing readmission.

In Victoria, the Expanding Post-Discharge Support initiative provides at least three contacts with a peer support worker within the first 28 days of discharge from a specialist mental health service.(27) The initiative identified benefits to organisations, such as a better understanding of the impacts of clinical language, role-modelling recovery to clinicians, and supporting innovative ways of working, as well as benefits to peer workers themselves such as hope, purpose, connection, benefits to their own recovery and finding meaning in improving mental health services.(27)

OUT-PATIENT PEER WORK

One out-patient program with Australian youth peer workers utilises a drop-in room to talk to young people about recovery and how to best engage in the service. They may also advocate for young people by supporting them to provide feedback or fully participate in their care.(26)

ONLINE PEER WORK

Young people with mental ill-health access the internet daily, and largely consider receiving online advice and support to be acceptable.(28) While there is a history of naturally-occurring online peer work, youth peer workers have also been employed to work in online clinical intervention environments.(29) This support may be provided through dedicated online platforms or forums, web-chat services or email.

In response to COVID-19, the Victorian Government funded Orygen Digital to expand the Moderated Online Social Therapy (MOST) platform, providing online therapy and peer support to young people at Victorian state-funded child and adolescent youth mental health services and Victorian headspace centres.(30, 31)

TELEPHONE PEER WORK

Peer-run telephone lines or "warm-lines" traditionally provide pre-crisis support to fill the gap between mental health services with restricted hours and emergency departments.

LGBTIQ+ PEER WORK

LGBTIQ+ peer workers assist young people with navigating the health system and promote gender and sexuality acceptance. In one Australian example, gender and sexuality diverse youth peer workers provided online group peer work through Qheadspace.

VOCATIONAL PEER WORK

Young people are at a critical age for formal education, training and transition to employment. Mental-ill-health can interrupt or exclude young people from education and employment. Youth mental health services require a focus on educational and vocational supports to minimise the impact this can have.

Individual Placement and Support is an evidence-based employment intervention for people with mental ill-health.(32) Funded through the Victorian Government's Jobs Victoria Employment Network, Orygen have been providing Individual Placement and Support in youth mental health services with youth vocational peer workers. Through the Youth Online Training and Employment System (YOTES), Orygen has integrated evidence-based content with online vocational peer support through an online platform. Youth peer workers in vocational programs may share both their experiences of mental ill-health and vocational challenges to assist with achieving educational goals or finding and maintaining employment.

PEER EDUCATION

While it does not constitute most definitions of peer support roles, peer education may be one element of a youth peer work role, or may be the main role of a lived experience worker. Peer educators may share their story with groups of young people to promote help-seeking, or facilitate classes about recovery-related subjects for young people with mental ill-health.

SUMMARY

Peer work has strong sector support and is growing across Australia. However, there is a need for a specific focus on the workforce development required to support the growth of the youth peer workforce.

The youth peer workforce utilise their experience of mental ill-health and their age to support young people in a range of roles across varied settings.

Currently, little workforce data are available, making it difficult to understand the size and growth of the workforce and address their needs.

> “Peer work is now understood as a profession that requires resourcing, leadership development, adequate remuneration, training and career pathways.”

EVIDENCE

Peer work research illustrates benefits for people seeking help, their friends and family, services, colleagues and the peer workforce (table 1). However, despite strong sector support and rapid growth, there is a paucity of high-quality research into the effectiveness of peer work. This issue is amplified in youth peer work, with even fewer studies available.(33)

TABLE 1. BENEFITS LISTED FROM PEER WORK LITERATURE REVIEWS

BENEFITS FOR PEOPLE SEEKING HELP	BENEFITS FOR PEER WORKERS	BENEFITS FOR FRIENDS/FAMILY	BENEFITS FOR SERVICES/ COLLEAGUES
Improved relationships with providers (34)	Acceptance (23)	Improved relationships (23)	Better responses to crisis and reduction of coercive practices (23)
Increased empathy and acceptance (35)	Mental health and supporting continued recovery (23, 35)	Increased empowerment and knowledge (23)	Consumer engagement (23)
Increased empowerment (23, 34, 35)	Skills and employment (23)	Increased social support (23)	Improved organisational culture (23)
Increased hope (23, 34, 35)			Improved recovery-oriented focus (23)
Increased patient activation (knowledge or confidence to manage their own health care) (34)			
Increased service engagement (34)			
Increased social support, social inclusion and social functioning (23, 35)			
Reduced admission rates and longer community tenure (23, 34, 35)			
Reduced stigma (23, 35)			

The paucity of high-quality research may partially be explained by difficulties conducting randomised controlled trials (RCTs) or inadequate reporting of the trials,(36-38) but systematic reviews and meta-analyses may also be inhibited by unclear or inconsistent reporting of role definitions, program attributes and outcome measures.(34, 37, 39) Additionally, while RCTs are considered a gold-standard for testing the effectiveness of clinical interventions, the theoretical underpinnings are that of the medical model, which assumes a deficit (mental ill-health) that needs to be treated (with an intervention). This is in contrast to the theoretical underpinnings of peer work, which is not focused on a treatment of deficits or on a consistent, specific outcome.(33) While RCTs are important and need to be strengthened in the field, alternate and adjunct strategies for increasing the peer work evidence base need to be further explored. Table 3 shows a summary of high-quality systematic reviews and meta-analyses conducted to date.(33, 37, 38, 40, 41)

A review of systematic reviews and meta-analyses found that the inclusion of peer services is not detrimental to psychosocial, mental health and service use outcomes for people using services, and results in at least equivalent outcomes to services provided by non-peer staff. (40) This is a crucial finding. Although peer work should not be considered a replacement of the non-peer workforce or as a low-cost workforce, the benefits of a sustainable, recovery-focused mental health workforce with equivalent outcomes should not be understated.(33)

TABLE 2. ANALYSIS OF HIGH-QUALITY REVIEWS IN PEER WORK, ADAPTED FROM ORYGEN'S EVIDENCE SUMMARY(33)

OUTCOMES	CURRENT EVIDENCE SUGGESTS THAT PEER SUPPORT IS LIKELY TO LEAD TO IMPROVEMENTS	CURRENT EVIDENCE IS INCONSISTENT. FURTHER RESEARCH IS REQUIRED	CURRENT EVIDENCE DOES NOT SUGGEST THAT PEER SUPPORT LEADS TO IMPROVEMENTS. MORE HIGH-QUALITY RESEARCH NEEDED
Hope	•		
Recovery		•	
Reduced crisis/ emergency services use		•	
Empowerment/ self-efficacy		•	
Reduced hospital admission		•	
Quality of life		•	
Social functioning			•
Reduced mental health symptoms			•
Service engagement			•
Service satisfaction			•

COST-EFFECTIVENESS

While the evidence base needs to be strengthened, Mental Health Australia and KPMG have estimated the return of investment in peer work to be approximately $3.50 per dollar spent.(42) A social return on investment analysis of a peer-led service in Queensland found similar savings, with $3.27 of social and economic value for every $1 spent.(43) While the majority of the gained value was directly for the people accessing the service, predominately related to their social and personal recovery, costs were also saved due to lower hospital admissions, lower re-admissions and shorter admissions.(43) In the UK, a study using Cochrane guidelines examined six peer work studies to assess cost-effectiveness based on the cost of peer work compared to the cost of hospital bed days, with four studies identifying a substantial benefit.(44) It identified a weighted cost-benefit ratio of £4.76 per pound spent, attributing cost savings to reduced hospital bed use. However, these analyses are tentative, relying on a small evidence base, limited cost-related measures, and utilising varied, inconsistent and ill-defined settings.

Cost-effectiveness may extend into broader clinical and functional domains. As research and evaluation into peer work develops, broader cost-related outcomes should be considered to further strengthen cost-effectiveness research. Cost-effectiveness benefits are likely amplified in youth mental health, as young people experience disproportionately high levels of mental ill-health, and are at a pivotal age to solidify social, education and employment trajectories.(45)

Cost-effectiveness likely extends to the peer workforce itself. In addition to the assumed cost-effective benefits associated with benefits to their own recovery,(23, 35) the peer workforce is comprised of people who may be excluded from other workforces due to perceived or actual mental health stigma,(46) unaccommodating environments and disruptions to education and employment. These savings are likely more prominent in the youth peer workforce, as investment into the employment of young people with mental ill-health results in significant cost savings more broadly.(32)

YOUTH PEER WORK RESEARCH

Youth peer work research accounts for a small portion of the emerging peer work research field. One scoping review of US studies found 43 peer-reviewed and grey literature documents on youth peer work between 1983–2014, with only 10 per cent using an RCT design and none reporting adequate methodological information or testing specific hypotheses.(39) Additionally, the scoping study identified that most youth peer work research limits outcomes to psychosocial measures and suggests an additional focus on outcomes such an inpatient stay, empowerment, treatment engagement, self-management, self-efficacy and self-esteem.(34, 35, 39)

One Australian study evaluated an intervention whereby peer workers were employed to promote shared decision-making at an Australian youth mental health service. Young people who received this support from a peer worker felt more involved in making decisions about their care than those who did not.(47) This study also highlighted considerations regarding the implementation of peer work in youth mental health (48) and the impact the intervention had on the peer workers, young people, their families and the service.(49)

The peer work evidence base requires a greater number of both RCTs and studies that utilise a variety of research methods, particularly in youth peer work. As the limited number of studies in youth peer work restrict evidence-based policy decisions and appropriate supports for the workforce, the youth peer work research agenda must be made a policy priority given its potential value, strong sector support, and the consistent and rapid national uptake. Implementation research should be prioritised to ensure that the role is being effectively embedded into mental health services and implemented consistently. Implementation research may also help to clarify how peer support models may be modified or tailored to local needs while still maintaining their effectiveness. Research should also consider inclusive research that investigates the impact of youth peer work with different communities, such as LGBTIQ+ youth peer work, Aboriginal and Torres Strait Islander youth peer work, and culturally and linguistically diverse youth peer work.

Additionally, aligned to the values of peer work and the continued prioritisation of consumer engagement by funding bodies, the existing youth peer workforce should be included through authentic partnerships with researchers to undertake participatory research. Orygen has previously identified that future research should ensure:

- registering RCTs that conform to CONSORT guidelines, better facilitating the adequate reporting of RCTs;
- appropriate reporting of programs and procedures;
- comprehensive, quantitative reporting of universally-implemented outcomes;
- standardised and specified intervention contents and contexts;
- utilisation of a consistent definition of the concept of peer support in youth mental health; and
- more research to identify the mechanisms behind youth peer work.(33, 37, 50)

Research should also understand the impact on the youth peer workforce and the services that employ them, as well as barriers and facilitators of its implementation.

POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
ESTABLISH HIGH-QUALITY EVIDENCE FOR THE YOUTH PEER WORKFORCE			
Respond to gaps in research through supporting a youth peer work research agenda that places focus on: **a. Defining and designing appropriate outcome measures.** **b. Assessing system and service-level impacts, including comprehensive cost-effectiveness evaluations.** **c. Guideline-adherent RCTs that conform to CONSORT guidelines.** **d. Developing fidelity measures.** **e. Identifying the mechanisms and theoretical underpinnings of youth peer work.** **f. Evaluations across varied service types and settings (e.g. emergency departments, online settings and post-discharge support).** **g. Utilising a youth peer work definition which is based on nationally consistent guidelines.**	Despite substantial policy and sector support, there is a paucity of high-quality evidence in peer work internationally, particularly for subsections such as youth peer work. Recommendations for future peer work and youth peer work studies are clear and well-established, but require support to ensure that policy decisions are informed by evidence.(33, 37, 50)	Policy and service-related decisions are made based on thorough economic evaluations and a gold-standard evidence base. Youth peer work programs are more effectively implemented, guided by research.	National Health and Medical Research Council, Medical Research Future Fund, Australian Research Council.

SUMMARY

There is a paucity of peer work research, particularly in youth peer work. In addition to more guideline-adherent RCTs, youth peer work research should utilise a variety of research methods and partner with youth peer workers in participatory research to better inform services and decision-makers.

Evidence indicates the potential benefits for peer workers, people accessing peer work, their families and friends, services, and non-peer staff.

There is suggestive evidence that peer work is likely cost-effective, which may be amplified in youth peer work.

> “The youth peer work research agenda must be made a policy priority given its potential value, strong sector support, and the consistent and rapid national uptake.”

PEER WORK IN POLICY

NATIONAL POLICIES

There is widespread national, state and territory policy support for the development and implementation of the peer workforce in mental health services. The *Fifth national mental health and suicide prevention plan* recommended the establishment of national guidelines for mental health peer workforce development, which would include the creation of shared definitions, key roles and functions, guiding principles, a code of ethics, principles for employment and reasonable adjustment, training and support, practical resources, supervision, coaching and mentoring and a dissemination/implementation approach. It also included plans for a national mental health peer workforce data set.(51)

The peer workforce received a further focus in the NHMC's *Contributing lives, thriving communities – report of the national review of mental health programmes and services* report, which recommended improved supply, productivity and access to the mental health peer workforce, envisioning a system of care with an enhanced role for peer workers, and noting an immediate need to increase the number of peer workers in mental health services nationally.(6) It also positioned peer work as a critical component of recovery-oriented mental health services, noting that peer workers exemplify hope for recovery, the possibility of participation in social activities or employment, and provide support for their own recovery.(6)

The NMHC also established principles and requirements underpinning the development of the peer workforce, including that peer workers should be regarded as essential, equal to their colleagues, appropriately renumerated, adequately supported, provided with ongoing training and supervision, provided with national competencies and standards, and supported by career pathway options.(23) This work is being continued by the NMHC in its current development of the national peer workforce development guidelines.

A NATIONAL VOICE

More recently, there has been support for a national peer work organisation to provide national standards and guidelines, training and professional development, and systemic advocacy.(52) The draft report for the Productivity Commission's inquiry into mental health recommended that the NMHC submit a proposal for this organisation to the Australian Government, including advice on financial contributions such as seed funding.(53) This organisation would be well-placed to develop a code of ethics and code of conduct for peer workers, which has been identified as a need since 2014.(23, 52)

A national peer work organisation has the potential to reduce duplication, with a range of governments and organisations currently developing peer work frameworks independently. It would provide a structure for developing nationally consistent advice, standards and guidelines for the peer workforce.

This is an issue internationally, partially addressed by Canada, New Zealand and the United States through the development of nationally consistent guidelines or core competencies for peer workers, allowing for more consistent roles, training and certification. However, these documents do not currently address the unique needs of youth peer workers.

There is wide support (83.9 per cent) among youth peer workers consulted for this report for a national peer workforce organisation. While 64.5 per cent of consulted youth peer workers felt that a separate youth peer work body was needed, 74.2 per cent strongly or somewhat agreed that an all-ages national peer work organisation should have unique, dedicated resources for the youth peer workforce. Although a dedicated youth peer work organisation is unlikely to be required, the proposed national peer work body should include dedicated youth-specific resources and consultations to ensure that the unique needs of youth peer workers are considered and addressed.

POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
A NATIONAL VOICE TO SUPPORT AND LEAD PEER WORK DEVELOPMENT			
A national organisation for peer workers funded and endorsed by the Australian Government, established based on advice from the National Mental Health Commission. This organisation commits to dedicated consultations with youth peer workers and supplementary resources for youth peer workers.	The peer workforce has expanded across the country but requires more consistency and recognition as a professional workforce. A national organisation could create guiding and regulatory documents, such as a code of ethics, code of practice and guidelines.(52)	The peer workforce is professionally recognised and receives comparable professional development and representation in key forums.	Department of Health, National Mental Health Commission.

