
CLINICAL PRACTICE POINT – PART TWO

“HOW TO PEER.” YOUTH PEER WORKERS’ PERSPECTIVES AND ADVICE ABOUT WORKING IN YOUTH MENTAL HEALTH SERVICES

This resource provides practical tips for peer workers and mental health clinicians who are new to understanding the youth peer worker role. The resource 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:

- acknowledge the expertise that youth peer workers are able to contribute and share, both from their personal and work experiences; and
- navigate challenges common to the youth peer work role by providing feedback and advice from established peer workers about what they found helpful, or wish they had known, when they first started in the role.

This document follows on from an overview provided in the Orygen clinical practice point, [“How to peer.” Introduction to youth peer support in mental health services](#). If you are new to youth peer work, please refer to part one as it provides an introduction to definitions, values, roles, tasks, benefits, challenges and team-based approaches to support youth peer work.

ADVICE FROM ESTABLISHED YOUTH PEER WORKERS

The resource includes direct quotes, feedback and advice from established youth peer workers on strategies and approaches that they use within the peer work role, including how to navigate potential challenges that may arise within the workplace.

This feedback may be helpful to both mental health practitioners and youth peer workers, especially in relation to common challenges that youth peer workers can experience.

There is no conclusion for this resource. Just as youth peer workers share their lived expertise with young people, and allow young people to make sense of how it may be relevant to their own experiences, this resource similarly encourages you to draw your own conclusions from the feedback provided.



THE PRINCIPLES OF YOUTH PEER WORK

"Remembering that even my presence within a mental health service can have positive impact to the way that young people are considered and given a voice within a service. Youth peer work in itself challenges unhelpful assumptions about peoples' abilities."

"As a youth peer worker, it is important to understand the experiences that might help you to identify with someone, as well as acknowledge that you won't always have the same experiences as service users and that's also okay, but work out how your connection/ support can be of help."

"Yes, we are young people with lived experience, but before that we are also human. And what humans need is a sense of connectedness, belonging, and that's essentially the framework of youth peer work for me: belonging, connectedness, vulnerability and empathy; and being curious as well. Always approaching interactions with a curious mind."

"The relationship isn't built on a youth peer worker and a young person's healing. It's really established through learning and curiosity of each other. And then through that, the mutuality and connectedness comes into place."

THE ROLE OF A YOUTH PEER WORKER

"Sometimes if I feel confused about my role it can be helpful to stick to the main principles of youth peer work, and be careful not to fall into traps of doing things that are not part of my role, like being aware of not getting into the helper role or the clinician role."

"I've had shifts where young people have confided in me straight away, we've - just in those two hours - had the biggest breakthroughs together. And then there's other shifts where the young person just wants someone to play Uno. Uno's a big thing in youth peer work; so is Jenga. We can go outside and shoot some hoops. I go in there hoping that if I can make one young person laugh for two minutes, I've done my job properly. It doesn't have to be a conversation that's deep and meaningful. Sometimes it's just taking the piss, and having a laugh, and just trying to distract someone from the environment that they're in."



MANAGING CHALLENGES

“ Things might not always go well and it’s okay to not have all the answers. ”

“ Sometimes – because it’s been such a good shift – you don’t want to leave. But then there are shifts that are quite intense. You’ll have those conversations about suicide and self-harm and even abuse and all of that, which can be close to home for a lot of young people and us [youth peer workers], obviously. But that’s where boundaries come into place. ”

“ I manage by allowing myself to be honest, saying, ‘Hey, this is a bit much for me.’ That includes being honest with myself and trying to direct the conversation to somewhere else if it’s getting a bit too much [for me]. Sometimes you see intense things happening [in an inpatient unit]. By no means should you feel ashamed or guilty for having to take yourself out of that situation where you need to go outside for 10 minutes and just breathe. At the end of the day your [own] mental health is a priority because if you’re not taking care of yourself you can’t take care and support other people. Taking care of yourself allows you to be at your A-game for other people. ”

“ I found for me, as well, if I do feel emotional when a young person says something to me, I voice that. Like, I can understand their sadness or, you know, I feel sad for them and I’ll tell them. I’ll tell them that it’s hurting me; I can’t imagine how it’s hurting them. And that it is making me emotional. We kind of talk through it together and it’s hard. Because, like I said, you can’t control what is thrown at you, you can’t control what other people say to you and how they behave, but making sure you’re in that state of mind to be able to address it and not let it affect you to another level. ”

YOUTH PEER WORK INTERVENTIONS

“ Everybody walks through this process differently. You can have the same disorder as somebody, but you’re going to experience it completely differently. I’ve had young people take the approach that I was there to fix them with strategies I’ve used, which doesn’t fit into the framework of what peer work is. We’re not people who can fix another person. We’re there to guide and support [other young people]. By no means can we fix anybody. I don’t think anybody can fix anybody. It’s up to you. You don’t need to be fixed, in my opinion. You just need a bit of change and a bit of growth. ”

