

CLINICAL PRACTICE POINT – PART ONE

“HOW TO PEER.” INTRODUCTION TO YOUTH PEER SUPPORT IN MENTAL HEALTH SERVICES

This resource provides a practical guide for peer workers and mental health clinicians who are new to understanding the youth peer worker role. This clinical practice point discusses youth peer workers engaging with other young people (aged 12–25 years of age) within mental health services. It is designed to support peer workers and clinicians to:

- understand the role of peer workers, looking specifically at peer support skills, roles and values necessary to the peer work role;
- understand the benefits of peer support broadly, including specific nuances around youth peer support;
- understand common challenges associated with the implementation of peer support, including team-based suggestions to ensure that peer support is given the best opportunity to succeed; and
- support clinicians to understand ways in which they can be allies and advocates to the peer work role, as well as their responsibilities to peer workers’ successful integration into services.

This resource will refer to ‘peer support’ as the intervention, and ‘peer workers’ and ‘youth peer workers’ as people carrying out the intervention or role of peer support. ‘Youth peer workers’ refers specifically to peer workers employed in youth specific services who are often aged between 12–25 years of age. ‘Young people’ refers to people aged between 12–25 years accessing youth mental health services. This resource may also use ‘mental health staff’ to refer to all staff employed within a mental health service, whereas language such as ‘clinician’ refers specifically to mental health staff providing psychological services – usually doctors, psychiatrists, nurses, social workers, occupational therapists and psychologists.



This resource is one of two clinical practice points. For further information, please refer to part two: [“How to peer”: Youth peer workers’ perspectives and advice about working in youth mental health services.](#)

Part two focuses on feedback and advice from established peer workers about what they found helpful, or wish they had known, when they first started in the role. It can be read as a separate resource, however may speak to many of the theoretical concepts outlined within this resource.

GLOSSARY

MUTUALITY A relationship formed in respect, compassion, unconditional positive regard and reciprocity. The emphasis lies in both parties learning from and being impacted by the other equally. Mutuality is considered a core value in peer work.¹

RECOVERY A broad explanation for improved well-being that looks beyond clinical or biological factors such as symptom improvement, and which considers elements related to empowerment, self-determination and decision-making.² Recovery does not focus on an endpoint but is a continuing personal process that is seen to be central to contemporary mental health practice.³

POWER DIFFERENTIALS Often used to describe how one set of people may have greater stature, control, authority or perceived significance compared to another.^{4,5} For example, this can occur in relationships between clinical staff and people accessing services whereby staff are seen to have greater authority or influence due to their health knowledge, association with the mental health system and professional role.⁴ This may result in people accessing services feeling disempowered, in particular if their lived expertise is not valued or acknowledged in a collaborative relationship⁴. In comparison, power differentials are lessened between peer workers and young people.

IDENTITY A set of meanings – usually social constructs that are influenced by society – that define who one is.⁶ Identity may also be described as selfhood or personhood. Identity can influence how we see, evaluate and regard ourselves, as well as how others perceive us. Identity is complex and may be understood as a combination of individual characteristics that establish a person as unique, including their set of experiences, values, interests and perspectives. Identity may also be gained through membership to a particular group or community (for example, cultural identity, gender identity, political identity) or it may be established by roles that are visible within society (for example, being a peer worker or a mother).⁶ It can thus be understood as individual or collective.⁶

WHAT IS PEER SUPPORT?

Peer support is a mutual relationship between someone with lived experience of mental health and other life challenges who supports and advocates for someone who is often newer to the experience. The challenges that a peer worker supports another person with can be associated with mental health symptoms, or because of difficulties in work, school, relationships or any other part of life that interacts with mental health.

Peer workers listen and offer support that is respectful, non-critical and non-judgemental. They support a young person's growth through their recovery journey in a way that promotes individual strengths, empowerment, independence and hope.⁷ In mental health environments, this may be categorised as supporting people's recovery. Peer support can be face to face, over the phone or online.

PEER WORKERS' RELATIONSHIP WITH A YOUNG PERSON

Peer support primarily focuses on the relationship between a young person and peer worker, where their mutual experience and understanding allows for a deeper connection. This differs from relationships between clinicians and young people, where the quality of the relationship may be influenced by treatment plans, power differentials, boundaries and roles.^{1,7-10}

The peer work role may be varied, however, common tasks and responsibilities see peer workers spending the majority of their time working directly with people accessing mental health services.⁸ Common peer work tasks may involve peer workers:

- sharing activities with young people (for example, playing a board game);
- talking to young people around topics related to mental health recovery, or broader topics that young people may feel more comfortable discussing with a peer (for example, difficulties at work or relationship issues);
- adapting clinical environments so that they are safe and welcoming to young people;
- using their own stories and experiences to give hope to others, and encouraging positive, collaborative engagement with mental health services;
- connecting people to resources or advocating for people who may be accessing the service; and
- using personal recovery tools or evaluations.