ONLINE HUB

Both headspace National(54) and Orygen are currently in the process of developing resources and training for the youth peer workforce. As an alternative to a distinct youth-specific peer work organisation, the creation of an online hub would provide a 'one-stop-shop' for youth peer workers, allowing the successful dissemination of resources, avoiding duplication and reducing isolation. While youth peer workers consulted for this report had a preference for face-to-face co-reflection, an online hub could facilitate online co-reflection as an adjunct or for youth peer workers in rural and regional areas or more specialised fields. This online hub could also facilitate consultations with youth peer workers across Australia and supplement the work of the recommended national peer work organisation.

> **"I would strongly encourage that the youth peer workforce look to strengthen their voice by standing alongside the wider peer workforce on a number of these issues ... youth is definitely on the agenda."**
>
> YOUTH PEER WORKER

POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
CREATE A CENTRALISED ONLINE HUB FOR YOUTH PEER WORKERS			
The Department of Health fund the creation of an online youth peer work hub, partnered with the proposed national peer work organisation and Orygen.	Youth-specific peer work resources are scarce. An online hub provides a centralised, low-resource platform to share national and international resources and guidelines, host and provide proposed online youth peer work training, facilitate co-reflection and support consultations with youth peer workers. This hub provides services and the workforce with a 'one-stop-shop', avoiding duplicative resources and training.	The Department of Health fund the creation of an online youth peer work hub, partnered with the proposed national peer work organisation and Orygen.	Department of Health, Orygen, national peer work organisation.

STATE AND TERRITORY POLICIES

Through their respective mental health plans and strategies, the national, state and territory governments have all recognised and supported the development and growth of the peer workforce (table 3). However, none have specifically addressed the unique requirements of the youth peer workforce.(8, 9, 55-60)

Illustrative of all state mental health plans, Western Australia's Mental Health Commission noted that the: "optimal mix shows a requirement for the peer support workforce to be substantially increased and embedded in not only the clinical areas but also in community support programs. These workers are an important component in helping people to navigate the system and to access the range of services they need to achieve the outcomes they are seeking in their personal recovery journey".(60)

The Royal Commission into Victoria's Mental Health System found many organisations and community members advocating for the expansion and support of the lived experience workforce.(7) The interim report highlighted the value in co-delivering services with clinicians and the lived experience workforce, noting that many people found peer work to be affirming. The report also identified concerns with inadequate remuneration and voluntary conditions.

TABLE 3. SUPPORT FOR PEER WORK IN STATE AND TERRITORY MENTAL HEALTH PLANS

STATE	DOCUMENT (YEAR)	LISTED AIM, RECOMMENDATION OR ACTION
ACT	*Office for mental health and wellbeing work plan 2019–2021* (2019)(55)	Support the lead agencies to develop a mental health workforce strategy including developing the peer workforce.
NT	*Mental health strategic plan 2019–2025* (2019)(56)	Ensuring that advocacy and peer support is available at all mental health services.
NSW	*NSW strategic framework and workforce plan for mental health 2018–2022: a framework and workforce plan for NSW health services* (2018)(57)	Grow and support the emerging peer workforce: • Peer workforce data is collected through routine reporting. • Develop a NSW peer workforce framework to guide development of and support for the emerging peer workforce in NSW. • Recruit and train new peer worker roles funded under the reform. • Support senior peer workers to assist the professional development of new peer workers in mental health. • Participate with the Australian Government and other governments in developing national peer workforce development guidelines.
QLD	*Shifting minds: Queensland mental health, alcohol and other drugs strategic plan 2018–2023* (2018)(58)	Develop and support a well-integrated peer workforce.
SA	*South Australian mental health strategic plan 2017–2022* (2017)(59)	Guidelines developed and implemented to establish a professionalised peer workforce that includes robust selection procedures, a training hierarchy, accreditation procedures, adequate remuneration, clearly defined career structures, leadership development and accountability processes.
TAS	*Rethink mental health: better mental health and wellbeing – a long-term plan for mental health in Tasmania 2015–25* (2015)(9)	Develop a framework for the establishment of a peer workforce in public mental health services to complement the existing workforce.

STATE	DOCUMENT (YEAR)	LISTED AIM, RECOMMENDATION OR ACTION
VIC	*Victoria's 10-year mental health plan* (2015)(8)	Working with health and other social and community services to develop effective consumer and carer peer support practice models for children and young people, families and carers.
WA	*Western Australian mental health, alcohol and other drug services plan 2015–2025. Plan update 2018* (2019)(61)	Continuing to support the growth and development of the peer workforce.

POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
A CLEAR COMMITMENT TO THE GROWTH OF THE YOUTH PEER WORKFORCE			
The Department of Health instruct services that youth peer workforces and their supports become a service requirement through: **a. headspace National committing to the inclusion and growth of youth peer workers in any future updates to the headspace Model Integrity Framework.** **b. All future state and territory-based mental health plans require specific recommendations for supporting the youth peer workforce, and all state and territory-based lived experience workforce plans require dedicated consultations with youth peer workers.** **c. Clear commitments to the recruitment and support of youth peer workers in Primary Health Network (PHN) youth mental health commissioning processes.**	Governments, services and systems must commit to both the inclusion and support of the youth peer workforce. State and territory plans, PHNs and state and territory youth mental health services should require that every service has adequate and dedicated resources allocated to the employment of youth peer workers, as well as their training, professional development and supports, such as discipline-specific supervision.	The growth of a well-supported youth peer workforce across all youth mental health services in Australia.	Department of Health, headspace National, Primary Health Networks, state and territory governments.

SUMMARY

While support for the growth of the peer workforce is seen in national, state and territory frameworks and mental health plans, the unique issues facing the youth peer workforce are unaddressed.

A national peer work organisation would reduce duplication and strengthen the peer workforce, but will need a dedicated focus on consultations and resources that address the needs of the youth peer workforce.

> “Through their respective mental health plans and strategies, the national, state and territory governments have all recognised and supported the development and growth of the peer workforce. However, none have specifically addressed the unique requirements of the youth peer workforce.”

BUILDING A YOUTH PEER WORKFORCE

STRUCTURING SYSTEMS AND SERVICES

The interim report of the Royal Commission into Victoria's Mental Health System identified that a lack of consistent, system-wide approaches to the lived experience workforce has led to the roles being dependant on individual services and people in the workforce.(7) In 2019, the NMHC listed 'challenges for peer workers' as one of five critical issues impacting the mental health workforce.(61) The NMHC undertook an environmental scan of publicly existing peer work guidelines and frameworks, identifying that:

- there is a need for clear definitions and terminology;
- there is a need for increased role clarity;
- organisations need to be ready to support the peer workforce;
- guidance is required on recommended minimum training;
- peer supervision and mentoring needs to be adequately addressed; and
- a focus on career progression and leadership training is required.(62)

Less consistently, other themes were also identified, such as a need for guiding principles; organisational commitments to strong recruitment processes, induction policies and reasonable adjustments; ethical considerations such as dual roles and conflicts of interest; and using demand and supply principles to inform investment in the peer workforce.(62)

It has been well-documented that a thriving peer workforce depends on a number of structural and systemic factors, with successful peer work implementation requiring well-defined roles; effective recruitment; services, managers and peers understanding the role; ongoing support; and long-term roles.(63) These enablers led to decision-makers observing a supported peer workforce and the creation of additional peer work roles. Without these structures, peer workers are unsupported, turnover increases, and decision-makers are unlikely to see the benefits of a supported peer workforce.(63) Guidelines are one solution to ensure that the workforce are consistently supported and valued across Australia.

> **"If we could collate that knowledge, we'd save a lot more resources collectively than having each organisation attempting to individually reinvent the wheel, as they currently tend to do."**
>
> YOUTH PEER WORKER

FRAMEWORKS, GUIDELINES AND STANDARDS

Alongside the growth of the mental health peer workforce, the last decade has seen an abundance of relatively compatible guidelines for the peer workforce, created by organisations, state and territory health departments, and commissioning bodies. However, these efforts may be duplicative, and provide no definitive nationally consistent standard. In contrast, countries with standardised, nationally consistent approaches to peer work have enabled the creation of consistent codes, core competencies and training (see text box). The NMHC's peer workforce development guidelines provide a great opportunity for nationally consistent approaches and definitive guidelines.

Most training and models are based on or influenced by Intentional Peer Support (IPS), one of the most prominent and established international frameworks. Many of the frameworks have been led by the expertise of the lived experience workforce and add a significant contribution to the area or services that they apply to. These documents include:

- *Towards professionalisation* – National;(52, 64)
- *Draft peer recovery workers: guidelines and practice standards* – ACT;(65)
- *Lived experience framework for NSW* – NSW;(66)
- *Queensland framework for the development of the mental health lived experience workforce* – Queensland;(67)
- *Peer workforce development strategy* – Tasmania;(68) and
- *Strategy for the consumer mental health workforce in Victoria* – Victoria.(69)

However, there is a genuine risk of duplication or continued confusion among the mental health workforce until these standards become consistent, allowing for a national rollout of new standards, core competencies, supports and training. Additionally, the unique issues facing the youth peer workforce are not addressed in any key national, state or territory documents. In addition to a lack of specific guidance for youth peer workers, some of the current advice – such as an emphasis on the Certificate IV – conflicts with the unique needs and barriers of the youth peer workforce.

Currently, the NMHC is preparing guidelines for the development of the peer workforce, due to be complete by 2021. Orygen commends the focus on national guidance to avoid duplication. As youth mental health is one of the few national specialisations across the mental health system, and as the youth peer workforce continues to grow and face unique challenges, it is recommended that the NMHC peer workforce development guidelines address the unique issues of the youth peer workforce. Additionally, headspace National are currently developing a youth peer work framework.(54) Should this framework address issues identified by youth peer workers in this report, and be well-aligned to the NMHC's peer workforce development guidelines, it may be feasible to expand headspace's framework and apply it to other primary care services as well as specialised and tertiary youth mental health services. Consistent national guidance would allow all Australian youth peer workers to be supported by the same framework, and provide the scaffolding needed to create national standards, rights, processes, supports and training.

INTERNATIONAL GUIDELINES

Internationally, peer work guidelines and competencies have been developed, allowing nationally consistent fidelity, job descriptions, training and certification standards, as well as a shared language and understanding across the workforce.

CANADA

The Canadian Mental Health Association are operating Peer Support Canada, an organisation that provides certification for peer workers. Canada has a peer-led code of conduct and practice guidelines for peer workers, allowing for training and certification to be attached to nationally consistent frameworks.

NEW ZEALAND

Te Pou have developed competencies for mental health and addiction peer workers, which include essential criteria that need to be displayed by peer practitioners, peer managers and peer leaders, as well as different criteria for peer work and advisory roles. New Zealand also has the New Zealand Certificate in Health and Wellbeing (Peer Support) (Level 4).

USA

In America, the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration has developed core competencies and shared values for peer workers in behavioural health services.(70)

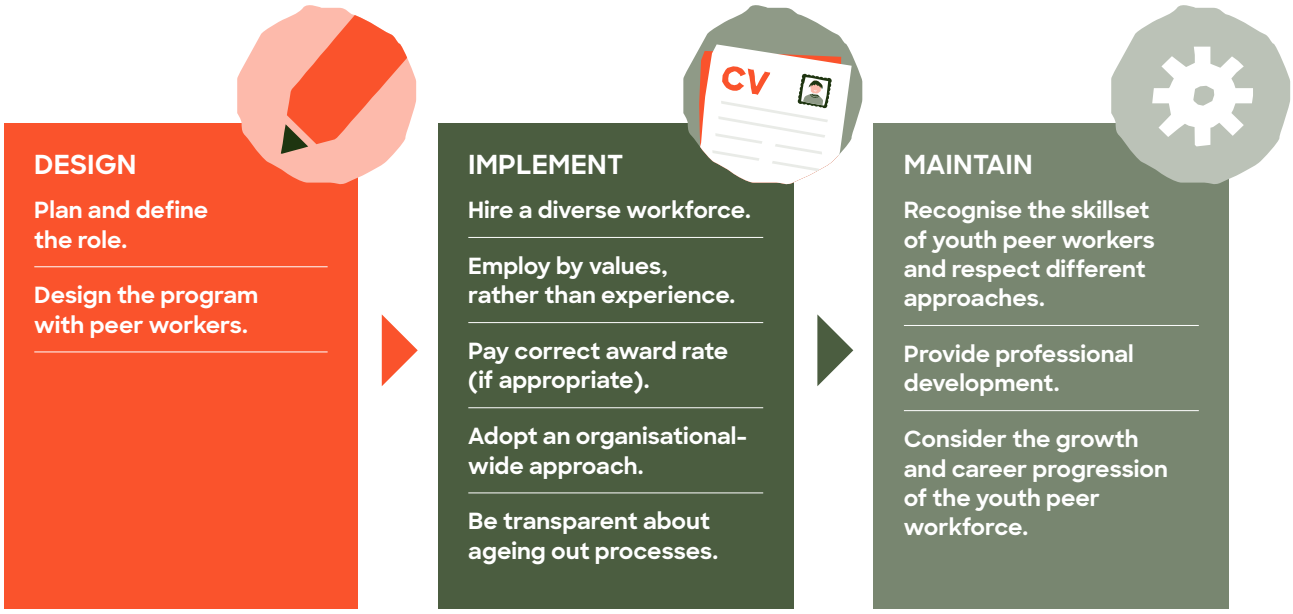
POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
CLEAR ROLES AND GUIDELINES FOR YOUTH PEER WORKERS AND SERVICES			
The National Mental Health Commission undertake dedicated consultations with the youth peer workforce to inform the creation of the peer workforce development guidelines. It is recommended that Orygen and headspace National be funded to partner with youth peer workers, services and young people to develop supplementary, youth-specific guidance notes to ensure consistent and implementable advice for youth peer workers and services. NHMC guidelines should: **a. Define peer work and roles across systems, including senior roles, salaries and employment conditions.** **b. Explore whether core competencies, goals or values differ in youth peer work.** **c. Provide advice on ageing out and transitioning from the role.** **d. Enable clear commitments to the personal and professional trajectories of youth peer workers, both within and external to the peer workforce, as well as the creation of long-term roles and career pathways in youth mental health and youth peer work.** **e. Ensure clear commitment to the induction, training, supervision and professional development needs.** **f. Advise on managing dual relationship and appropriate mental health supports.**	Despite a multitude of peer work plans and strategies, issues facing the youth peer workforce are overlooked. Compared to the peer workforce, youth peer workers often face additional or amplified issues, such as ageing out, fewer long-term roles and fewer career progression opportunities. Although other peer work specialisations exist, youth mental health is a significant subsection of the mental health sector, and issues relating to ageing out change the supports required for this workforce. It may be feasible to expand headspace National's developing youth peer work guidelines to other youth mental health settings.	The unique challenges and barriers in youth peer work are addressed, and youth mental health organisations successfully embed and support youth peer work within core service delivery.	National Mental Health Commission, Orygen, headspace National.

