

2018 – 2019 Mental Health Peer Support Workforce Needs Assessment

Report to NT Primary Health Network
October 2019

*“...headspace has given me opportunities that I don’t think I would have otherwise.
headspace kept me alive. And you guys at headspace have given me my purpose – to help
others in their own recovery.”*

Leo, Peer Support Worker, headspace Darwin (quoted with permission)



Who is the NT Mental Health Coalition?

The Northern Territory Mental Health Coalition (the Coalition) is the peak body for the community managed mental health sector in the Northern Territory. As a peak body, the Coalition ensures a strong voice for member organisations and a reference point for governments on all issues relating to the provision of mental health services in the Northern Territory. The Coalition has a network of 200 individuals, organisations and stakeholders including a membership of 35 organisations across the Northern Territory.

The Coalition provides advice and input into mental health care policy and associated challenges around service delivery to all levels of government and contributes to national mental health networks and associated peak bodies. As a member of Community Mental Health Australia and of Mental Health Australia, the Coalition contributes a perspective on the provision of effective and accessible mental health services in the Northern Territory.

Acknowledgements

The Coalition thanks all of the people who generously contributed their experience and perspectives for this needs assessment– the peer workers and managers from our member organisations, Northern Territory training and development organisations, and our sector colleagues across Australia, particularly Community Mental Health Australia members.

The NT Primary Health Network funded this assessment.

We acknowledge the Larrakia people,
the Traditional Owners of the land on which we live, work and walk.

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List of Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AMSANT	Aboriginal Medical Services Alliance of the Northern Territory
CMHA	Community Mental Health Australia
CDU	Charles Darwin University
GTNT	Group Training Northern Territory
HWA	Health Workforce Australia
ISCANT	Industry Skills Advisory Council Northern Territory
NDS	National Disability Services
MHCC	Mental Health Coordinating Council (NSW)
MHCSA	Mental Health Coalition of South Australia
MHCT	Mental Health Council of Tasmania
MHCWA	Mental Health Commission WA
MHVIC	Mental Health Victoria
NGO	Non-government organisation
NGOE NBEDS	Non-Government Organisation Establishments National Best Endeavours Data Set
NTG	Northern Territory Government
NT PHN	Northern Territory Primary Health Network
PHaMS	Personal Helpers and Mentors Services
PHN	Primary Health Network
PIR	Partners in Recovery
QAMH	Queensland Alliance for Mental Health
QMHC	Queensland Mental Health Commission
RTO	Registered Training Organisation
SEWB	Social and emotional wellbeing
VET	Vocational Education and Training
WAAMH	Western Australia Association for Mental Health

1. Executive Summary

Peer worker¹ “Workers who have a lived experience of mental illness and who provide valuable contributions by sharing their experience of mental illness and recovery with others. Peer workers are employed across a range of service settings and perform a variety of roles, including providing individual support, delivering education programs, providing support for housing and employment, coaching and running groups and activities.”

Peer workers are a cornerstone in delivering recovery-focused mental health services. This recognition is reflected in the Fifth National Mental Health and Suicide Prevention Plan¹ which identifies peer workers as a fundamental whole-of-system enabler needed to ensure a responsive and effective mental health system. Similarly, the national Primary Health Network implementation guidance for mental health and suicide prevention² envisages a role for peer workers across the stepped care programmatic model, and the National Disability Insurance Agency has also identified peer workers as an important element in recovery for people with psychosocial disabilities.³ Locally, the 2017 NT Mental Health and Suicide Prevention Service Review identified [re-]development of a mental health peer support workforce as a “central factor in improving the quality of the NT’s mental health system”.⁴ In September 2019, the national Community of Peers Project released their report which explores potential governance structures and models for a national peer organisation, as well as gaps and opportunities for training of peer workers and data on the peer workforce⁵.

This needs assessment of the mental health peer support workforce in the Northern Territory (NT) was commissioned by the NT Primary Health Network (NT PHN) and aims to identify⁶:

- pathways for people wanting to enter into the mental health peer support workforce
- the skills gaps that exist in the current workforce
- the professional development opportunities that are available to ensure the workforce is appropriately skilled, qualified and utilised in line with national mental health standards and practices.

Based on the experience of other jurisdictions where peer workforces have been in place for some time, key issues for the NT include:

- the need for mental health service providers to embrace recovery frameworks. This creates both demand for peer workers and also gives potential workers opportunities to gain experience through their engagement with services as consumers and volunteers.
- the need for mental health service providers to prepare their organisational systems, management and staff to support peer workers. There are many resources available which can be adapted for specific organisational needs.

¹ National Mental Health Commission 2017 Fifth Mental Health and Suicide Prevention Plan <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>

² Department of Health undated PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance Stepped Care [https://www1.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/\\$File/1PHN%20Guidance%20-%20Stepped%20Care.PDF](https://www1.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/$File/1PHN%20Guidance%20-%20Stepped%20Care.PDF)

³ National Disability Insurance Agency Proposed Changes to NDIS in response to needs of participants with psychosocial disability. Consultation presentation undated.