PEER WORKERS’ RELATIONSHIP WITH A MENTAL HEALTH SERVICE

Outside direct service provision, peer workers should meet with other members of the team formally (for example, by attending and contributing to team meetings) as well as informally to discuss shared care.⁸ Peer workers also complete indirect tasks such as documentation (for example, recording session notes), administration (for example, responding to emails or making phone calls) or, depending on the role, may plan for sessions.⁸ Peer workers may also promote the role of peer work (and lived expertise) within an organisation.^{8,11}

THE FOUR BEST-PRACTICE PRINCIPLES OF PEER SUPPORT⁷

Best-practice peer work focuses on four key principles:

1. Peer workers elicit and promote each person’s own resilience, gifts and talents.
2. Peer workers support people in taking ownership of their own lives and decisions, even if these decisions involve affording other people (for example, family members, elders) important roles in making decisions about their lives.
3. Peer workers focus their work on the health and quality of life outcomes most important to the people they support.
4. Peer workers advocate for change – both in systems of care and in broader society – to eliminate discrimination, expand opportunities, resources and supports, and improve the quality of care offered to people with mental health concerns.

ORIGINS AND MECHANISMS OF PEER SUPPORT

Peer support was first formed out of grassroots independent community groups in the 1970s by adult ex-patient/psychiatric survivors.⁷ This coincided with other global human rights movements (for that of First Nations people, the LGBTIQ+ movement, second wave feminism, the disability rights movement and racial civil rights). As such, peer support has adopted similar human rights themes in relation to empowering others and challenging power structures, such as mental health systems.⁷

Peer support first developed out of recognition that people with mental ill-health experienced stigma, both within society as well as from within mental health services.¹⁰ Mental health services were often problem-focused, at times coercive in treatment and often focused heavily on biology, medication, symptoms and diagnosis.^{7,10,11} This had real-life consequences for people’s quality of life as well as the way in which people saw and understood themselves and their capacities.¹⁰ Traditional beliefs saw mental

health professionals as knowledgeable experts with little recognition to the people accessing services for their own significant expertise, knowledge and strength.¹² This contributed to power differentials, which remains a continuing consideration for services to address in contemporary practice.¹³

Thanks to longstanding advocacy by consumer and carer groups, Australian mental health service delivery has evolved. Consumer rights and participation is considered a central feature for recovery within mental health service delivery broadly.^{3,14} Greater recognition is also made to the legacy of mental health services history, and how this informs behaviours, culture, beliefs and power differentials between mental health clinicians and young people today.¹⁵ However, mental health service systems continue to hold a tension between a risk-adverse culture (that for all staff can be experienced as blaming or punitive) versus enacting recovery approaches effectively.⁹

Peer work provides a unique knowledge base developed through lived expertise that does not look to ‘fix’ people but rather recognises that creating a space of understanding allows people to drive their own recovery.^{7,10} Values related to supporting connection to community, empowering personal growth, complex understandings of the self (outside one-dimensional mental health labels) and the promotion of positive social and cultural change to larger systems are necessary features.¹⁰ Continuing development of mental health services and systems is required, with peer support being an integral mechanism to the continuing evolution of mental health services culture and practice.^{7,11}

BENEFITS OF PEER SUPPORT

Although still developing (with variable quality), research on adult peer support has shown benefits for people accessing mental health services by:

- increasing hope;^{16–18}
- improving recovery outcomes;¹⁷
- a potential reduction in hospital crisis admissions and/or readmissions;^{17,19,20}
- increasing empowerment and self-efficacy;^{17,18} and
- improving quality of life.^{18,19}

The research also suggests that peer support interventions not only support young people, but also the benefits of peer support services extend to peer workers, mental health staff and organisations. Peer workers describe increasing confidence, self-esteem and social networks;⁹ clinicians report improved hope and empathy;²¹ and, organisations report improvements in recovery-orientated culture and practice, along with cost benefits and greater effectiveness to respond to demands in service.²¹

Research on peer support for mental health in young people is limited, however available evidence suggests it can support engagement and satisfaction in mental healthcare for young people accessing early intervention services.²²

For further information (including relevant research) on the evidence for youth peer support, please refer to Orygen's evidence summary: [What is the evidence for peer support in youth mental health?](#)

WHAT ARE THE BENEFITS OF YOUTH PEER SUPPORT?

Australian mental health services have designed youth-specific models to address the needs of 12-25-year-olds presenting with mental health challenges.²³ While the majority of research for peer support focuses on adult models, the literature does suggest some benefits of young people, who are aged 12-25, providing peer support interventions to other young people.

Potential benefits of youth peer support include:^{1,24}

- the familiarity of experience, with youth peer workers' having an ability to reflect on their own recent use of coping skills and forms of resilience;
- similar generational and cultural influences enhancing mutual understanding;
- an understanding of familiar life stage stressors that may commonly occur in adolescence and young adulthood, for example, moving out of home, developing new relationships, and educational and career transitions;
- an ability to navigate similar systems (such as education, Centrelink or similar healthcare systems) that have an influence on a young person's life; and
- reduced power differentials, where young people accessing support are less likely to perceive peer workers as older and therefore a greater authority figure.