IMPLEMENTATION

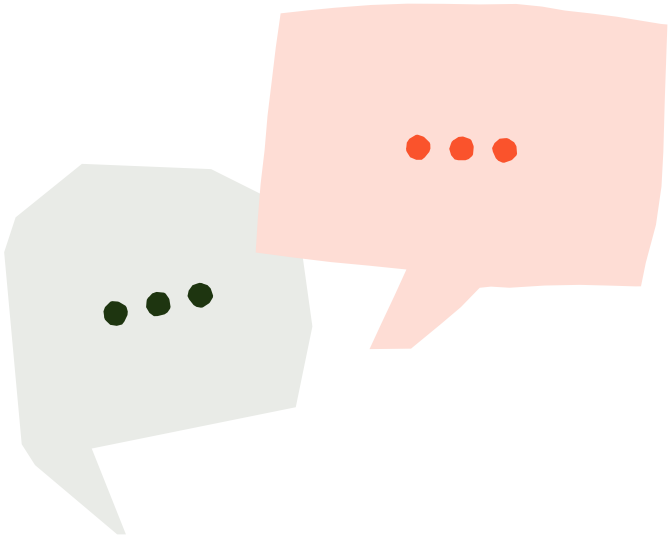
National guidelines create a scaffolding for the successful and consistent implementation of youth peer work programs, and they should address implementation issues and establish best-practices. Many of the significant barriers facing the youth peer workforce can be mitigated through successful implementation of peer work programs. While a lack of role clarity and issues relating to organisational culture can be barriers to implementation, support from senior leadership, training and supervision may be essential to successful implementation.(33) An Australian study of implementation barriers experienced by youth peer work programs identified issues relating to role ambiguity and uncertainty experienced by peer workers, complexities surrounding large numbers of youth peer workers being employed, and issues with culture change.(48) The Mental Health Commission of New South Wales' peer work hub provides a guide and planning toolkit for employers implementing peer work programs.(71) A group of peer workers working with young people in Australia has previously developed recommendations for designing, implementing and maintaining a youth peer workforce (figure 4).

FIGURE 4. YOUTH PEER WORKER'S RECOMMENDATIONS FOR SUCCESSFUL IMPLEMENTATION

Source: Adapted from *Peer work in Australia: A new future for mental health* (2018)(22)



> **"Put in a clear plan about peer support and make sure the roles are clear. Many places hire peer workers without having a structure in place."**
>
> YOUTH PEER WORKER



ORGANISATIONAL READINESS

Organisations must ensure that they are adequately prepared to support peer workers before commencing a peer work program. Preparation includes a review of organisational barriers and development of processes to facilitate youth peer work roles. For example, during implementation of a youth peer support program at an Australian youth mental health service it was found that clinicians were uncertain about the role and benefits of peer work, concerned about confidentiality, and felt unclear about the integration of youth peer work.(48) Services that have not previously worked with youth peer workers should support current staff to access training about the purpose and benefits of youth peer work.

The NMHC has identified that organisations need to address a number of issues before employing peer workers, including understanding and recognising the value of their role, preparing workplace supports, reducing stigma in the workplace, and developing clear career pathways.(62) The Western Australian Association for Mental Health has developed a peer work framework that includes a checklist for organisations to consider before implementing peer work, with checklist items including "Are arrangements in place for the peer workers' supervisors to be trained in peer worker supervision?" and "Do any current practices for the induction of new staff require updating to be inclusive of peer workers?".(72)

Organisational preparation for implementation of youth peer workers can be supported by consulting with experienced peer workers early in the design of these new programs.(22) Supported by national frameworks, experienced youth peer workers should be engaged to apply the framework to a local context and aid the successful rollout of a new youth peer work programs. Orygen is developing resources to support organisations to prepare for the youth peer workforce, available publicly in 2020. These resources may provide a useful foundation for nationally consistent, youth-specific guidelines.

RECRUITMENT

Recruitment to peer work roles can be difficult as it requires people to disclose their lived experience of mental ill-health, causing some to be concerned about the impact on future employment opportunities.(73) A comprehensive, well-considered recruitment strategy is required for peer work roles, which may include approaches such as notifying people who have used the service or approaching relevant local groups.(74)

Youth peer workers have previously described the need for employers to hire by values – rather than experience – which may mean flexible key selection criteria are needed.(22) Youth peer workers also noted that recruitment should focus on reflecting the communities that services work with; they stated that a diversity of experiences was needed to best ensure that youth peer workers shared similar experiences to the help-seeking young people they worked with.(22) For example, it was noted that many youth peer workers had undergone – or were undertaking – tertiary education, which was not always reflective of the experiences of help-seeking young people, and that this should be considered during recruitment.

RETENTION

The retention of peer workers remains a critical issue. A survey of Western Australia's peer workforce found that 42 per cent faced stigma and discrimination, 37 per cent experienced a lack of inclusion in the workplace and 57 per cent had taken time away from their role or resigned due to work-related reasons.(75) Australian peer workers have reported feeling isolated in their role,(23) particularly in regional areas.(52) Reducing role isolation with additional peer staff may provide further support to individual peer workers, assist with shifts in workplace culture, and allow for peer co-reflection. Additional peer staff could also ensure that one person is not burdened with the sole responsibility of shifting workplace cultures or providing insight as a peer, and that peer support is still available if a peer worker is on leave. Additionally, people using services have described that they would like the option to choose between peer workers.(76) The experience of one youth peer worker will not align with that of every young person wanting peer support, therefore, the option of multiple youth peer workers would increase the potential for finding someone with similar shared experiences.

> **“Not all young people come with prior experience as a peer worker, have a Cert IV or a degree. And that is okay! Young people bring so much value to an organisation beyond work and [study] experience.”**
>
> YOUTH PEER WORKER

CLEAR ROLES

Clear roles enable successful implementation of youth peer work programs. Without nationally consistent standards and shared definitions, the role of peer workers can be understood and applied diversely across services, with some peer workers and other staff confused about what a peer work role should entail. In general, youth peer work is defined as sharing a lived experience, promoting mutuality, and supporting hope and recovery.(24) Peer workers and scoping reviews have identified that unclear and inconsistent roles, descriptions and definitions have been a barrier to implementation.(62, 77) Academic literature has clearly defined issues relating to role clarification for the youth peer workforce.(39, 48) These issues can include a lack of clarity about the responsibilities, purposes or benefits of a role for both youth peer workers and other staff.(33, 48) While a lack of role clarity impacts the broader peer workforce, youth peer workers may be more greatly impacted due to their relatively limited experience and the loss of shared knowledge when more experienced youth peer workers age out of the workforce.

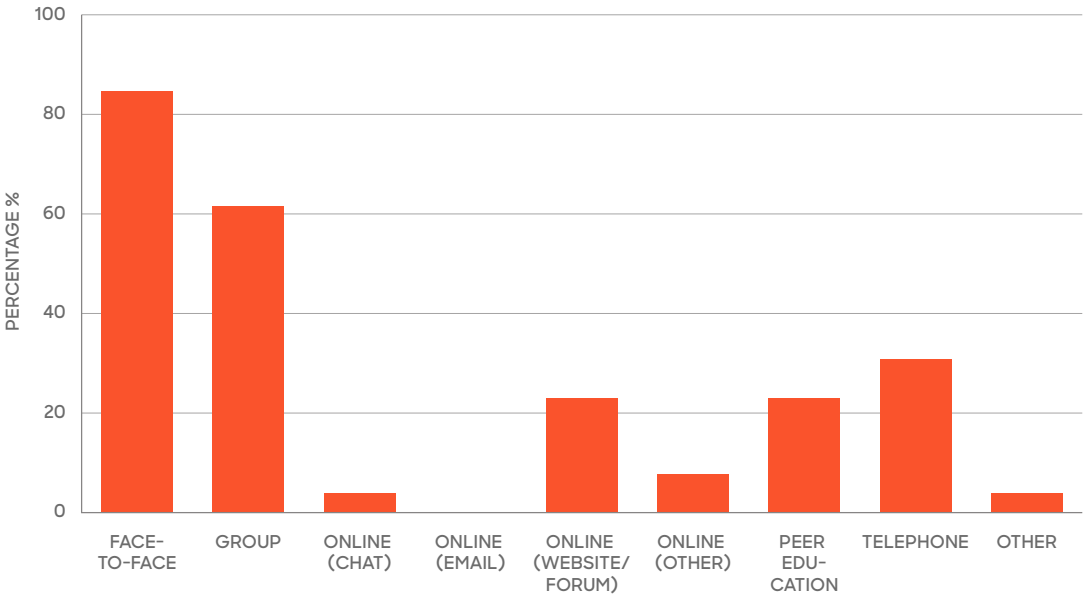
An Australian survey of 305 peer workers found that the most common tasks undertaken by peer workers included advocacy (89 per cent), training and education (85 per cent), networking with other peers (82 per cent), referral to other services (79 per cent), peer-facilitated groups (78 per cent) and telephone support (77 per cent).(23)

Another scoping review of 30 youth peer work programs found that youth peer workers undertook:

- instruction, skill development and mentoring (80.0 per cent);
- emotional support, such as understanding, validating and providing hope (60.0 per cent);
- providing information/education (56.7 per cent);
- advocacy activities (50.0 per cent);
- action planning and priority setting (36.7 per cent);
- instrumental supports (33.3 per cent);
- engagement (33.3 per cent);
- group management (20.0 per cent);
- research and evaluation (20.0 per cent);
- bridge and culture brokers (16.7 per cent); and
- continuing education (13.3 per cent).(39)

In addition to the variety of tasks involved in the role, youth peer workers consulted for this report reported working in diverse settings and platforms (figure 5). While peer education is not a mode of delivery for youth peer work under most definitions, consultations found that peer education, such as speaking to schools about their lived experience, was currently a common part of the role.

FIGURE 5. MODE OF DELIVERY THAT YOUTH PEER WORKERS ENGAGED IN (N = 41)



Youth peer workers have highlighted the importance of a clearly defined role with a clear job description.(22) Particularly in the early stages of a role, youth peer workers have reported feeling unsure of their role and how it fits in the day-to-day operation of a service.(49) Being unclear of their role impacted the work of the majority of youth peer workers consulted for this report, with most (52.6 per cent) considering it to be a somewhat relevant barrier to their role.

There is a clear need for standardised titles, roles and key selection criteria to be developed to support the youth peer workforce within mental health services. These standardised elements should be based on existing best-practice, cover a multitude of settings, modes of delivery and specialisations (e.g. primary and tertiary care, online and vocational peer workers) and be aligned to both the NMHC's peer workforce development guidelines and headspace's peer work framework. These guidelines should be designed with youth peer workers from diverse roles and include titles and roles for career development and peer work leadership positions. While these guidelines should be practical, they should be flexible enough to be applied to a multitude of settings and providers, such as private services, commissioned services and hospitals.

Orygen is developing resources to provide additional clarity to the youth peer workforce and non-peer staff, such as online training, toolkits and clinical practice points, available publicly in 2020. A national framework for youth peer work roles within mental health services is needed, which would include guidance on role clarity, including:

- boundaries;
- dual relationships; and
- working in clinical services (including suggested salaries, award rates, and employment models).

The Royal Commission into Victoria's Mental Health System interim report recognised 'role creep' was an issue resulting from role ambiguity, with peer workers being asked to do work that was not relevant to their role.(7) Youth peer workers consulted for this report identified that their role included spending time on tasks outside of peer support – such as administrative tasks – with 47.4 per cent noting that this was a somewhat relevant barrier that impacted their role. Similarly related to unclear roles or role ambiguity, 'peer drift' refers to the internalised pressure for peer workers to conform to clinical expectations and boundaries, likely due to difficulties in maintaining peer values in clinical spaces and difficulties with services protecting the unique perspectives of peer workers.(78) Peer drift may involve encouraging compliance to professional advice over autonomous decisions, focusing on problems or diagnoses over strengths or skills, distant and professional interactions rather than flexible and authentic interactions, or feeling self-doubt or insecurity about the peer work role.(78, 79) Both role creep and peer drift may be mitigated by implementing clear roles that are understood by all staff.

BOUNDARIES

Guidance regarding professional boundaries will contribute to clarifying the role and responsibilities of youth peer workers. Boundaries involve placing social or emotional limits on the relationship between the mental health workforce and young people. While these boundaries are relatively straightforward for the broader mental health workforce, concerns relating to boundaries have been well-documented in peer work literature.(35) Unlike other health workforces, the peer workforce aims for mutuality, creating potentially unique, complex challenges that are novel to clinical environments.

In the UK, in-depth interviews with 91 peer workers, staff, managers and people using services found that boundaries and risk management were complex issues for the peer workforce to navigate. Boundaries explored included those related to the sensitivity of the issues discussed and the level of contact.(80) Given the need for peer workers to share their lived experience, it was noted that boundaries for peer workers differed from those of other staff members. Additionally, it was noted that peer workers are often required to disclose if someone is at risk, which can be detrimental to the peer relationship, but necessary for safety. Managers perceived that boundary uncertainty might be a potential source of stress for the peer workforce.(73) Flourish Australia note that boundaries are an important consideration of the peer work role and suggest that peer workers support people to "build themselves" by ensuring that a person does not overly depend on the peer worker, including for friendship.(81)

Clear communication regarding boundaries also allows young people to best understand the limitations of peer work relationships and how to best engage in them. Issues that can arise from unclear boundaries can include casual relationships developed between a young person using services and a youth peer worker, and matters relating to managing risk and communication outside of clinical hours.

Notably, consultations with youth peer workers and managers highlighted that boundary concerns are largely over-emphasised by other parts of the workforce, as most youth peer workers understand that their work occurs within the confines of a service's existing policies and procedures. This potential issue could be clarified through guidelines, discipline-specific supervision, training, guidance from a national organisation and a nationally consistent code of practice.(52)

POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
GUIDANCE ON BOUNDARIES FOR ALLIED HEALTH PROFESSIONALS			
Professional membership and regulatory bodies for allied health workers partner with the national peer work organisation to develop clear advice and ethical guidelines for their workforces on dual relationships with the lived experience workforce.	Both youth peer workers and clinicians have difficulties working through uncertainty and barriers related to dual relationships, leading to uncertainty among clinicians about whether clinicians are working outside their professional and ethical guidelines. The growth of the youth peer workforce requires allied health workforces to receive additional guidance to supplement their code of ethics and regulatory documents.	Youth peer work programs successfully implemented with youth peer workers recognised as equal members of mental health teams.	Professional membership and regulatory bodies for allied health workers, Allied Health Professions Australia.

DUAL RELATIONSHIPS

The terms dual relationship or multiple relationship refer to the relationships that occur when a non-peer staff member is both a peer worker's colleague and a past or present service provider to that peer worker.

Many services hire peer workers who have previously received care from the service, which can ensure a shared experience with other people seeking support. Before being considered for a peer work role, most services require that peer work applicants no longer receive support from the service, thereby avoiding concurrent relationships with clinicians as both colleagues and current mental health supports. However, dual and multiple relationships can occur either concurrently or sequentially, they are considered ethically complex, and can have substantial personal and professional implications for both peer workers and clinicians.

Dual relationships can lead to peer workers perceiving stigma, discrimination and exclusion from social events.(64) Even after a clinical relationship, mental health staff may have access to sensitive and confidential information about their co-workers. Youth peer workers consulted for this report depicted an understanding that unauthorised access to their records would be unethical, illegal and not respecting the confidentiality of the peer worker. Additionally, instances were identified in which a supervisor accessed the clinical notes of a youth peer worker for non-clinical purposes. Where possible, youth peer workers felt that their records should be made inaccessible from the services where they work. Although one solution might include excluding young people from the recruitment of any role if they have a current relationship with the service, addressing dual relationships requires a more thoughtful approach for youth peer workers working in emergency departments, tertiary settings, or regional, rural and remote areas, where there may not be viable care alternatives.