“ What I say to young people all the time is that one approach or strategy is not always going to work for you. Even if it has worked before, you need multiple self-care strategies. Because maybe this one’s not working today. Go down the list and pave the way for what it is that is going to work for you. Everybody’s different though. Everyone’s healing process looks different. I think that’s one thing we really try to get across. ”

“ The first session, it’s mostly about me describing the role of what youth peer work is, and that usually consists of saying there’s no structure to it. We decide on the structure, and that’s the benefit of it, because every person is unique, has unique needs. And so we can tailor the sessions to fit that, rather than have a framework. ”

“ Mental health may be the core problem but it also is a translation to the bigger picture, which is work, study, relationships – whether that’s at school or at home – and it all contributes. ”

STARTING OUT AND CONTINUING DEVELOPMENT

“It would have been helpful to have had some guidance from another youth peer worker when I first started, but also to know that it’s okay for the role to look differently for me, and that I could shape it to what worked for me.”

“I learned the ropes as I continued doing the job. It’s been very interesting. That’s not to say that the training hasn’t been helpful – it’s been exceptionally helpful, and given me great insight into it – but I think lived experience is the best experience. There’s only so much you can learn in training, only so much you can learn from books, but being in the situation, experiencing it for yourself – that’s where the knowledge comes into place.”



SUPERVISION

“As well as supporting youth peer workers, there needs to be a focus on supporting staff to know how to supervise the youth peer role and help make it as successful as possible.”

“[Don’t underestimate] how helpful it is to have a network available for reflective practice. I’ve found group supervision with other youth peer workers invaluable because they just get it.”

“I think it’s valuable to have my supervisor or, say, my manager available at the centre. They know the process at my centre, what’s specific to the young people at that centre. That way I can go to them all the time if I need to. But I also find it extremely valuable when I confide in another peer worker. A peer worker has experience in peer work, lived experience in the processes of peer work, and understands the model. Unless you’re a peer worker, you don’t actually understand the model as much as peer workers do. I’m still trying to understand peer work. In an ideal world, I’d like a peer worker to supervise me, in addition to having a manager at the centre.”

NAVIGATING ROLE EXPECTATIONS

“My supervisor and I sat down and looked at the position description together and worked out what fit in terms of my goals as well as the organisation’s. We broke it down to thinking about the specifics of how I [and the youth peer work role] could interact with young people, other staff and the community. It meant I felt clear about what I was doing day-to-day, and how it related to peer work. It helped my supervisor to also understand what my role was and how they could share that information with the team. When we went back to [review] it three months later we were able to see what I had achieved in the role, as well as adapt and change the expectations based on what had and hadn’t worked.”

“Young people will sometimes come into the room and be like, ‘Tell me how to fix this’, or, ‘Tell me what you did to address a similar solution’ – whether it’s something to do with peers or emotions or whatever. And I’m like, ‘Oh, look, I can’t give you the answer. There’s no band aid fix, it’s more complicated than that. Because there is no right or wrong answer. What worked for me may not work for you and vice versa; that’s just part of being human. I can share my experiences that are similar to what you’re experiencing but I can’t guarantee it’s going to help you. We all have different lives, different circumstances.”

“I often like to say at the start when I first meet someone, when I’m introducing myself, that this isn’t a clinical session. I’m not a therapist. I’m not a clinician. I say, ‘I’m studying psychology, but I couldn’t give you therapy for the life of me; I wouldn’t know how. But to me what’s important is having that relationship with you, and going through this together.’ Then that helps with the expectations of what this will also be like. I often let people know it will be unstructured, and when I often come back to it later in session and say, ‘How do you find therapy versus peer support?’ I’ve had a couple of young people say, ‘Therapy is great. It’s effective, you know. And peer support is great, but for different reasons.’ The unstructured sessions of peer support make it more of a relaxed setting, less rush, and they can kind of move forward in their own pace. Whereas with therapy, they’ve got the 10 session cap [at my service], there’s goals that the young person and clinician are trying to reach, and sometimes the young person feels like they have to reach that by the tenth session.”

HOW THE ROLE HAS CHANGED OVER TIME

“The longer I’ve worked in the role, the more I’ve established relationships with the clinicians, so that we talk more regularly and update each other on what we’ve been doing with a particular young person. It really provides wrap-around care.”

“I’m probably more comfortable now than when I first started, and I think the staff trust me more now. So that it’s a lot easier for me to take direction of what I think would be helpful, and to not always [automatically] defer to what they might think is best.”

RECOMMENDED RESOURCES

For further information about peer work, please refer to:

Clinical practice point, ["How to peer." Introduction to youth peer support in 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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