For more information on youth peer work, please refer to the Orygen fact sheet: [Youth peer support + youth mental health](#). While beneficial, further consideration is warranted for how youth-specific peer support might occur in practice. For example, some cultures may have different frameworks for healing - in Australia, this includes First Nations communities, who may work from a social and emotional well-being framework - compared to Western health models. Fundamental peer work values encourage a flexible approach that accounts for culturally safe approaches, and recognises that many cultures might already emphasise and incorporate the values of peer work in their models, especially in collective communities. This may see youth peer work models and prescribed age ranges adapted to what is considered culturally appropriate practice.⁷

Recruitment of youth peer workers needs to be bound within Australian federal and state employment laws that protect against age discrimination.²⁵ Consideration is needed for youth peer workers who may have 'aged out' but wish to continue to provide support to young people, with organisations encouraged to develop peer leadership and further career opportunities for peer workers within the service.

Lastly, while a shared experience of being a young person may be useful, there are likely limits to the extent to which this guarantees a shared experience. Different mental health conditions or experiences may result in unique, differing experiences between peer workers and young people. We will touch on this particular challenge for peer workers later in the lived experience section of this resource.

For the benefit of this clinical practice point, the rest of this content will relate to youth-specific peer support although it may reference evidence from adult models if literature and research is lacking.

VALUES FOR YOUTH PEER SUPPORT^{1,2,7,10}

Some of the overarching values for youth peer work include:

- mutuality and the centrality of the relationship between peer worker and young person;
- how storytelling provides people with an avenue to see themselves and make sense of their own experience and self;
- shared experiences and shared responsibility;
- the importance of hope and empowerment in recovery;
- supporting dignity, resilience, opportunity for growth and recovery;
- creating a safe space where people can feel heard and understood; and
- being a young person and relating to young people.

HOW DOES YOUTH PEER WORK FIT INTO MENTAL HEALTH SERVICES?

Youth peer workers provide a unique contribution to mental health services. Despite peer work being a growing workforce with clear purposes and goals, the youth peer work role is less understood compared to other established mental health roles. The below provides an outline of the role of youth peer work, as well as its influence on service delivery.

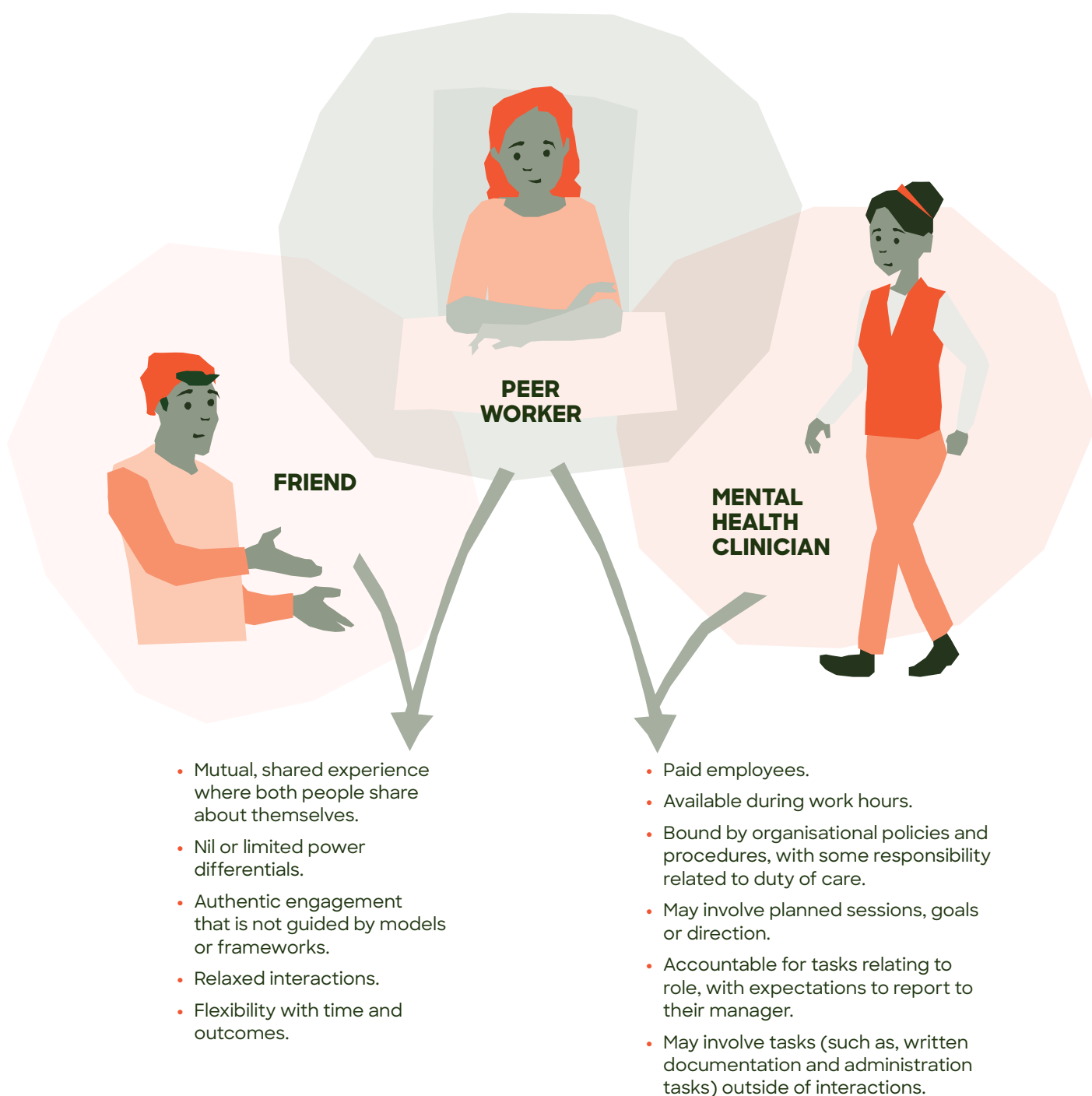
WHAT CAN A YOUTH PEER WORK ROLE LOOK LIKE?