> **"I role modelled for both the staff who had worked with me and the young people that I worked with that recovery is possible. No person should be denied the opportunity to work for a service because they have been a patient. They could provide a perspective that really helps a service meet the needs of their clients."**
>
> YOUTH PEER WORKER

Anecdotally, the difficulties of dual relationships are also expressed by clinicians, who may perceive that they are working outside of their training and the guiding or regulatory standards for their profession. This stress may be partly due to professional codes, such as the code of ethics for social workers, highlighting that it is the responsibility of the clinician to set and maintain the appropriate boundaries and communication.(82) The code of ethics for social workers also recognises that these conflicts may be unavoidable, but clinicians are to set clear professional boundaries and take steps to minimise the risk of conflicts of interest, harm or exploitation.(83) The Australian Psychological Society Code of Ethics also recognises that multiple relationships may be unavoidable due to organisational requirements.(84)

For successful workforce development and program implementation, nationally consistent guidance for working with youth peer workers needs to be adopted by all health professionals. This will likely include recommendations for ongoing supervision, be consistent with ethical principles and, with national guidance, be developed and enforced at a service-level. One critical issue will be balancing the need to maintain clear professional boundaries while working with and including youth peer workers as equal colleagues.

> **"I think peer workers shouldn't be hired internally from the service. I acknowledge that this hard line means that you'd miss out on some really good peer workers with in-depth knowledge of the service. However, I think there needs to be some sort of detachment for the privacy and confidentially of the peer worker's mental health history."**
>
> YOUTH PEER WORKER

ACCESS TO CLINICAL INFORMATION

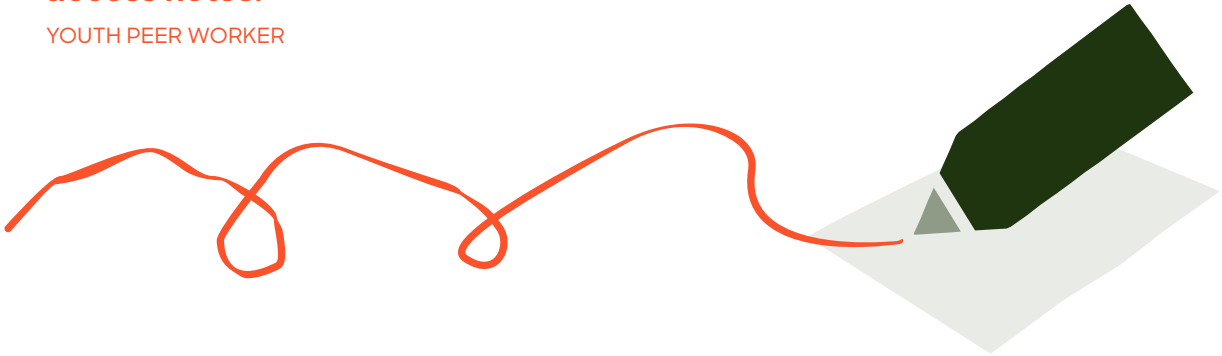
Roles and responsibilities for youth peer workers in relation to accessing clients' clinical information are diversely applied across clinical services. Youth peer workers consulted for this report noted that while some clinical services required that youth peer workers access clinical notes, other services did not grant access. Relatedly, the opinions of youth peer workers were divided, with some feeling strongly that they should not be able to access clients' clinical notes, whereas other youth peer workers considered that restricting access to clinical notes meant peer workers were not treated as equals and their roles were invalidated.

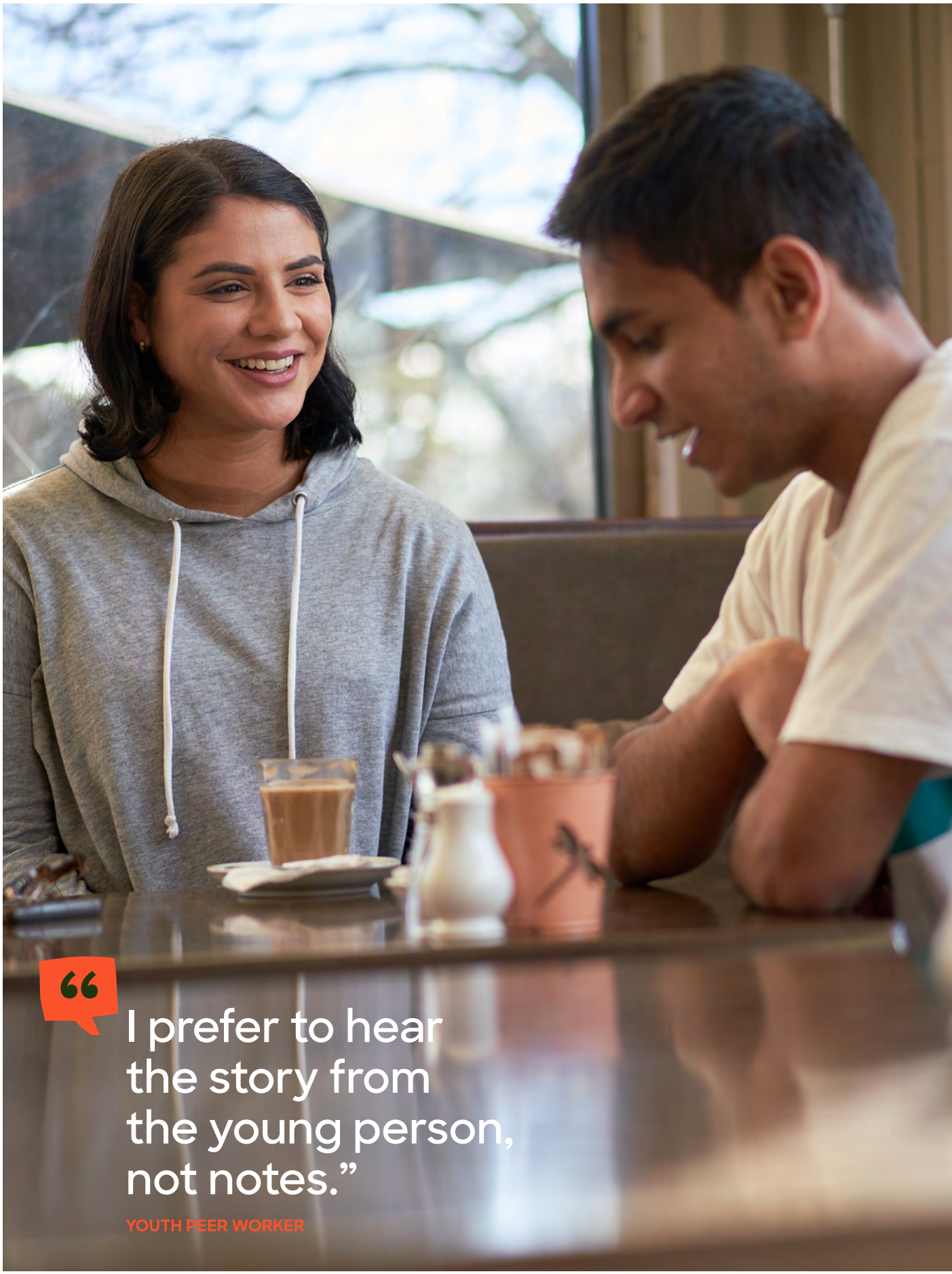
In organisations and settings where accessing and contributing to clinical notes is mandatory, consultations identified that some youth peer workers felt that notetaking could be respectful, could ensure that communication with a young person was safe and within their preferences, and could allow youth peer workers to better advocate for the needs of young people if their preferences were not currently reflected in the clinical notes provided by other workforces. Other peer workers said they did not want knowledge of diagnostic and related information, influence from a medical model of mental ill-health, or information that was not shared directly by the young person to the peer worker. Consulted youth peer workers suggested that some may choose to learn about risk and safety concerns through other staff members, or have other staff access and contribute to clinical notes on their behalf.

However, in services where consulted youth peer workers were not provided access to clinical information, some noted that discrepancies in access to this information within the workforce exacerbate inequalities. Youth peer workers noted that requiring other staff members to access or write notes invalidated the peer workforce and that access to notes could facilitate a better understanding of a young person's preferences. Consultations highlighted that equal access to information in clinical environments was considered important to ensure that youth peer workers were equally recognised for their expertise. Consultations identified that peer approaches could be utilised during clinical notetaking, and could involve co-writing the notes with a young person and advocating for their needs.

While a variety of views exist among youth peer workers, most programs should enable and train the workforce to have the same access to clinical notes as other staff. Peer workers may then decide for themselves whether the notes are useful to their practice. This requires further consultation and clarity, as well as the development of methods, training and resources regarding using peer values to access and contribute to clinical information. Professional development, nationally consistent guidance, training and disciple-specific supervision would ensure the development and dissemination of these solutions.

> **"Notes are also a powerful tool for peer workers to ensure that the voice, needs, recovery goals and experiences of the consumer we are working with are heard, and can lead to more targeted care that is in line with what the consumer wants... the focus should be on how we do notes, and not if we should access notes."**
>
> YOUTH PEER WORKER





> “I prefer to hear the story from the young person, not notes.”
>
> YOUTH PEER WORKER

SUMMARY

Building a strong peer workforce will require nationally consistent guidelines and adequate implementation support for mental health services and systems, with additional considerations for the youth peer workforce.

A national framework for youth peer work roles within mental health services is needed, which would include guidance on successful and supportive implementation, role clarity, boundaries, dual relationships, and working with clinical information.

> “Consistent national guidance would allow all Australian youth peer workers to be supported by the same framework, and provide the scaffolding needed to create national standards, rights, processes, supports and training.”

WELLBEING AND SUPPORTIVE ENVIRONMENTS

Youth peer workers have noted that while they are at a point of recovery that allows them to be comfortable sharing their story, services should understand that they may still experience mental ill-health.(22) A review of ten studies found peer work to be potentially both positive and detrimental to the personal recovery of peer workers.(85) While it was found that the role could enhance wellbeing and have a positive impact on identity, it may also impede recovery, confine identity, add pressure to be a role model, or be difficult due to a lack of role clarity, a lack of inclusion in a service or among staff, a lack of support, or feeling undervalued.(85) While peer support may aid the continued recovery of peer workers, providers have expressed concerns that the stress of the role could be detrimental to the wellbeing of peer workers, and that experiences of mental ill-health may impact workforce stability.(35) However, it has also been noted that additional experiences of mental ill-health can be used by peer workers to enhance the support they provide.(35)

In consultations about direct wellbeing supports, most youth peer workers felt that they should not receive unique supports and that supports should extend to all staff, that is: they felt that a specific focus on the wellbeing of the peer workforces supported a view that peer workers were vulnerable or unable to be self-sufficient. For example, mandatory wellbeing plans were considered inappropriate and discriminatory when only applied to the peer workforce. As with all other staff, who may or may not have experiences of mental ill-health, peer workers felt that the health and wellbeing of all staff should be supported, and all staff could be relied upon equally to work within the requirements of their role.(22)

Most youth peer workers identified that wellbeing challenges in their role were related to system and service-level changes, such as educating other staff about the value of peer work, providing ongoing professional development opportunities to youth peer workers, addressing cultural issues, ensuring that all workforces were treated equally, clearly defining peer work roles and building strong career pathways. The absence of these structures are likely a cause of distress for the workforce. Therefore, the wellbeing of youth peer workers requires considerations for:

- continued support;
- stigma-free environments; and
- ensuring that organisations are culturally prepared for youth peer workers.

CONTINUING SUPPORT

A number of youth peer workers are first employed into their peer role by a service where they previously or currently receive care. Some services require that the young person is at the end of their tenure of care before they can become a youth peer worker. While consultations with youth peer workers found that many considered that having received support from the same service, or a similar service, was desirable (71.3 per cent) or essential (10.8 per cent) to being a peer, this transition can require youth peer workers to seek new arrangements for their mental health support. In instances where a person using the service becomes staff, youth peer workers indicated that services should provide the option of a supported referral to an equally-convenient service with similar costs and care provision, which should also be consistently applied to non-peer staff. These processes should be clear when recruiting, interviewing and inducting the role.

Youth peer workers in inpatient units or emergency departments are unlikely to have feasible service alternatives. Additionally, rural or regional areas are likely to have fewer alternative youth mental health services. In these instances, a plan should be co-developed with the youth peer worker and service to set clear boundaries. These plans must be made in advance and may include solutions such as seeing a clinician who works on different days to the youth peer worker. Any processes for continuing the supports of youth peer workers must be consistently applied to non-peer staff who have previously been supported by the service. Services should also have a plan for staff who are likely to need local support in the future, as clinical consultants or supervisors may work across multiple sites. Nationally consistent, youth-specific guidelines are needed to provide adequate and appropriate supports, and these processes should be applied to all staff.

STIGMA

The Australian lived experience workforce, including peer workers, have identified that discrimination and stigma are common experiences in their role.(86) Peer workers have reported surprised reactions from other staff when they produced high-quality work, inappropriate questions from colleagues asking about their diagnosis, and feelings of isolation due to non-peer staff not interacting with them. This may be due to some mental health clinicians predominately seeing people in crisis and not in states of recovery or wellness, and clinicians may have difficulty in clearly differentiating the peer work role from the people they support.(86) This may be amplified in youth peer work, as the shared younger age of youth peer workers and people seeking support may increase perceived similarities by some clinicians. Additionally, youth peer workers may experience both stigma associated with mental ill-health as well as the discrimination that young people may experience in the workplace, which may include direct or indirect discrimination by employers based on stereotypes about their age.(87)

The Royal Commission into Victoria's Mental Health System interim report identified discriminatory cultures and attitudes as possibly resulting in fewer promotions due to assumptions about a capacity to work full-time.(7) Stigma in the workplace was identified as a very relevant barrier by 26.3 per cent of youth peer workers, somewhat relevant by 31.6 per cent and not relevant by 42.1 per cent. While many of the youth peer workers consulted for this report did not identify with not feeling valued at work due to their lived experience (48.65 per cent), some found it somewhat (37.84 per cent) or very relevant (13.51 per cent). Given that the value of their lived expertise is embedded in their role, and that youth mental health clinicians and services should be stigma-free, efforts should be made to remove stigma as a barrier. Training for non-peer staff and guidelines for organisational readiness are needed in order to ensure stigma-free environments for youth peer workers.