⁴ NT Mental Health Coalition 2017 Mental Health and Suicide Prevention Service Review Report to NT PHN <https://www.ntphn.org.au/files/Final%20Report%20Mental%20Health%20%26%20Suicide%20Prevention%20Service%20Review%202017.pdf>

⁵ Towards Professionalisation: A Project to undertake a feasibility study into the establishment of a member based organisation for the peer workforce in Australia, January 2019 <http://pmhccn.com.au/Portals/2/PublicDocuments/CoPP/Final%20Report%20-%20Towards%20Professionalisation.pdf>

⁶ NT PHN Agreement Schedule 1 Deliverables.

- availability of a variety of personal and professional development opportunities for peer workers, together with a range of entry points and career pathways. The national Certificate IV in Mental Health Peer Work offers core and elective subjects specific to peer work.
- secure funding for employing peer workers in longer term positions, and also to enable workplaces to invest in organisational systems and supervision to ensure peer workers are appropriately supported.
- a framework for monitoring and measuring impact, which can feed back into regional, state-wide and national performance measures.

1.1 Findings

1.1.1 Organisational knowledge and awareness of peer working

Strengthening the NT mental health peer support workforce requires organisational readiness and capacity to ensure workplaces have effective systems and supportive cultures and practices to accommodate people with lived experience. This goes beyond identifying potential peer workers, training them and providing job and career opportunities.

Unlike other states, the NT does not have an established and pervasive history of valuing the experience and contribution of people with lived experience and entrenched consumer-driven mental health service delivery. Strengthening the emerging peer support workforce requires significant investment to ensure that the employing organisations are properly equipped to support them. The required investments of time and management capacity are likely to need to be subsidised using new, additional resources/funding.

Organisations that want to effectively support a peer workforce need:

- organisational culture and practices that have a recovery-focus and values/preferences lived-experience
- executive management (and governance) commitment and buy-in
- secure, longer term funding
- high quality/appropriate/lived-experience-informed practice and workplace supervision with access to peer supervision
- workplace arrangements/agreements which for example, address stigma, support role clarity, appropriate boundary navigation, and provide parity pay and conditions recognising the value of lived experience.

1.1.2 Skills gaps related to the peer support workforce

The NT continues to face a shortage of skilled community workers. Skills gaps identified while preparing this report include:

- organisational understanding and application of recovery-focused support, which is the foundation for embedding a successful and effective peer support workforce in the mental health sector in the NT
- leadership and supervisory skills for managing peer support workers (and incorporating consumer views and people with lived experience into the organisation's governance and operations). Practice supervision skills and availability to peer supervision will also be needed.
- building confidence and knowledge among peer workers to participate in interdisciplinary teams, address stigma and to navigate boundary issues in communities where it is difficult to maintain anonymity.

1.1.3 Career pathways for peer workers

In the NT, increasing the demand for peer support workers will need systemic and organisational commitments to funding and developing the peer support workforce in order to establish broader opportunities and new career pathways.

Clear career pathways for Territory peer workers will have diverse roles on offer, including in education, peer support, advocacy, leadership, research, co-production, policy and management both within and beyond the mental health sector.

1.1.4 Training and professional development opportunities

The opportunities for establishing new training and professional development activities for the NT peer workforce include:

- local provision of the Certificate IV in Mental Health Peer Support work, accompanied by adaptation of existing Certificate II and Certificate III offerings to include mental health and/or mental health peer support work electives. Training to support the fledgling NT peer support workforce, many of whom enter as volunteer support workers, needs to be flexible and less intense than at Certificate IV level, and to be designed and delivered by people with lived experience. Non-accredited vocational training in peer support and peer facilitation would provide a good entry level and give an indication of the appetite for accredited training.
- training and professional development for managers and supervisors who will be responsible for supporting and managing peer workers
- improving knowledge and application of recovery-focused practices and services across the Territory mental health sector
- drawing on the experience of NT community mental health organisations that have adapted training packages from elsewhere to deliver internal training and induction for new peer workers and for non-peer staff and managers. This experience can inform both development of new accredited training and expansion of non-accredited training opportunities
- establishing and promoting communities of practice to support the peer workforce, including the opportunity for co-reflection, particularly between organisations where peers might be employed in isolation
- participative (and simple) monitoring and evaluation for measuring outcomes and promoting continuous improvement.

1.2 Recommendations for further developing the peer workforce in the NT

The recommendations recognise that a successful peer workforce is an inevitable and inherent characteristic of recovery-focused mental health services. They also recognise that many NT services are still on the journey to transitioning to a recovery-focus or may yet to embark on the journey.

In many ways, this is analogous to the journey (already well underway) of embedding Aboriginal 'lived experience' in services targeting Aboriginal Territorians – a combination of specialist peer workers (such as Aboriginal Health Workers) and culturally appropriate positions at all levels of organisations including governance structures.

The recommendations take into consideration the work already underway nationally and in other jurisdictions to prepare guidelines and resources that support the further development of carer/consumer peer workforces, and the challenges, particularly of scale, facing the NT. The principle is to draw from existing experience and resources, and adapt them for application in the NT, recognising that the NT has particular characteristics and needs.