Youth peer workers in mental health services are paid, have received some form of relevant training and supervision, and work alongside clinical staff, as well as other mental health staff (which may differ between services, but might include teachers, vocational workers and/or administrative staff).¹ The youth peer work role is explicitly different to clinical roles in that it does not focus on treatment, assessment or evaluation; instead, it has a greater focus on the relationship between both parties.^{7,8}

Youth peer work roles may also differ from other mental health roles in relation to the flexibility offered relating to boundaries, which incorporates a flexible approach to using self-disclosure, in order to engage with and support young people.

Given the flexibility of the role, figure 1 provides an example of how peer work may take elements from two established roles: 1) that of a friend/peer; and 2) that of a mental health clinician.

Figure 1: Demonstration of how the youth peer work role may sit between that of a friend and that of a clinician



WHAT CAN A YOUTH PEER WORKER'S ROLE LOOK LIKE?

There is no one way to peer. While there are consistent values for peer work, every youth peer worker will likely have a different definition or idea of what their role is. This is influenced by a number of different factors outlined in table 1.

This may feel confusing for other staff attempting to understand the youth peer work role, as well as complicate the explanation process for youth peer workers attempting to promote their role to others.²⁶ However, this flexibility is an inherent strength and ensures a personalised connection that addresses the needs of each individual young person.

The youth peer work role is shaped by:

- the mode and type of peer work;
- the workplace context – for example, a peer work role in an inpatient unit may differ to a peer worker role in the community, which may differ again to a peer educator role that is facilitating training to other peers and professionals;
- the organisational context that will have unique expectations, values, policies, culture and processes; and
- the youth peer worker themselves who will bring personal experiences, values and perspectives.

As such, this clinical practice point (along with part two) provides a snapshot of the youth peer work role alongside some practical tips that can be considered for daily practice. The nature of the peer work role cannot be summarised in one document, nor does this clinical practice point aim to definitively suggest this is the one way to approach peer work.

SHARING LIVED EXPERIENCE AND EXPERTISE

Peer support can provide an opportunity for people to connect over their shared experience. This may relate to experiences of mental well-being, as well as experiences of accessing mental health services. But does not have to be limited to these topics either.

Shared experiences may involve similar experiences of age, socioeconomic status, culture, ethnicity, gender, language, disability, race, religion, access to services and education, and sexual orientation.^{1,3} This may be particularly important for young people who are under-represented or marginalised, and who may experience added challenges to their mental well-being.³ The relationship between identity and mental health is complex, but it is important to recognise that both are shaped by cultural, social and political experiences.

No single youth peer worker can ever represent the multitude of experiences of others, nor should they be expected to. During a peer work

career, youth peer workers will work with many young people who have different experiences or cultures to their own. Peer support recognises the individuality of each person's experience. A commitment to respecting, listening to and learning about the experience of others will ensure flexible support that still focuses on connection, and that is responsive to each individual's needs and circumstances.

COMMONLY ASKED QUESTIONS ABOUT YOUTH PEER WORK

DO PEERS NEED TO BE THE SAME AGE?

No, although similarities in age may help reduce generational gaps and minimise issues around mutuality and power imbalances. Hence why the youth peer worker role (having young people who are themselves under the age of 25) can be important, as discussed earlier.

DO PEERS NEED TO HAVE EXPERIENCED SIMILAR MENTAL HEALTH CHALLENGES OR ACCESSED SIMILAR SERVICES?

Not always, although some services will only employ young people who have experienced a similar mental health challenge. Some may only employ a young person who has specifically used that service before. This may be necessary for specialised services (for example, early psychosis services) to support youth peer workers to understand associated experiences that may occur for the young people accessing these services.

DO PEERS NEED TO HAVE A SHARED COLLECTIVE IDENTITY?

Not always, although it may be necessary for some services. For example, services may look specifically for First Nations (Aboriginal and Torres Strait Islander) young people, CALD (culturally and linguistically diverse) young people, young people from LGBTIQ+ (lesbian, gay, bisexual, transgender, non-binary, intersex and Queer) backgrounds or young people with a disability. An understanding of these identities, associated experiences and cultural needs may lead to improved understanding and support, and address barriers to engagement.

YOUTH PEER WORK ROLE

Roles influence the duties, purpose and ways in which we interact with others. It can help guide expectations, especially in a workplace context. Youth peer support is a flexible model that might adapt over time, and many youth peer work positions can actually encompass several different roles. Table 1 is a matrix of various factors that may influence the peer work role.