CULTURE AND LEADERSHIP

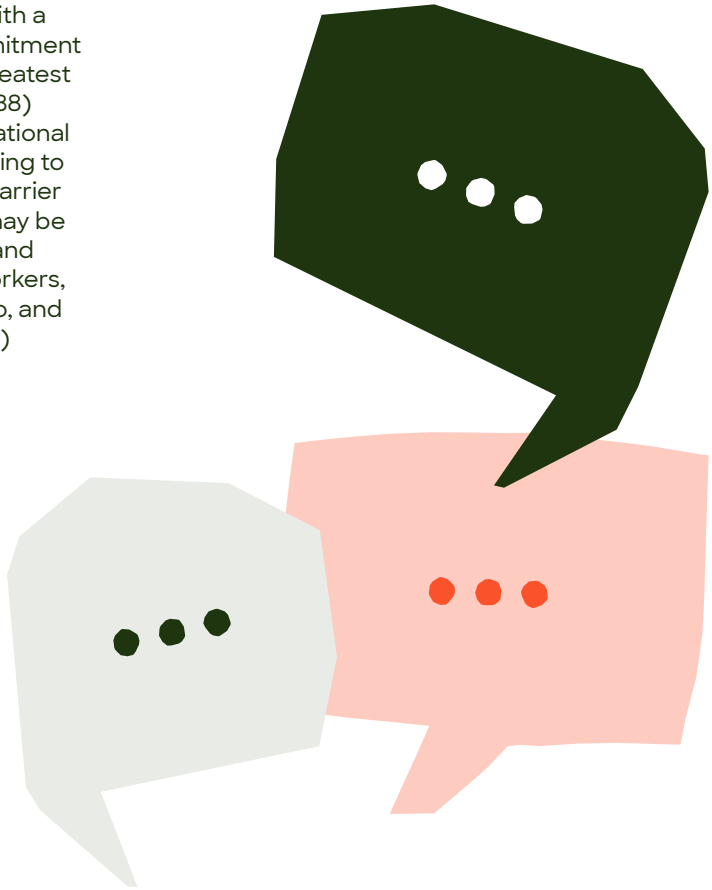
The wellbeing of the youth peer workforce requires organisations to assess their workplace culture and ensure that peer work is well-recognised by organisational leaders. The draft report of the Productivity Commission's inquiry into mental health identified that the lack of peer work acceptance by clinicians was a barrier to the growth of the workforce, and highlighted the need to educate staff to value peer work roles, improving workplace culture.(53) Australian peer workers have described the need to be accepted by non-peer colleagues in traditional mental health roles and the need for culturally prepared workplaces.(88)

Youth peer workers identified that implementing peer work programs required an organisation-wide approach, involving training about the role for all staff and needing leadership to express the value of peer work to set the tone.(22) Youth peer workers also expressed the importance of organisations and colleagues respecting the peer work skillset and recognising that youth peer workers can contribute to strategic and clinical decisions.(22)

The development of the peer workforce will require services to continue to commit to its expansion. In Queensland, a lack of exposure to peer workers has been identified as one possible explanation for services without peers, with a lack of management exposure and commitment to the peer workforce identified as the greatest barrier to peer workforce development.(88) This highlights the importance of organisational leadership in understanding and committing to the development of the workforce. This barrier to the expansion of the peer workforce may be mitigated through the creation of senior and management positions for youth peer workers, which would ensure a greater exposure to, and understanding of, the peer workforce.(88)

Consultations indicated that some youth peer workers had experienced gatekeeping. This is when access to youth peer support is not encouraged by non-peer staff due to unclear or stigmatising understandings of value of peer work, with some youth peer workers not seeing young people for extended periods of time. Misunderstandings about the role and workforce by non-peer staff may be amplified in youth peer work, which has a less extensive history than mental health peer work in other areas. While organisational culture is changing, gatekeeping may be prevented through accessible and visible youth peer work information being available in waiting rooms and online.

> **"It shouldn't be the peer workers' job to convince staff they're good enough to work"**
>
> YOUTH PEER WORKER



SUMMARY

The health and wellbeing of the mental health workforce requires supportive environments that consider continued support, stigma-free environments and appropriate culture and leadership.

Providing wellbeing support for peer workers is an opportunity to extend an equal level of support for the health and wellbeing of the whole workforce.

> “I think workplaces should change to support all staff. Many staff have lived experience without being in a lived experience role. By [offering] all staff a wellbeing plan, not only do you avoid ‘othering’ the peer workers, but everyone gets a more flexible workplace that meets their needs.”
>
> **YOUTH PEER WORKER**

THRIVING CAREERS

In addition to clearer roles and supportive environments, youth peer workers require the same career support, recognition and pathways experienced by others in the mental health workforce.

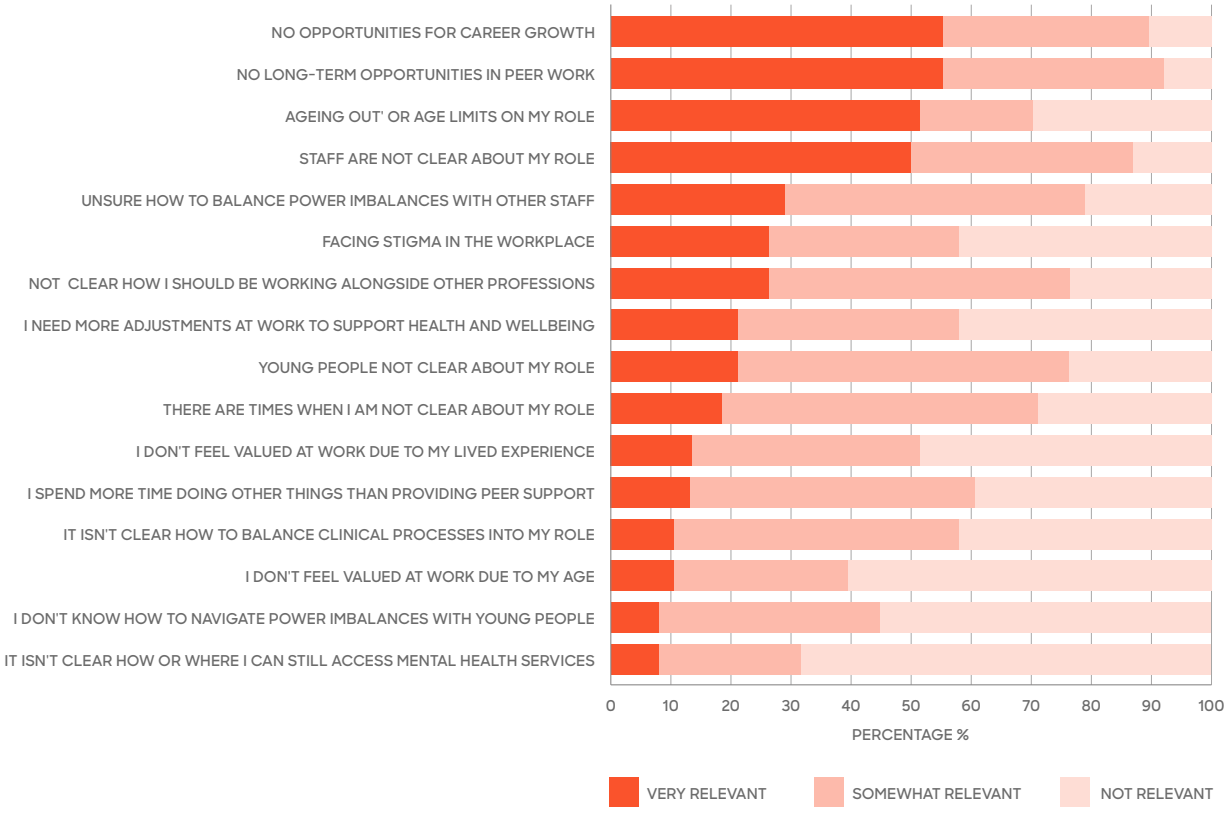
In consultation for this report, thirty-eight youth peer workers responded to questions regarding the perceived barriers that impacted their role (figure 6). Most of the 16 listed barriers were considered relevant or very relevant by the majority of youth peer workers.

The barriers considered to be very relevant by the majority included:

- a lack of long-term opportunities in peer work (55.3 per cent);
- a lack of career growth opportunities, such as career growth or senior roles (55.3 per cent);
- concerns about ageing out and age limits (51.4 per cent); and

Concerns about ageing out and long-term opportunities, are likely specific to the youth peer workforce. While barriers described earlier in this report are largely relevant, the most relevant barriers described related to the careers of the youth peer workforce.

FIGURE 6. YOUTH PEER WORKERS RESPOND TO "HOW RELEVANT ARE THE FOLLOWING BARRIERS IN HOW THEY PERSONALLY IMPACT YOUR ROLE?" (N = 38)



The majority of consulted youth peer workers considered the following barriers to be not relevant:

- a lack of clarity about how or where they could still access mental health services once they became a peer worker (68.42 per cent);
- not feeling valued due to age (60.53 per cent); and
- not knowing how to navigate power imbalances with young people (55.26 per cent).

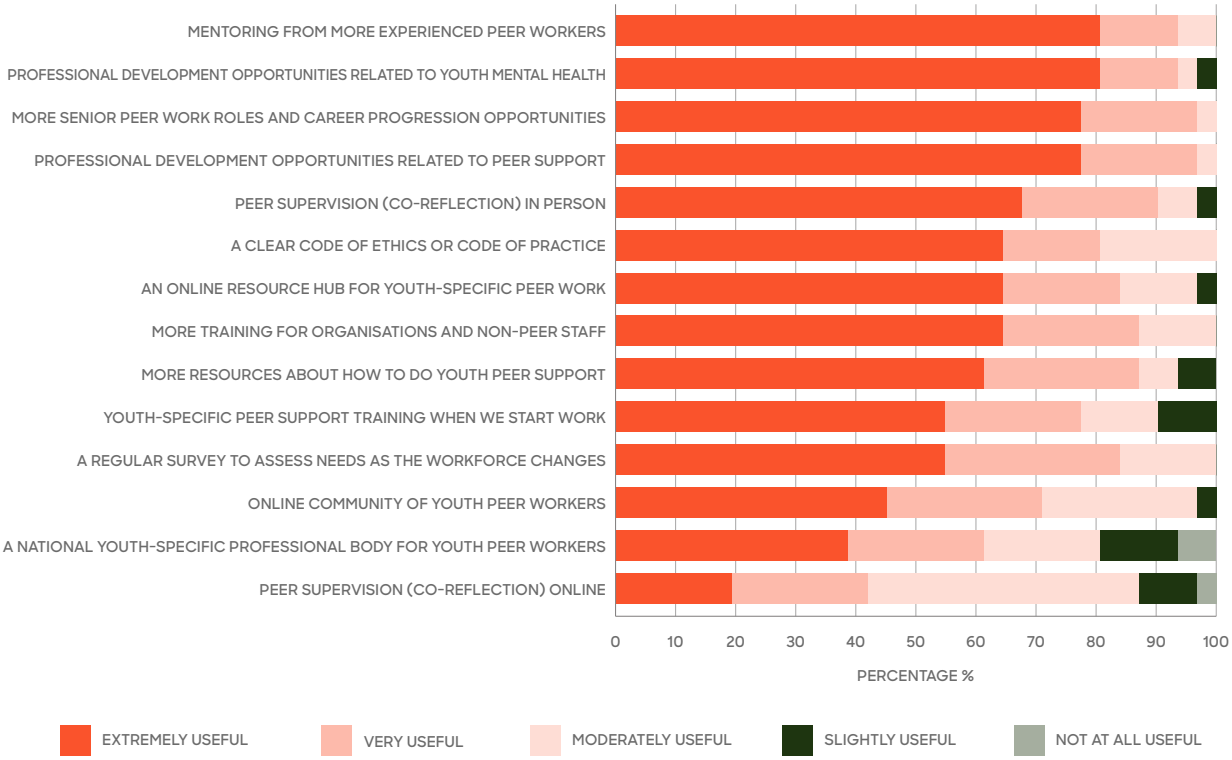
While this reflects the majority of responses, it is worth noting that youth peer workers were represented in every category.

Youth peer workers also responded to a number of suggestions from a provided list to describe what would be useful to the peer workforce (figure 7). Most suggestions were considered very useful or extremely useful' by the majority of youth peer workers. Suggestions considered to be extremely useful by the majority of youth peer workers included:

- professional development opportunities related to youth mental health and young people in general (e.g. trauma informed care, alcohol and other drugs, family violence) (80.7 per cent);
- mentoring from more experienced peer workers (80.7 per cent);
- professional development opportunities related to improving peer support skills (e.g. facilitating mutuality in peer relationships, working with non-peer colleagues, sharing your story and listening to others) (77.4 per cent);
- more senior peer work roles/career progression opportunities (77.4 per cent);
- peer supervision (co-reflection) in person (67.7 per cent);
- a clear code of ethics or code of practice to make sure that everyone is working on the same principles (64.5 per cent);
- more training for organisations and non-peer staff (64.5 per cent);
- an online resource hub for youth-specific peer work (64.5 per cent);
- more resources about how to do youth peer support (61.3 per cent);
- a regular survey for the peer workforce to assess needs as the workforce changes (54.8 per cent); and
- youth-specific peer support training when we start work (54.8 per cent).

Notably, youth-specific professional development, an online youth-specific resource hub, youth peer support resources and youth-specific training are all likely unique to the youth peer workforce. Additionally, items related to career progression are likely more pertinent in youth peer work as their role is often age-restricted. The short-term nature of roles available in youth peer work (often a consequence of ageing out) creates unique complications, particularly for professional development and career progression. Supervision and co-reflection will enable the strengthening of the workforce.

FIGURE 7. YOUTH PEER WORKERS PERCEPTIONS OF WHAT IS NEEDED FOR WORKFORCE (N = 31)



EMPLOYMENT STATUS

Youth peer workers are employed under inconsistent arrangements across Australia. Some services employ youth peer workers in a casual or paid volunteer model. Consultations revealed that this stemmed from a supportive approach that allows young people to become youth peer workers with greater flexibility, which may be necessary for people early in their recovery. However, paid volunteer models of youth peer work mean workers are not provided superannuation, paid leave, awards, access to an employee assistance program and other direct and indirect benefits of formal employment. Additionally, some youth peer workers noted that paid volunteer models resulted in irregular payments without payslips. Casual employment likely provides similar flexibility to paid volunteer models while delivering benefits and rights more consistent with non-peer staff and in line with a professional workforce.

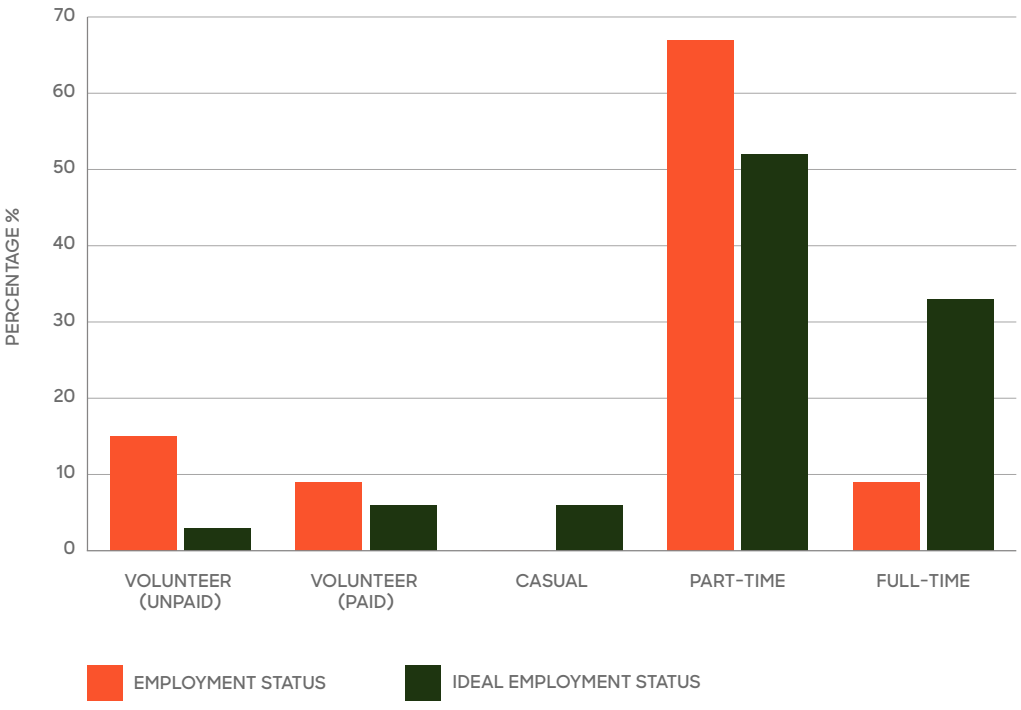
Peer workers are often not employed in line with their preferred employment status. A survey of 58 peer workers in Western Australia identified that 53 per cent were not working under their preferred employment arrangement and that peer workers had a preference for part-time and full-time roles.(75) Consultations with youth peer workers found a similar discrepancy, with a preference for both part-time and full-time roles, despite the majority of those consulted being employed in part-time roles (66.7 per cent).