Table 1: Youth peer worker role matrix^{1,24,27,28}

YOUTH PEER WORKER ROLE			
Workplace context	Delivery method	Specialisation of youth peer worker roles	Youth peer worker and young person
<p>Different workplace environments are likely to have individual strengths and constraints that will influence youth peer work roles. The workplace context may influence the needs of young people accessing services, the focus of care that the service provides, as well as the physical environment and resources available. This will also influence the aims of peer support.</p> <p>Workplace environments may include:</p> <ul style="list-style-type: none"> • inpatient (hospital) units; • community mental health services; • community services; • advocacy organisations; • community and family organisations; • alcohol and other drug (AOD) services; and • training organisations. <p>It may also be useful to acknowledge that the organisation itself may have nuanced expectations, processes, guidelines, staffing and culture that may all influence the way in which youth peer support is enacted.</p>	<p>There are various approaches for how youth peer support can be delivered. This may be influenced by availability of resources and the purposes of the youth peer support intervention.</p> <p>Individual (1:1) may be considered the standard model of care.</p> <p>Some differing models or approaches to peer support may include:</p> <ul style="list-style-type: none"> • case management (similar to a Personal Helper & Mentor program model, which differs to clinical case management models); • groups (youth peer workers may co-facilitate groups with other peer workers, or with clinical staff); • youth online peer moderators (for youth peer workers sharing their experiences online via e-health or websites); and • training, education and health promotion (youth peer educators facilitating training and workshops for mental health staff or the community). 	<p>Some services may have particular needs or roles, which will shape the way in which youth peer work is performed. This may be based on a youth peer worker's pre-existing skills, or may require youth peer workers to develop further skills or knowledge as part of their role.</p> <p>For example, a vocational youth peer worker may need to be able to talk about the impact that mental health has had on their career trajectory, as well as be able to speak to job providers as part of their role, which would not be considered standard practice in youth peer work roles.</p> <p>Youth peer work is the standard model for young people, whereas family/carer peer work may be a standard option for parents/significant others.</p> <p>Some further examples of specialisation may include:</p> <ul style="list-style-type: none"> • vocational peer worker; • peer researcher; • peer educator; • peer consumer advocate; and • peer consultant. <p>If an organisation is advertising for a specialised role it may be helpful to refer to the skills in the job position description. Or to discuss the role with the contact person to identify what specific skills are needed, and whether this requires pre-requisite experience or can be learned on the job.</p>	<p>A youth peer worker's own skills, experiences, thoughts and values will influence the way they approach and enact youth peer work.</p> <p>Also, how a youth peer worker feels on any particular day will determine the personal boundaries they choose to enact, which will influence the experiences they wish to share within the peer relationship.</p> <p>Similarly, a young person's individual needs may change depending on their personality and preferences, own goals, stage of recovery or stage of support.</p> <p>Youth peer support may also adapt depending on local cultural views or beliefs.</p> <p>Every interaction between a youth peer worker and a young person is likely to be different due to what each pair brings to the relationship, as well as the dynamics or connection that occurs within this relationship.</p>

YOUTH PEER WORK SKILLS AND RESPONSIBILITIES

There are a range of skills and responsibilities a youth peer worker can utilise and build on in their role. These skills are often transferrable across a range of workplaces, though are uniquely applied in a peer work setting. Mental health clinicians and service leaders need to work alongside youth peer workers to ensure their skills and responsibilities are not only defined, but also valued within the setting.

SKILLS

Youth peer workers utilise many transferrable skills that are useful for the workplace, such as:

- communication;
- team work;
- problem-solving;
- planning; and
- organisation skills.

Youth peer workers continue to hone these skills with real-life experience, alongside further professional development tasks. This might include participation in relevant training, line supervision with a manager, peer-specific supervision (with peers or mentors) and personal development (including self-directed learning goals, reflections and readings).^{8,26,28}

While many skills necessary for peer work are applicable for all staff, it is how youth peer workers employ these skills that are unique to the delivery of youth peer work. It's important for youth peer workers, clinicians and other staff to recognise and value these skills and contributions.¹ Table 2 provides some examples of skills used by youth peer workers in practice.

Table 2: Youth peer work skills and what they look like in practice

SKILLS/APPROACH	WHAT THIS LOOKS LIKE IN PRACTICE
Emotional intelligence	Youth peer workers use considerable interpersonal skills to connect with other people, understand others' emotional needs and perspectives, display intuition and judgement about when to share their experiences strategically, and manage their own emotional responses. ¹ This is often done in an approachable way, with authenticity identified as fundamental to the effectiveness of peer work. ²
Following guidelines and processes	While clinical staff have a responsibility for responding to safety concerns and risks, similarly youth peer workers are responsible for notifying clinical staff and effectively handing over concerns for risk, and risk information, in a timely and effective manner. Risk information refers to any information that might suggest a young person (or another person) is at increased likelihood of harm. This requires youth peer workers to navigate relationships with young people, whereby they balance the ethos of mutuality while also being clear about their responsibilities in their role in relation to confidentiality and risk. ¹
Problem-solving, adaptability and flexibility	Sometimes interactions may not go as planned. An ability to cope when things don't go to plan is a key skill that all young people recovering from mental ill-health likely employ. It can also be a sharing experience or discussion between a young person and youth peer worker, especially given that youth peer support may emphasise the role of personal growth. While youth peer work can be a rewarding role it can also come with a few challenges (see section: What can give peer work the best opportunity to succeed?) It may require youth peer workers to be able to problem-solve in relation to seeking support of colleagues, looking after their own well-being, and adjusting plans (in relation to young people and workplace tasks). Youth peer workers also need to be able to work flexibly as they meet a diverse range of young people at differing stages of recovery. The youth peer work role itself can also shift and change over time.
Listening skills	Active listening skills are important for any work that involves other people. It can be easy to get caught up in what to say back, rather than really tuning in to the meaning of what the other person is trying to convey. Youth peer workers need to not only listen to a person's dialogue, but consider the meaning they are trying to convey. ¹⁰ This may be especially important considering that understanding is identified as a key feature of peer work and is prioritised over providing a treatment modality (as might be more of a focus for clinicians).