While services should maintain a focus on part-time roles and increase opportunities for full-time roles, the diversity of preferences highlights that the workforce will benefit from providing diverse, flexible arrangements that benefit both the youth peer worker and the service.

Adequate and supportive employment models should be explored in nationally consistent guidelines. Given the momentum towards the professionalisation of the peer workforce, the preferences of the youth peer workforce and in line with other health workforces, part-time and full-time arrangements are recommended, while still using flexible models to accommodate some youth peer workers when preferable to both the employee and the employer.

> **“Peer workers can often be on casual contracts which make their employment precarious. However, with part-time contracts it can be difficult to manage other commitments like study and health issues.”**
>
> YOUTH PEER WORKER

FIGURE 8. PERCENTAGE OF YOUTH PEER WORKERS IN THEIR CURRENT AND IDEAL EMPLOYMENT STATUS (N = 33)



SALARY

The youth peer workforce requires financially-viable, comparable and competitive employment conditions. The majority of youth peer workers consulted for this report (84.8 per cent) were in paid roles, with 15.2 per cent in an unpaid volunteer role (figure 8). Unpaid volunteer conditions do not reflect parity with other mental health workforces. A survey of 58 peer workers in Western Australia found that 59 per cent were dissatisfied about the level of their salary compared to non-peer roles. (75) With the creation of peer work education and training packages, there is a strong argument for the peer workforce to be renumerated commensurate to other Certificate IV professions.

Predominately operating in New South Wales, Flourish Australia's enterprise agreement places peer workers on Level 2–4 of the Social, Community, Home Care and Disability Services Industry Award (hourly rates of $26.76–$36.64), in line with their mental health workers.(89). Similarly, the Health and Community Services Union's public mental health enterprise bargaining agreement places peer workers hourly rate at $26.39–$32.20.(90)

The hourly rates of 20 youth peer workers consulted for this report ranged from $24–$44, with $30.12 the average hourly rate. This is higher than the average hourly cash earnings for non-managerial roles held by 21–24 year olds in the health care and social assistance industry ($26.60).(91)

In consultation for this report, youth peer workers noted that the discrepancies between peer and non-peer salaries highlighted an inconsistency in how value was placed on their roles and expertise. In some services, it was noted that all youth peer workers were paid at a standard rate, despite coordination responsibilities, additional qualifications or experience. Guidance for adequate remuneration must be considered in national guidance, including considerations for senior peer roles that are commensurate to senior roles with similar tasks and responsibilities in other mental health workforces.

> **"I believe the salary award for peer workers does not accurately represent the skills nor expertise we bring to the role. I understand that clinical staff should be paid a higher salary but there is a very large gap in pay between us and them which I think represents the underlying undervaluing of peer work in the youth mental health spaces."**
>
> YOUTH PEER WORKER

> **"Pay levels vary significantly from service to service, area to area, and sector to sector. [They also don't] represent the value that peer workers add to service delivery. I found a lot of my colleagues in youth peer work moved out of the role because they could not find the number of hours they needed in one role, or a pay grade that met their skill set. Unfortunately, we are losing way too many peer workers to more clinical roles as the wage and hours offered to peers is not enough to live off."**
>
> YOUTH PEER WORKER

AGEING OUT

Many of the issues unique to the youth peer workforce relate to being a workforce that 'ages out', which is the term used to describe young people transitioning from the workforce due to entering adulthood. While Australian youth peer workers have previously indicated that peer workers should be similar in age,(22) it raises issues relating to the training needs for a transient role, the long-term development of the workforce, induction needs and principled approaches to supporting youth peer workers into careers and future work. The majority of youth peer workers consulted for this report (51.4 per cent) felt that ageing out was a very relevant barrier to their role.

Age-related recruitment and dismissal of staff within youth peer work has caused concern regarding adherence to the federal *Age Discrimination Act 2004* and similar state and territory legislation. The act provides a general exemption for positive discrimination, stating that it is not unlawful to discriminate based on age if "the act is intended to meet a need that arises out of the age of persons of a particular age". It also notes that it is not unlawful to discriminate based on age if the person is unable to carry out the inherent requirements of the particular employment due to age. With these permanent exemptions, services are unlikely to need to apply to the Australian Human Rights Commission for a specific exemption. However, services have noted receiving vague and non-specific advice when requesting clarity for youth roles.

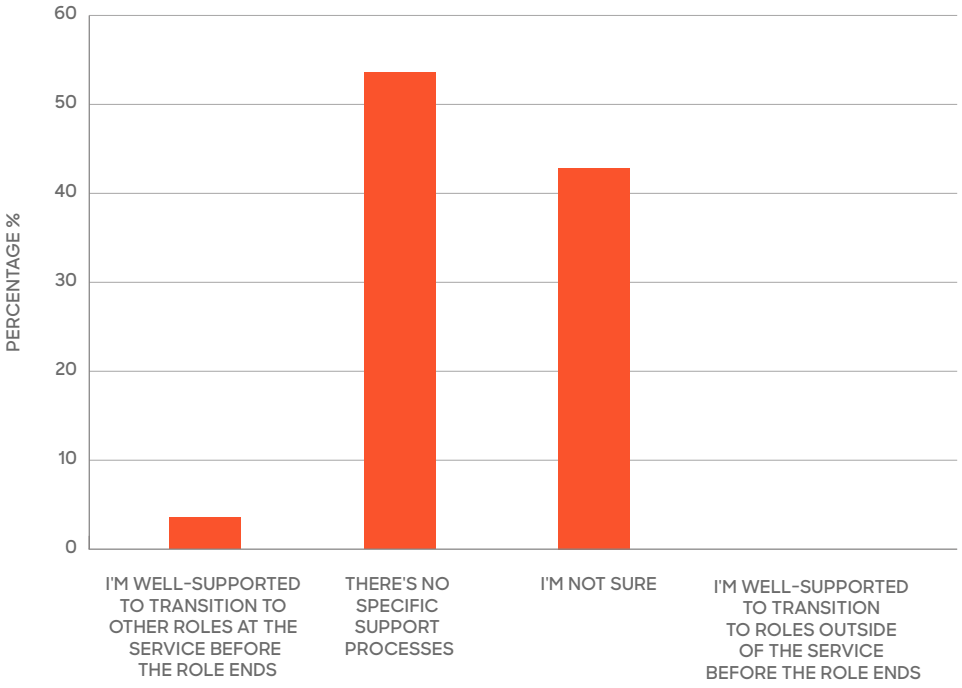
While justifiable for recruitment, it is likely not good practice to terminate a role based on the age of the employee. Should this model continue, and be in adherence to the act and similar legal requirements, services must be transparent about ageing out processes from the start of a peer workers' employment. Youth peer workers have indicated that ageing out of roles should be approached flexibly, with one solution being that roles end 2–3 years after a youth peer worker reaches the upper age limit for clients of the service.(22)

POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
UNDERSTANDING AGE DISCRIMINATION			
The Department of Health seek advice and publish clear guidance from the Australian Human Rights Commission and similar bodies on age discrimination and young people in lived experience positions, particularly concerning role termination based on age.	Requirements and best-practices relating to the recruitment, hiring and termination of workforces with age-restrictions are currently unclear.	The NMHC peer workforce development guidelines explicitly set out the impact of age on youth peer work roles.	Australian Human Rights Commission and similar state and territory-based bodies.

While 39.4 per cent of youth peer workers consulted for this report identified that their role ends at a specific age, 18.2 per cent reported ill-defined age-based cut-offs. Thirteen consulted youth peer workers reported that the average age their roles would end was 25.8 years old (range: 22–30). Of concern, 15.2 per cent of consulted youth peer workers reported being unsure whether an age cut-off existed in their role. Most consulted youth peer workers noted that there were no specific support processes for ageing out of the roles (figure 9).

The experience of an age-limited workforce has led to a loss of experience and learned knowledge within the youth peer workforce. This lost experience creates missed opportunities for longer-term workforce development. Peer workers who age out remain a valuable resource for mentoring or supervising new youth peer workers, informing role development and training. Lost experience may also create additional barriers and reluctances for services that need to invest and support the youth peer workforce. A thriving youth peer workforce is not achievable with the current loss of knowledge and experience in the workforce, and without long-term planning and progression into senior and supervisory opportunities. Nationally consistent guidelines for youth peer work must include clear advice on ageing out and ensuring that the personal and professional trajectories of youth peer workers are supported.

FIGURE 9. YOUTH PEER WORKERS REPORTING SUPPORT AVAILABLE WHEN ROLE ENDS DUE TO AGE (N = 28)



"When I was in hospital, I related to those in their 40s and 50s and they gave me hope and empowerment. They played a big part in my recovery. Connecting with older people was very valuable as they have gone through a wide range of experiences and demonstrated resilience."

YOUTH PEER WORKER

"[Ageing out] is appropriate and necessary. We might not like to admit it, but as we get older we can't relate as easily to our younger peers. Especially in today's age of technology. The generations are so culturally different yet so close together in age."

YOUTH PEER WORKER

TRAINING AND PROFESSIONAL DEVELOPMENT

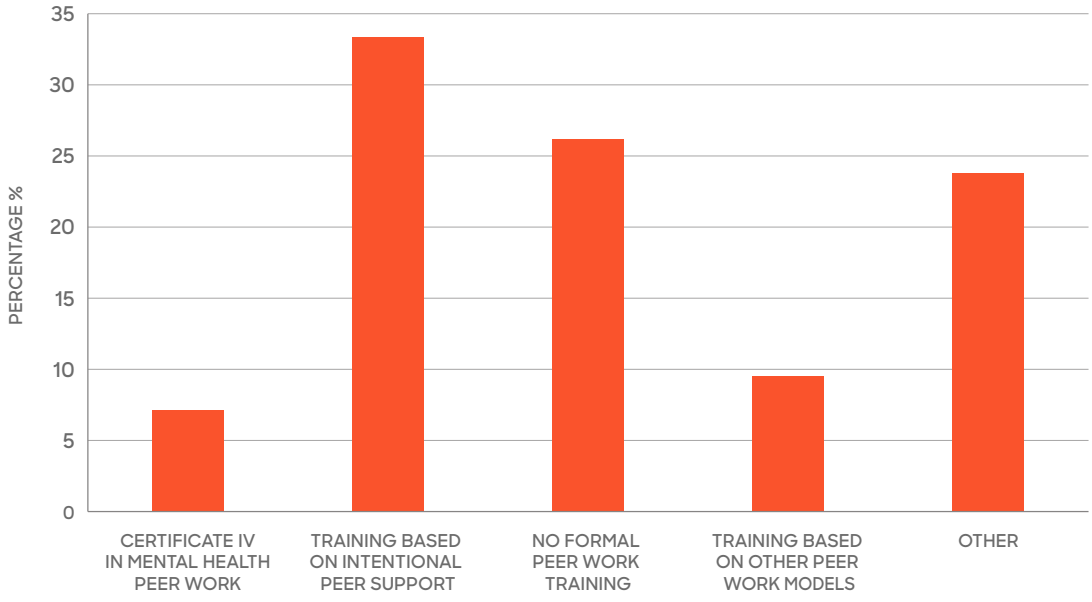
High-quality training and professional development are essential to building a strong youth peer workforce that feel equipped to support young people. The skills required for the varied role of a youth peer worker are broad. A review of fifteen US-based studies that reported information about youth peer work training found that youth peer workers were trained in:

- interpersonal support skills, such as establishing boundaries, active listening, resolving conflict and managing dual roles (66.7 per cent);
- specific intervention-related skills (46.7 per cent);
- empowerment/advocacy (46.7 per cent);
- group work facilitation (40.0 per cent);
- cultural competence (26.7 per cent);
- networking (26.7 per cent);
- stress management and wellness (20.0 per cent); and
- job readiness (13.3 per cent).(39)

While a third of the youth peer workers consulted for this report received training based on IPS, 20.6 per cent reported not having received any training at all (figure 10). Youth peer workers have previously noted that comprehensive peer work training must be provided during induction, before seeing young people, which is not always occurring.(22) Working with young people without peer training is detrimental to the professionalisation of the workforce. A lack of training risks exacerbating the impact of unclear or negative understandings about the peer workforce roles and may increase gatekeeping by other staff.

Induction may need to be more thorough and in-depth for youth peer workers, who are more likely than other peer workers to be new to peer work and workplace environments.(48) One Australian survey indicated that 83 per cent of peer workers received an induction or orientation, predominately for more than four days.(23) Youth peer workers and managers of the youth peer workforce consulted for this report indicated that workplace induction for youth peer workers may need to be particularly supportive and comprehensive to cover general workplace activities.

FIGURE 10. TRAINING UNDERTAKEN BY YOUTH PEER WORKERS (N = 31)



The draft recommendations for the Productivity Commission's inquiry into mental health noted that the Australian Government should commission a national review to develop a system of qualifications and professional development for the peer workforce.(53) As noted below, this system must cater to the unique needs of the youth peer workforce, particularly as the workforce currently have age-based roles, and current training must be supplemented with additional youth-specific material.