SKILLS/APPROACH	WHAT THIS LOOKS LIKE IN PRACTICE
<p>Openness and willingness to share personal recovery story</p>	<p>Delman and Klodnick²⁹ identify that while storytelling comes more naturally to some, it is a skill that can be developed over time by youth peer workers and is necessary to the role. Authentic storytelling can support engagement in conversation, connection in the relationship between youth peer worker and young person, and provide an avenue for youth peer workers to share their lived expertise.</p> <p>Strategic storytelling itself is a reflective process where young people:</p> <ul style="list-style-type: none"> learn how to develop motivating stories; engage in sharing personal experiences with key people at key times; and process these sharing experiences in supervision to maintain on-the-job resiliency and hone strategic storytelling skills.
<p>Ability to balance personal and professional boundaries</p>	<p>Peer support requires the sharing of lived expertise. Youth peer workers may experience pressure to conform to clinician's ideas of professional boundaries, which may see youth peer workers monitor their own behaviour and which may dilute the youth peer work role.²</p> <p>Youth peer workers need to be able to openly share aspects of their lived experience, which may initially feel uncomfortable to other health professionals. This flexibility with boundaries requires youth peer workers to consider what the young person they are working with might want or find helpful to hear about, as well as an awareness of their own personal boundaries or comfort of what they are willing to share, which may change on a daily basis.</p>
<p>Managing workplace demands</p>	<p>Youth peer workers may also need to develop time-management and assertiveness skills to manage workplace demands. Youth peer workers identified the need to 'let go of responsibilities at the right moment, to step on the brake on time, and to learn to say "no"'.² This may feel more difficult if youth peer workers are new to a role or workplace, especially if they feel the need to prove themselves to other members of the team.</p>
<p>Reflective practice skills</p>	<p>Reflective practice is the act of thinking about the care that one provides and reviewing ways to maintain or improve performance in a constructive and helpful way. It provides an opportunity to review experiences with young people, colleagues, supervisors, and how this is impacted by the system or work environment.</p> <p>It also provides an opportunity for youth peer workers to reflect on their role with young people – including associated actions, thoughts, feelings, attitudes and reactions¹ – which assists with professional development, longevity and well-being. As in any role, we learn by reflecting on our practice in a constructive way. Reflective practice can occur individually, but should take place in supervision with a manager, as well as supervision with peers and peer mentors.^{1,28} It requires a level of openness, vulnerability, personal insight and critical thought.</p>
<p>Instilling and modelling hope</p>	<p>Youth peer workers are living proof that healing is possible for people experiencing mental health challenges. By being visible employees, they can instil hope in others and act as role models by challenging stigma and negative stereotypes for young people and family accessing services, clinicians, organisations and broader society.^{1,11}</p> <p>That is not to say that youth peer workers should have unrealistic standards of recovery for themselves as 'role models', nor that there is pressure to perform recovery with other people. Youth peer workers themselves may continue to experience challenges in their own mental well-being, or may be working with other young people who have been engaged in services for longer periods of time than they have. It requires a nuanced skill to balance honesty and hope with young people, while youth peer workers continue to prioritise their own well-being alongside this.</p>

SKILLS/APPROACH	WHAT THIS LOOKS LIKE IN PRACTICE
Advocacy for self and others	<p>Youth peer workers advocate for improvements in mental healthcare and more broadly in society. Advocacy may occur through information provision, providing opportunities and choice, addressing discrimination, and improving the quality of care provided to people experiencing mental health challenges.⁷</p> <p>Youth peer workers may do this in direct support with young people (either speaking up on behalf of the young person or by supporting young people to be informed and confident enough to do this themselves),⁸ or indirectly through providing input in team meetings and discussions where their lived expertise may provide a unique perspective that may influence a colleague or team’s approach.¹</p>
Communication and collaboration skills	<p>Youth peer workers often adopt open engagement, which places no pressure on others to participate.⁸ Still, youth peer workers need strong communication skills and rapport in order to foster trusted relationships with other young people, which can often lead to conversations that promote confidence, identity and social connection.⁸</p> <p>Youth peer workers may share aspects of their own recovery as a vehicle for offering possible solutions⁷ but must also respect the individuality of each person. Youth peer work is respectful, focuses on strengths and acknowledges that each person’s experience and perspective is unique and valid.</p> <p>Youth peer workers must also work as part of a multidisciplinary team, which includes managing the transition from being a young person accessing mental health care to being an employee.^{1,30} This transition may require optimum communication skills (between youth peer workers and clinicians) to manage dynamics that may unconsciously arise.³⁰ Youth peer workers display strengths in this regard, often prioritising relationships both with young people and staff, which likely contributes to greater information sharing and connection within a team environment.⁸</p>

RESPONSIBILITIES

Youth peer workers have responsibilities similar to those of their colleagues for following organisational policies and procedures. This may relate to responsibilities around confidentiality, code of conduct and duty of care to young people accessing the service. Youth peer workers are also expected to positively contribute to a multidisciplinary team, through contributing input from their perspective, as well as contributing to a healthy, safe workplace culture.