While no formal certification is required for most of the peer workforce, the NMHC funded the creation of a Certificate IV in Mental Health Peer Work in 2013. This qualification has since been modified and is delivered by registered training organisations (RTOs) across Australia. The Certificate IV provides two electives that are focused on young people: Support young people to create opportunities in their lives; and Work effectively with young people and their families. As these are elective units, they are not required

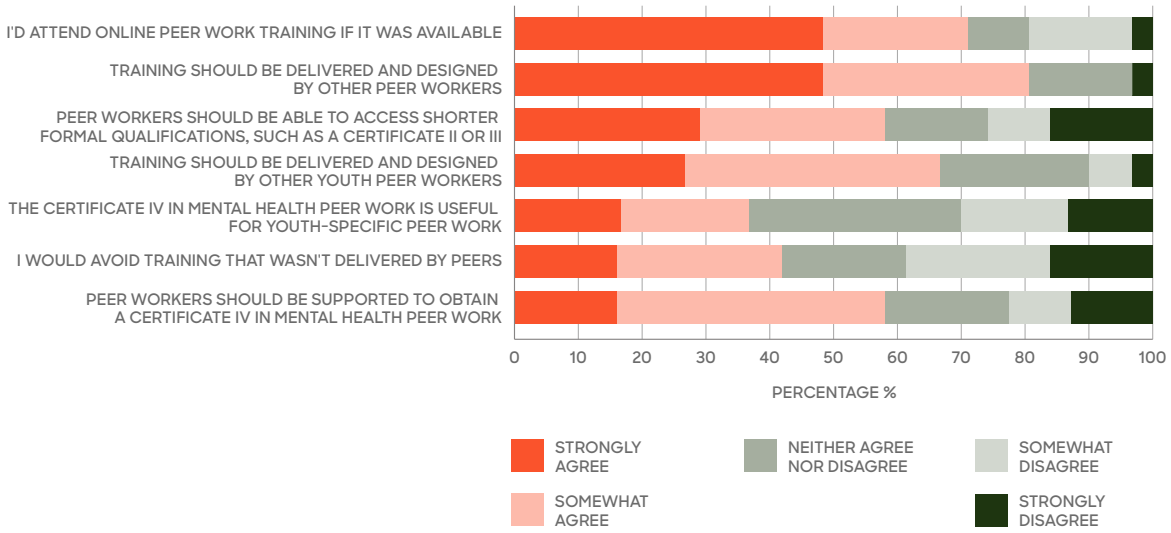
to be provided by the RTO. Additionally, they are not specific to peer work and can be completed under a range of health and community services qualifications. To ensure that the Certificate IV better meets the needs of youth peer workers, RTOs should consider ensuring access to these electives, which may include access to online modules.

The average course duration is seven months, and it can be completed as a traineeship in most states.(92) Completing this certificate requires the completion of at least 80 hours of work, meaning that it is designed for employed peer workers. While the average cost of the Certificate IV in 2020 is $4,000, the actual cost differs across Australia.(92) Every state and territory (with the exemption of the Northern Territory) subsidises the Certificate IV in recognition of peer work being a growing priority.(92) For example, Queensland offer subsidies between $3,808-$4,624, allowing some RTOs to provide the certificate for $37.50.(58, 93) In July 2020, the Certificate IV was listed under the Victorian Government's Free TAFE for Priority Courses initiative after a recommendation in the interim report for the Royal Commission into Victoria's Mental Health System.(7)

There has been some concern that the Certificate IV in Mental Health Peer Work could become a minimum training standard. For example, NDIS recovery coaches are required to have a Certificate IV in Mental Health or Mental Health Peer Work, or two years of experience. (94) While this might be appropriate in other areas of mental health, requirements for a Certificate IV are likely not appropriate for the youth peer workforce. Financial and time-related barriers make it difficult for youth peer workers to complete the course, particularly given that they will likely be ageing out of the role, and workplaces are not incentivised to fund a Certificate IV for a workforce without long-term roles. Additionally, youth peer workers are not incentivised to self-fund their studies unless they are passionate about a career as a peer worker in the adult mental health system, which may be not be most appropriate if they have not had a lived experience in the adult system. Sentiments towards the Certificate IV were largely neutral for youth peer workers, with many appreciating the legitimisation of the workforce but considering it to be a professional development opportunity and not wanting it to become a barrier to entry into the workforce, or a minimum standard.

There are currently no known youth-specific peer work professional development opportunities available in Australia. Consultations with youth peer workers emphasised the value of training that is designed and delivered by experienced peers and found that online peer work professional development would be acceptable (figure 11). Although there was a preference for training delivered and designed by youth peer workers, it was more important that it was delivered and designed by peer workers more broadly. Online training appears to be receive strong support from most peer workers (figure 11). Training for the youth peer workforce should be affordable, concise and short-term. To avoid duplication, it should supplement existing training and focus on issues that are specific to young people and the youth mental health system, such as information about youth-friendly services, the rights of young people, educational and vocational goals, and the issues commonly addressed by youth mental health services.

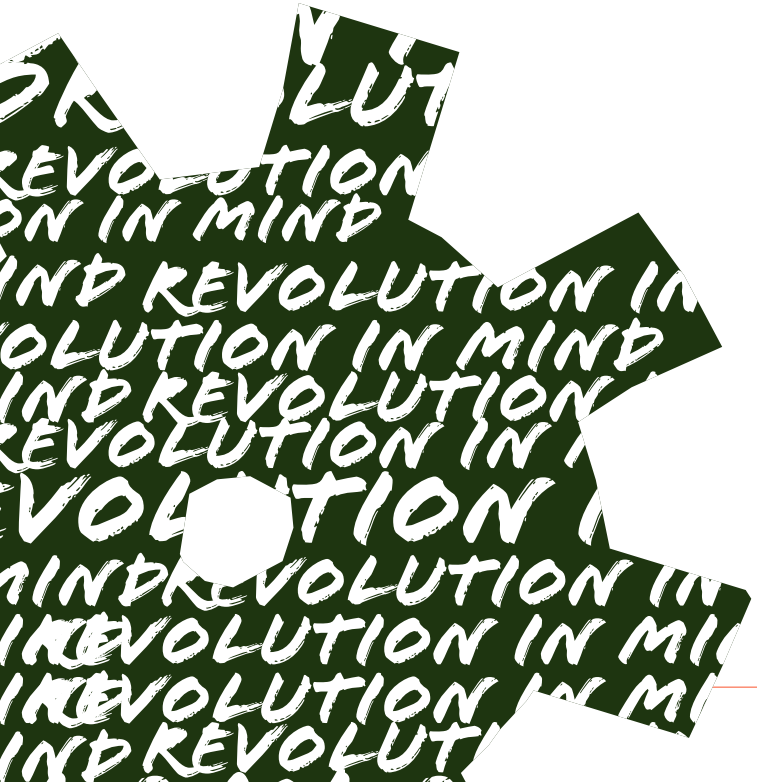
FIGURE 11. PERCEIVED TRAINING NEEDS BY YOUTH PEER WORKERS (N = 31)



There is also a need for professional development that enables youth peer workers to develop advanced and supervisory peer work skills, establishing and supporting more senior roles in the workforce. Additionally, professional development in business-related skills, such as registering for an Australian Business Number and producing invoices, will be needed to support potential future opportunities such as employment as an NDIS provider, or to encourage external independent youth peer work supervisors.

> **"What is needed in youth-specific peer work training is modules around the specific issues young people face that affect their mental health like bullying, alcohol and other drugs, relationship issues, parent and family issues."**
>
> YOUTH PEER WORKER

POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
AUDIT AND DEVELOP TRAINING, ALIGNED TO NEW AND CONSISTENT YOUTH PEER WORK GUIDELINES			
The Department of Health fund Orygen to audit, update and develop online youth-specific peer work training that aligns with nationally consistent peer work guidelines and is designed for both youth peer workers and managers. **This training is mandated by PHNs and state and territory youth mental health services before youth peer work programs can be implemented.**	Youth-specific issues should be addressed through accessible and brief training that supplements existing training. Designed and delivered with youth peer workers, online training would allow for national rollout. Training should also be created for more experienced youth peer workers to establish skills in providing supervision and mentorship. Distinct training is required for services and managers, covering organisational readiness and the implementation and maintenance of programs.	A skilled youth peer workforce can deliver effective peer work, and managers and services are competent in the implementation and management of programs.	Department of Health, Orygen.



> **"It is not necessary to be youth-specific, the principles of the work are the same. There is a need for at least one of the instructors to have experience in the youth field."**
>
> YOUTH PEER WORKER

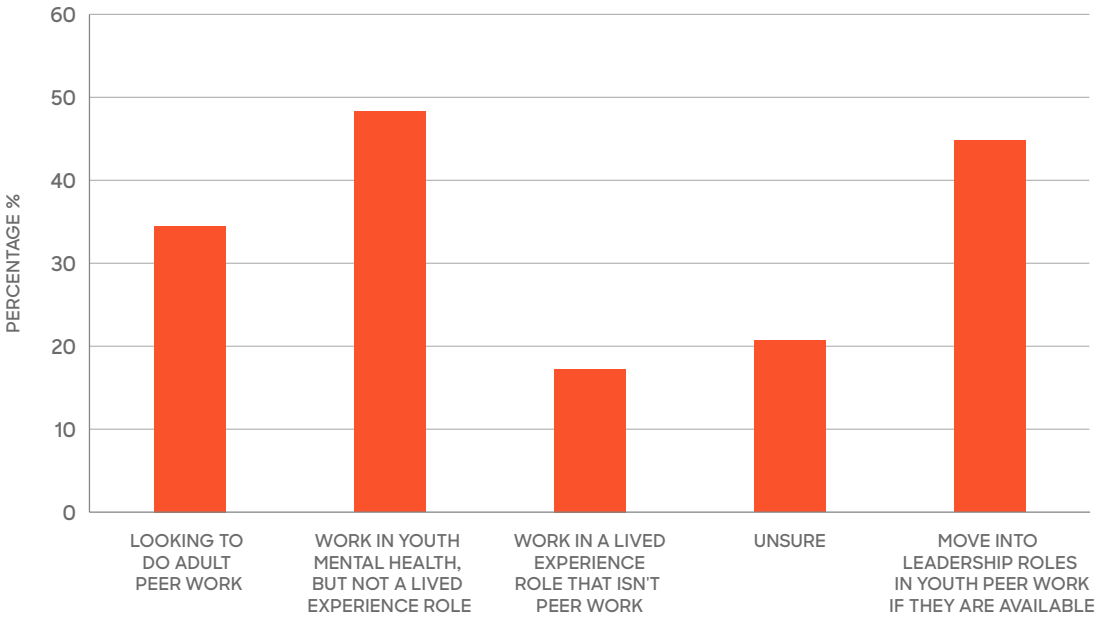
CAREER PATHWAYS AND PROGRESSION

The Royal Commission into Victoria's Mental Health System identified that there are limited leadership and career progression opportunities for the lived experience workforce.(7) These opportunities are likely further limited in youth peer work due to the ageing out of the workforce, with consultations revealing very few senior or management roles for peer work in youth mental health nationally. Considerations for progression and pathways of the youth peer workforce, both within and external to peer work, are considered essential.(22) These roles may include leadership and management, education and training, advocacy, peer work supervision or specialisations within peer work.(52)

A lack of career growth was identified as a top concern for youth peer workers, with most identifying it as a very relevant concern (55.3 per cent). Similarly, 55.3 per cent of consulted peer workers considered a lack of long-term opportunities in peer work to be a very relevant barrier that impacted their role. While 44.8 per cent of youth peer workers consulted for this report would move into leadership roles if available at the end of their role, 48.3 per cent would work in youth mental health roles outside of the lived experience workforce (figure 12). Interest in roles outside of the lived experience workforce may be generated by exposure to other roles or an acknowledgement that career pathways in youth peer work are not common or visible. In addition to peer work leadership roles, youth peer workers should receive supplementary support for career transitions, including supporting career advice, professional development and mentorship by non-peer staff if wanting to transition to roles outside the lived experience workforce. This career support is uniquely vital to youth peer workers, who currently have age-restricted careers in peer work.

> **"There is a lot of experience and knowledge that is lost when a peer worker is pushed into leaving the field and going into another industry due to the lack of career progression opportunities, which creates burden on both service providers due to the need for retraining, and upon clients themselves, who have to build new connections with new workers."**
>
> YOUTH PEER WORKER

FIGURE 12. YOUTH PEER WORKERS REPORTING PLANS FOR WHEN CURRENT ROLE ENDS (N = 29)



DISCIPLINE-SPECIFIC SUPERVISION

Discipline-specific supervision ensures appropriate and relevant support to youth peer workers. Discipline-specific supervision is distinct from line management, which traditionally involves workload issues, day-to-day tasks and immediate concerns. In peer work, discipline-specific, ongoing and regular supervision is a best-practice reflective provision that supports peer workers to reflect on their work, discuss issues relating to peer work, and explore new ideas and practices.(95) Discipline-specific supervision reduces isolation and peer drift, assisting peer workers to maintain their unique role and peer perspective while working in clinical services.(64, 95) Its importance was recognised in the interim report for the Royal Commission into Victoria's Mental Health System, which recommended coaching and supervision for lived experience workers.(7) Discipline-specific supervision may facilitate help-seeking, as youth peer workers may be more comfortable discussing their wellbeing and navigating the mental health system with peers.

While 78.5 per cent of youth peer workers surveyed for this report had a manager who was not in a lived experience role, and 51.6 per cent received supervision from a non-peer colleague, only 38.7 per cent received supervision from a peer worker or lived experience worker. This highlights a gap in discipline-specific supervision, which is one clear role that senior youth peer workers could transition to. It is worth noting that having non-peer staff as line managers of peer workers should be temporary, as peer workers promoted to management roles would be indicative of a well-supported and growing peer workforce.(95) In the interim, non-peer staff require greater supports, resources and training to ensure adequate management and supervision of the youth peer workforce.

While needed across the peer workforce, the need for discipline-specific supervision may be amplified in youth peer workers as they are less likely to have peer work experience, face additional stigma and barriers relating to being a younger worker, may require additional supports, and may be more susceptible to experiencing peer drift. Youth peer workers consulted for this report identified long-term roles as their highest workforce priority, followed by understanding the optimal role of a peer worker in a youth mental health service, and adequate supervision and mentorship. Discipline-specific supervision addresses these issues through the availability of new senior roles for youth peer workers, supporting other youth peer workers with role clarity, and providing support and supervision.

Supervision can also offer elements of mentorship such as exploring career development opportunities and supporting personal development.(95) While mentoring may differ from discipline-specific supervision, when asked whether mentoring from more experienced peer workers would be useful, the majority of youth peer workers (80.7 per cent) described it as extremely useful.

An Australian framework for consumer perspective supervision has been developed by the Victorian Mental Illness Awareness Council (VMIAC) and the University of Melbourne's Centre for Psychiatric Nursing.(95) This framework addresses the functions of supervision, its values and principles, questions to consider in an initial supervision session, practical resources for becoming a sole trader, and an environmental audit tool for consumer perspective supervision.(95) Discipline-specific supervision should be included in national guidelines, and services should make a clear commitment to including discipline-specific supervision when providing youth peer work programs.

> **"The lived experience specific mentorship, supervision and training have been opportunities I have sought out myself, often unpaid and in my own time, not organised by the NGO."**
>
> YOUTH PEER WORKER

> **"Peer specific supervision is vital. I pay for this myself as the service refuses to and thinks that a clinician who has lived experience can provide it. They are wrong."**
>
> YOUTH PEER WORKER

> **"I believe that every peer worker should have the option to engage in peer co-reflection. This form of supervision has been so helpful in building my confidence in my role and also allows for knowledge exchange between all the peer workers."**
>
> YOUTH PEER WORKER

CO-REFLECTION

One form of supervision, which usually occurs separately to discipline-specific supervision, is co-reflection. Co-reflection stems from IPS and differs from traditional forms of supervision, which often focus on someone with expertise evaluating or providing oversight of a peer worker.(96) It can be undertaken with two people or in small groups, and replicates peer support through mutual learning and reflection. With permission, connection, positive focus and considerations for different worldviews, reflective feedback is used to discuss the practice of peer support and provide support.

Co-reflection was listed as one of the most common supports that youth peer workers have access to, with 67.7 per cent of youth peer workers consulted for this report involved in youth-specific co-reflection and 12.9 per cent involved in co-reflection with non-youth-specific peer workers. The majority of consulted youth peer workers (67.7 per cent) considered face-to-face co-reflection to be extremely useful for the youth peer workforce (figure 13). While online co-reflection was less preferred, it may be more appropriate for isolated youth peer workers in rural and regional areas, or in specialisations and settings with fewer youth peer workers. This could be facilitated by an online youth peer work hub, allowing youth peer workers to opt-in to the additional support if appropriate.

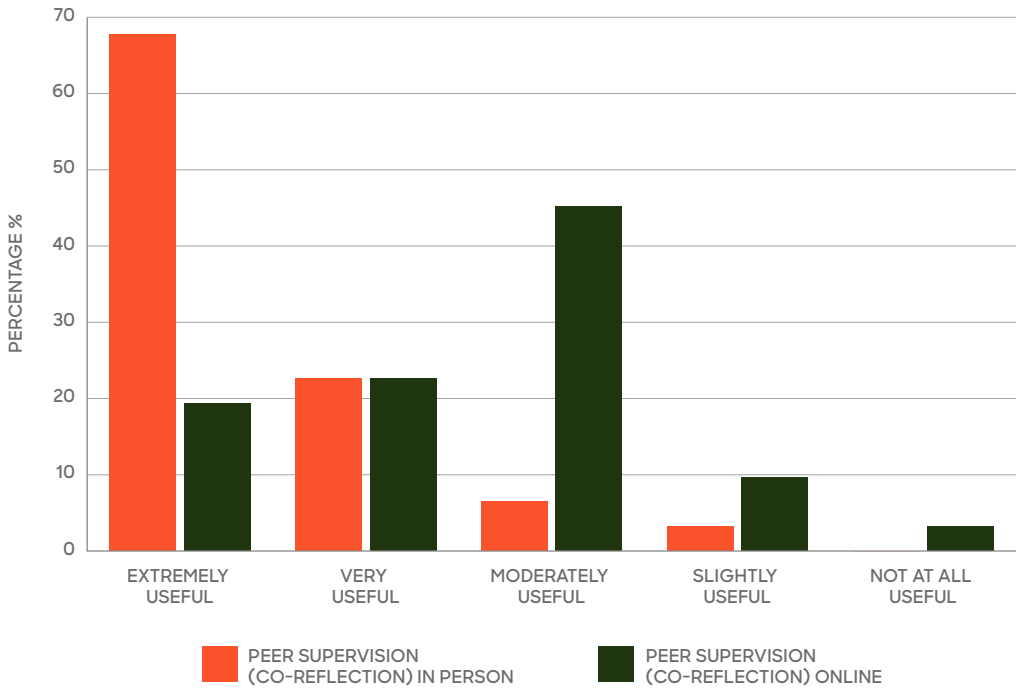
TELEPHONE HELP LINES AND ONLINE PLATFORMS

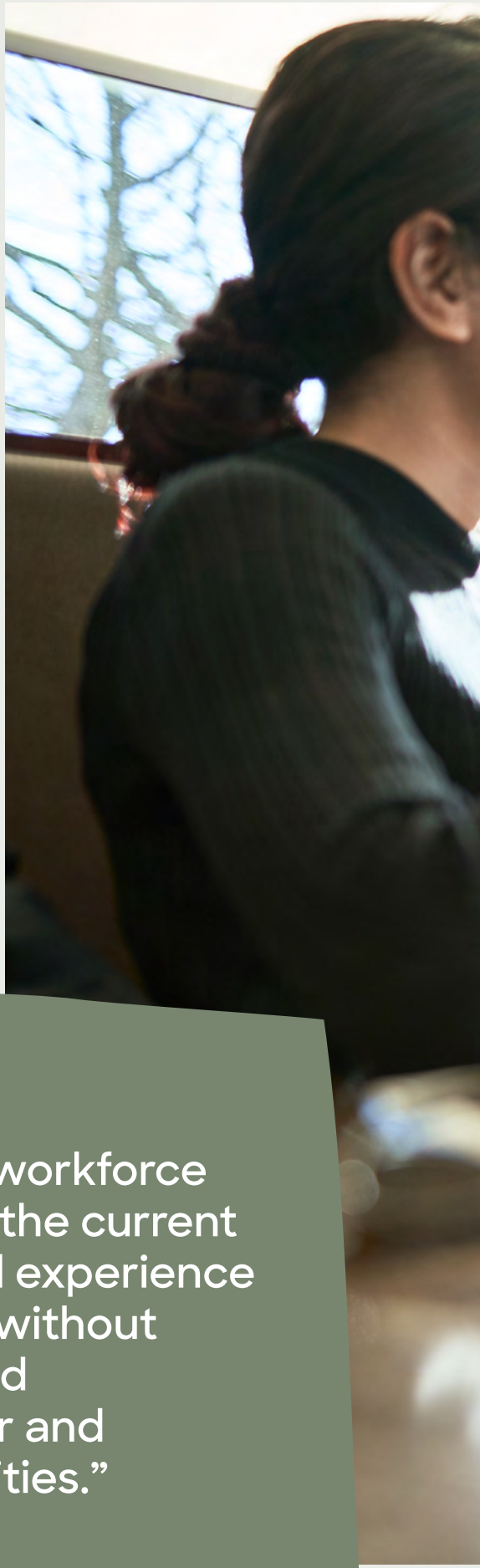
There is great opportunity for new youth peer work roles in the development of telephone lines and online platforms. In 2017–18, the Suicide Call Back Service received 37,341 phone calls but were not able to answer 35.5 per cent of those calls, resulting in people needing to call multiple helplines to receive support.(97) The majority of calls (69 per cent) that they received were made by repeat callers with complex mental ill-health. (97) While this excessive unmet demand of the system by people who need the most support is an issue that needs to be addressed urgently, it shows likely acceptability of telephone lines and a likely preference for people wanting to be supported outside of the emergency department.

One possible solution is 'warm-lines', which are largely peer-run telephone lines that provide pre-crisis support to fill an important need between services restricted by opening hours and emergency departments. Adelaide PHN is funding the Lived Experience Telephone Support Service, a free after-hours warm-line with both telephone support and an online web-chat service run by peers. Through Orygen Digital's MOST platforms and headspace's eheadspace, both organisations have engaged youth peer workers in online peer work. More high-quality studies are needed to assess the impact of online youth peer work in mental health, which likely provides young people with appropriate access to support and connection to face-to-face services if needed.

Innovative approaches for non-clinical supports, such as a youth peer-run telephone and web-chat service, should be trialled and thoroughly evaluated. It may be feasible to trial these services via existing infrastructure, such as Orygen's MOST platforms or eheadspace.

FIGURE 13. PERCEIVED UTILITY OF PEER SUPERVISION/CO-REFLECTION BY PEER WORKERS (N = 31)





SUMMARY

The youth peer workforce is employed and remunerated under inconsistent conditions, which should be addressed by national guidance.

The growth and strength of the youth peer workforce is inhibited by age-limited roles, causing unique considerations for training, professional development and career pathways that aren't experienced in other areas of peer work.

Discipline-specific supervision, co-reflection and new roles in telephone and online peer work may contribute to a thriving peer workforce.

> "A thriving youth peer workforce is not achievable with the current loss of knowledge and experience in the workforce, and without long-term planning and progression into senior and supervisory opportunities."

POLICY SOLUTIONS

POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
CLEAR ROLES AND GUIDELINES FOR YOUTH PEER WORKERS AND SERVICES			
The National Mental Health Commission undertake dedicated consultations with the youth peer workforce to inform the creation of the peer workforce development guidelines. It is recommended that Orygen and headspace National be funded to partner with youth peer workers, services and young people to develop supplementary, youth-specific guidance notes to ensure consistent and implementable advice for youth peer workers and services. NHMC guidelines should: **a. Define peer work and roles across systems, including senior roles, salaries and employment conditions.** **b. Explore whether core competencies, goals or values differ in youth peer work.** **c. Provide advice on ageing out and transitioning from the role.** **d. Enable clear commitments to the personal and professional trajectories of youth peer workers, both within and external to the peer workforce, as well as the creation of long-term roles and career pathways in youth mental health and youth peer work.** **e. Ensure clear commitment to the induction, training, supervision and professional development needs.** **f. Advise on managing dual relationship and appropriate mental health supports.**	Despite a multitude of peer work plans and strategies, issues facing the youth peer workforce are overlooked. Compared to the peer workforce, youth peer workers often face additional or amplified issues, such as ageing out, fewer long-term roles and fewer career progression opportunities. Although other peer work specialisations exist, youth mental health is a significant subsection of the mental health sector, and issues relating to ageing out change the supports required for this workforce. It may be feasible to expand headspace National's developing youth peer work guidelines to other youth mental health settings.	The unique challenges and barriers in youth peer work are addressed, and youth mental health organisations successfully embed and support youth peer work within core service delivery.	National Mental Health Commission, Orygen, headspace National.

POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
UNDERSTANDING AGE DISCRIMINATION			
The Department of Health seek advice and publish clear guidance from the Australian Human Rights Commission and similar bodies on age discrimination and young people in lived experience positions, particularly concerning role termination based on age.	Requirements and best-practices relating to the recruitment, hiring and termination of workforces with age-restrictions are currently unclear.	The NMHC peer workforce development guidelines explicitly set out the impact of age on youth peer work roles.	Australian Human Rights Commission and similar state and territory-based bodies.
GUIDANCE ON BOUNDARIES FOR ALLIED HEALTH PROFESSIONALS			
Professional membership and regulatory bodies for allied health workers partner with the national peer work organisation to develop clear advice and ethical guidelines for their workforces on dual relationships with the lived experience workforce.	Both youth peer workers and clinicians have difficulties working through uncertainty and barriers related to dual relationships, leading to uncertainty among clinicians about whether clinicians are working outside their professional and ethical guidelines. The growth of the youth peer workforce requires allied health workforces to receive additional guidance to supplement their code of ethics and regulatory documents.	Youth peer work programs successfully implemented with youth peer workers recognised as equal members of mental health teams.	Professional membership and regulatory bodies for allied health workers, Allied Health Professions Australia.
A CLEAR COMMITMENT TO THE GROWTH OF THE YOUTH PEER WORKFORCE			
The Department of Health instruct services that youth peer workforces and their supports become a service requirement through: **a. headspace National committing to the inclusion and growth of youth peer workers in any future updates to the headspace Model Integrity Framework.** **b. All future state and territory-based mental health plans require specific recommendations for supporting the youth peer workforce, and all state and territory-based lived experience workforce plans require dedicated consultations with youth peer workers.** **c. Clear commitments to the recruitment and support of youth peer workers in Primary Health Network (PHN) youth mental health commissioning processes.**	Governments, services and systems must commit to both the inclusion and support of the youth peer workforce. State and territory plans, PHNs and state and territory youth mental health services should require that every service has adequate and dedicated resources allocated to the employment of youth peer workers, as well as their training, professional development and supports, such as discipline-specific supervision.	The growth of a well-supported youth peer workforce across all youth mental health services in Australia.	Department of Health, headspace National, Primary Health Networks, state and territory governments.

POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
A NATIONAL VOICE TO SUPPORT AND LEAD PEER WORK DEVELOPMENT			
A national organisation for peer workers funded and endorsed by the Australian Government, established based on advice from the National Mental Health Commission. This organisation commits to dedicated consultations with youth peer workers and supplementary resources for youth peer workers.	The peer workforce has expanded across the country but requires more consistency and recognition as a professional workforce. A national organisation could create guiding and regulatory documents, such as a code of ethics, code of practice and guidelines.(52)	The peer workforce is professionally recognised and receives comparable professional development and representation in key forums.	Department of Health, National Mental Health Commission.
CREATE A CENTRALISED ONLINE HUB FOR YOUTH PEER WORKERS			
The Department of Health fund the creation of an online youth peer work hub, partnered with the proposed national peer work organisation and Orygen.	Youth-specific peer work resources are scarce. An online hub provides a centralised, low-resource platform to share national and international resources and guidelines, host and provide proposed online youth peer work training, facilitate co-reflection and support consultations with youth peer workers. This hub provides services and the workforce with a 'one-stop-shop', avoiding duplicative resources and training.	The Department of Health fund the creation of an online youth peer work hub, partnered with the proposed national peer work organisation and Orygen.	Department of Health, Orygen, national peer work organisation.
AUDIT AND DEVELOP TRAINING, ALIGNED TO NEW AND CONSISTENT YOUTH PEER WORK GUIDELINES			
The Department of Health fund Orygen to audit, update and develop online youth-specific peer work training that aligns with nationally consistent peer work guidelines and is designed for both youth peer workers and managers. **This training is mandated by PHNs and state and territory youth mental health services before youth peer work programs can be implemented.**	Youth-specific issues should be addressed through accessible and brief training that supplements existing training. Designed and delivered with youth peer workers, online training would allow for national rollout. Training should also be created for more experienced youth peer workers to establish skills in providing supervision and mentorship. Distinct training is required for services and managers, covering organisational readiness and the implementation and maintenance of programs.	A skilled youth peer workforce can deliver effective peer work, and managers and services are competent in the implementation and management of programs.	Department of Health, Orygen.

POLICY SOLUTION	EVIDENCE BASE AND RATIONALE	OUTCOME	MECHANISM
COLLECT AND REPORT DATA ON THE MENTAL HEALTH PEER WORKFORCE			
Aligned to the definitions in the proposed nationally consistent peer work guidelines, the Australian Institute of Health and Welfare collect, analyse and report peer workforce data across all areas of mental health care. Reporting allows differentiation between peer worker and youth peer worker roles.	Currently, very little is known about the number of employed peer workers in Australia. Data is needed to record uptake, monitor progress and make informed policy decisions.	Service planners and policy-makers making informed decisions based on an understanding of the growth of the youth peer workforce.	Australian Institute of Health and Welfare.
DEVELOP A REGULAR NATIONAL CENSUS WITH A COMPREHENSIVE NEEDS ANALYSIS			
The Department of Health fund Orygen to undertake an Australia-wide three-year census that incorporates a comprehensive needs analysis of youth peer workers across mental health settings. This informs adjustments to the guidelines and proposed online hub.	The needs and barriers of the youth peer workforce change as the workforce continues to grow and develop. A regular survey ensures that supports are up-to-date, responsive and appropriate.	Youth peer workers are supported by responsive guidelines and resources that are aligned to their current needs.	Department of Health, Orygen.
ESTABLISH HIGH-QUALITY EVIDENCE FOR THE YOUTH PEER WORKFORCE			
Respond to gaps in research through supporting a youth peer work research agenda that places focus on: **a. Defining and designing appropriate outcome measures.** **b. Assessing system and service-level impacts, including comprehensive cost-effectiveness evaluations.** **c. Guideline-adherent RCTs that conform to CONSORT guidelines.** **d. Developing fidelity measures.** **e. Identifying the mechanisms and theoretical underpinnings of youth peer work.** **f. Evaluations across varied service types and settings (e.g. emergency departments, online settings and post-discharge support).** **g. Utilising a youth peer work definition which is based on nationally consistent guidelines.**	Despite substantial policy and sector support, there is a paucity of high-quality evidence in peer work internationally, particularly for subsections such as youth peer work. Recommendations for future peer work and youth peer work studies are clear and well-established, but require support to ensure that policy decisions are informed by evidence. (33, 37, 50)	Policy and service-related decisions are made based on thorough economic evaluations and a gold-standard evidence base. Youth peer work programs are more effectively implemented, guided by research.	National Health and Medical Research Council, Medical Research Future Fund, Australian Research Council.

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