WHAT CAN GIVE YOUTH PEER WORK THE BEST OPPORTUNITY TO SUCCEED?

The literature suggests several challenges associated with the implementation of peer work into mental health services. This section covers some of the identified challenges along with a summary of potential recommendations.

ROLE OF CLINICIANS AS ALLIES AND ADVOCATES

Available research indicates that workplace culture, alongside clinician beliefs and behaviour, can be significant barriers to the successful implementation of peer support.¹¹ While multiple approaches are recommended to combat this, the research suggests that education of clinical staff, promotion of positive relationships between clinical and peer support staff, and approaches

to addressing workplace culture are priority interventions.¹¹

There are several approaches clinicians can take to be allies and advocates to the youth peer role. This includes:

- learning about the youth peer work role to provide role clarity between clinicians and youth peer workers;²⁶
- advocating for youth peer workers’ competencies and respecting their knowledge base, including the positive contribution of youth peer support to a team or organisation;¹¹
- challenging or addressing disruptive workplace culture;¹¹
- promoting positive workplace environments by including positive feedback that supports the well-being of youth peer work staff;¹¹
- promoting youth peer support to all colleagues, young people and families;^{3,13} and
- reflecting meaningfully on own values, practices and perspectives in relation to recovery and wellness, with commitment to continued openness and learning. This may include reflecting on the influence of power differentials not just between clinicians and young people but also within a team.¹¹

Healthy and functioning workplaces are likely to not only assist the implementation of youth peer support, but also assist the well-being of young people, peer workers and clinicians alike. An organisational approach to reflective practice, learning and continuing service quality

improvement may be even more necessary in over-burdened or under-resourced health services.^{7,11}

TEAM-BASED STRATEGIES TO SUPPORT PEER WORK

Peer workers (adult and youth) have identified multiple stressors associated with their role, including: role demands, relationships with colleagues and the impacts of organisational culture. These factors can impact on a peer worker's relationship and confidence in their role, their overall well-being, and the success of peer support interventions.¹¹

While this clinical practice point has focused considerably on youth peer worker and clinician responsibilities, it is the responsibility of all staff to actively work to support youth peer support by mitigating these challenges. In fact, the success of youth peer support relies on an organisational approach, which includes clear strategies to address potential barriers that arise with any cultural shift in practice.⁹ Difficulties are often heightened when organisations have not adequately prepared existing services for the implementation of youth peer work, especially in workplaces where challenges already exist in relation to recovery-orientated practice and culture in teams.^{9,11,30} It may also be important to

recognise that systems can take time to change, and that a multi-lens approach that considers change to culture, people, policies, processes and procedures may be necessary.

Despite challenges, it appears important to recognise the possibility for successful implementation of youth peer support programs that are highly valued by young people, staff and organisations. The most successful peer support programs are ones that are imbedded into healthy and functional workplaces that promote the well-being of all staff (through support processes), who champion recovery values, and who promote positive alliances between mental health staff and youth peer workers.^{1,2,11,30}

Table 4 provides a summary of associated stressors in the peer work role alongside some potential solutions. However, for more detailed information related to organisational responsibilities please refer to Orygen's [peer work implementation toolkit](#) for further information. Please also refer to part two of this clinical practice point, ["How to peer." Youth peer workers' perspectives and advice about working in youth mental health services](#) which provides specific feedback from established youth peer workers that may relate to some of the challenges and solutions identified in figure 2.

Figure 2: Common peer work challenges and solutions (8,9,11,21,26,29,30)



IDENTIFIED CHALLENGES FOR PEER WORKERS:

- stressful aspects of role (related to emotional quality of work or observing crisis situations);
- pressure to model recovery, or concerns of setting unrealistic expectations of recovery for young people;
- managing challenges associated with boundaries, to include managing own well-being needs and knowing how much to self-disclose to others (both young people and colleagues);
- feeling dismissed by others (to include other young people or work colleagues);
- observing practice or language by colleagues that is not recovery orientated, or feeling that colleagues can be condescending, over-protective or dismissive in interactions;
- managing role transition from being a young person accessing services to being a peer worker – in particular if attending the same service;
- lack of clarity regarding role and expectations within a team, heightened by lack of established ethics or practice standards for peer workers;
- stressors with workload/demand;
- feelings of confidence and credibility within a team (e.g. not feeling confident enough to speak up in team meetings); and
- pressure placed on youth peer staff to justify their role or approach, or to take on further responsibilities or follow generic training even if it is at the expense of providing authentic peer support in order to feel valued by others.

POSSIBLE SOLUTIONS

Supervision: Best practice involves youth peer workers getting regular structured and unstructured supervision. Supervision should focus on job skills, performance and support rather than someone's mental health status. Youth peer workers benefit both from supervision with their manager as well as peer-specific supervision. Youth peer workers may have a slightly different focus of supervision in comparison to their colleagues- for example, it might include honing skills around storytelling, with extra consideration to the youth peer workers own boundaries.

Clarity on processes and roles: Organisational processes, expectations and guidelines should be available for all staff (for generic policies), or new policies should be developed for nuanced roles (for example, risk management expectations specific to youth peer staff). All staff should have clear descriptions and expectations about their role, which is necessary to the successful completion of it. While the youth peer work role may be fluid, opportunity for discussion around what the role looks like in daily practice should be reviewed between youth peer worker and manager, with roles and expectations clearly shared with other staff. Clear expectations around what youth peer work is (and isn't) should also be shared with young people accessing a service, including ways in which peer workers still hold responsibilities to the organisation.

Boundaries: Staff are encouraged, where possible, to have opportunities to reflect on their own boundaries, well-being and practice. Helpful questions/prompts for boundaries include: what are you comfortable sharing? What do you wish to keep to yourself? What is helpful for others to know? How can this be communicated to others? How is this influenced by your work role? Personal boundaries may shift and change depending on who you are speaking to, alongside how you yourself might be feeling on any particular day. It may be important for all staff to recognise that they may have different boundaries compared to that of their colleagues (so long as this is within the scope of their respective roles which will be bound by personal and professional ethics) and this should be respected. Opportunities for self-reflection and supervision may assist individuals to determine their own boundaries and needs.

Key values: It can be helpful to return to the key values and purposes of youth peer work – such as themes around growth, mutuality, recovery, understanding and advocacy for human rights. This may support youth peer workers to define the boundaries of their role with other young people and colleagues. It may also support peer and non-peer staff to celebrate the value that is added by the peer work role to building truly recovery orientated services.



Support services: All staff should have access to EAP services and are also encouraged to peruse their own counselling or support as necessary outside of work. These personal spaces may provide an opportunity to explore needs around personal boundaries, assertiveness skills (saying no), self-esteem, perfectionism, communication patterns and individual self-care – all areas that may have flow on effects to workplace functioning and confidence. It may also provide an opportunity for staff to review whether workplace and personal values align.

Orientation: All staff should receive appropriate orientation to their role, to include a clear job description, access to relevant training, shadowing, access to staff policies and feedback processes.

Team functioning: A well-functioning team is likely to be better able to implement new programs as well as collaborate effectively. Key goals for team functioning might involve unity of shared personal and organisational values, open communication within the team with opportunities for reflective practice (with thought given to dynamics that may occur within a team), team approaches to problem-solving where diversity of perspective is valued, all staff have an open mindset to learning (with staff feeling comfortable to respectfully and constructively challenge each other's practice) and team building/engagement exercises where staff have an opportunity to improve cohesiveness and connection outside of work tasks (e.g. team lunches). This likely requires considerable facilitation from senior staff. Team functioning should also take into consideration individuals position in the team, and how this may impact on interactions with colleagues. It may also require individuals within teams to hold different roles, including champions or advocates for newly established programs, in particular if it requires some cultural shift eg. Recovery champions

This clinical practice point wishes to thank the youth peer workers who have contributed to the resource, for their invaluable insight and experience. It also wishes to pay thanks to the people who have paved the way for the peer work role, which has not always been supported or encouraged by established mental health services.

SO, IN CONCLUSION, HOW CAN WE PEER?

It's not a straightforward answer, given there is no one way to peer. Youth peer work can present as diverse and promisingly flexible both to the needs of mental health services as well as to the needs of young people accessing mental health services. As such, youth peer work may encompass many different tasks, approaches, perspectives and roles, despite focusing on key features related to the sharing of lived expertise, building authentic connections, mutuality in relationships and empowering peoples' experiences within mental health services.^{1,7,8,11}

Youth peer work contributes significantly to recovery-orientated practice. This has seen a greater establishment of youth peer work roles into mental health services.⁸ It is therefore important for other mental health staff to understand the youth peer work role, for clinicians to become advocates and allies, as well as youth peer workers to feel confident about the unique contributions they provide.⁸

While the implementation of youth peer work programs can present with challenges, the research suggests that there are avenues to address this that may benefit staff and organisations broadly.¹¹

Most notably, the youth peer work force itself has a wealth of experience, perspective and insight that should be shared at all levels of service provision and development – some of which is evident in this clinical practice point alone.

RECOMMENDED RESOURCES

For further information about peer work, please refer to:

Clinical practice point, ["How to peer." Youth peer workers' perspectives and advice on working in youth mental health services](#)

Fact sheet, [Family peer support + youth mental health](#)

Fact sheet, [Vocational peer support + youth mental health](#)

Fact sheet, [Youth peer support + youth mental health](#)

Evidence summary, [What is the evidence for peer support in youth mental health?](#)

Implementation checklist, [Youth peer support](#)

Implementation toolkit, [Youth peer support](#)

Toolkit, [Youth peer work toolkit](#)

Training module, [Youth mental health peer support 101](#)

Video, [Thoughts of a youth peer worker](#)

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