It is therefore recommended that:

1. The NT Mental Health Coalition, with the support of commissioning bodies NT PHN and NT Department of Health promote wider understanding and adoption of the recovery model among community mental health services in the NT as part of the roll out of the NT PHN stepped approach to mental health and suicide prevention. This cultural shift will need to be supported by investments at the systemic, organisational and individual levels.
2. Resources and the (accredited and non-accredited) training to underpin these changes are adapted from those developed in other jurisdictions for application in the NT. These need to be targeted at organisational management, human resources and non-peer staff, and also to support individual peer workers.
3. Territory-specific monitoring frameworks and datasets be established to measure and report on progress, and which can feed into national measures. Due consideration to the Mental Health Non-Government Organisation National Best Endeavour Data Set, which has been implemented by the Western Australian and Queensland Mental Health Commissions.

1.2.1 Next steps - immediate

Because the recommendations are broad and longer-term, this section identifies priority actions that will be able to accelerate progress towards achieving the recommendations.

1. Northern Territory funding for a centrally located team of Peer Support Workforce Coordinators (at least 2), plus operational funding to be based at NT Mental Health Coalition (or NT PHN Rural Workforce) for a period of at least 3 years to:
 - a) develop and support a program of work to assist mental health providers to understand, establish and build successful peer workforces including:
 - i. identify and arrange training and other development activities for organisational leaders to understand and address the benefits and challenges associated with employing peer workers in a recovery-focused services
 - ii. identify, adapt and disseminate resources suitable for supporting mental health organisations to establish/strengthen their ability to employ mental health peer workers
 - iii. facilitate practice supervision and peer supervision arrangements for peer workers within and across organisations
 - b) facilitate co-design and delivery of non-accredited and/or accredited training with multiple entry points suitable for the NT peer workforce in conjunction with NT-based Registered Training Organisations, (consumer/carers) peer workers and volunteers, and mental health organisations that can provide supportive vocational pathways into peer support
 - c) convene Communities of Practice and opportunities for co-reflection and professional development through peer supervision for peer support workers (and their supervisors)
 - d) foster collaboration and learning across the NT sector in order to support the peer workforce.
2. funding and commissioning processes that prioritise NT organisations to employ peer support workers to contribute to the effective delivery of the mental health stepped care model and which are required to allocate training and professional development for peer workers in their budgets
3. Establish governance arrangements to support this agenda to strengthen the NT peer workforce, potentially under the auspices of the Health Workforce Stakeholder Group, led by people with lived experience and the community mental health sector.

1.2.2 Other steps – as soon as possible

These steps will also assist to strengthen the NT peer workforce:

1. NT PHN to lead work with NT Department of Health, the NT Mental Health Coalition and community health organisations to adopt NGO reporting standards/arrangements in order to monitor and report on the NT peer workforce including consideration of interstate processes, leading co-design of performance indicators and an evaluation framework that measures the impact of the peer workforce and provides a platform for continuous improvement
2. Build peer workforce needs/opportunities into Human Services Industry Plan and other NT workforce strategies. Work with unions, employers and funders to establish a NT benchmark for peer workforce based on national discussions and incorporate into local enterprise bargaining agreements/awards.
3. Workshop(s) with NT PHN/AMSANT Social and Emotional Wellbeing (SEWB) subcommittee to explore pathways for potentially extending peer support training to SEWB functions/workforces, including alcohol and other drugs, and suicide prevention activities.

2 Introduction

2.1 Why the peer workforce is important

Peer worker¹ *“Workers who have a lived experience of mental illness and who provide valuable contributions by sharing their experience of mental illness and recovery with others. Peer workers are employed across a range of service settings and perform a variety of roles, including providing individual support, delivering education programs, providing support for housing and employment, coaching and running groups and activities.”*

The Health Workforce Australia (HWA) Peer Support Workforce study⁷, defines peer workers as “people who are employed in roles that require them to identify as being, or having been a mental health consumer or carer. Peer work requires that lived experience of mental illness is an essential criterion of job descriptions, although job titles and related tasks vary.”

Peer workers may be categorised as ‘consumer’ peer workers or ‘carer’ peer workers, depending on their lived experience and the requirements of their roles. Given the small scale of the peer support workforce in the NT and its fledgling nature, this distinction is not made for the purposes of this report.

Peer workers play an invaluable role in the recovery process, assisting others to gain confidence and hope in their own recovery journey. The evidence base for peer support in mental health services shows benefits for consumers, organisations implementing peer support initiatives and peer support workers (see The Community of Peers Project affirms that building the peer workforce is essential, and having a dedicated organisation or association to support mental health peer workers is the next vital step.

⁷ Health Workforce Australia 2014 Mental Health Peer Workforce Study <http://www.mhcsa.org.au/wp-content/uploads/2018/12/HWA-Mental-health-Peer-Workforce-Study.pdf>

Table 1)⁸. In addition, investments in a peer workforce are likely to lead to considerable savings to the system as a whole. The 2018 Investing to Save report⁹ suggests that investing in a mental health peer workforce will have returns on investment of approximately \$3.50 per dollar invested. The Community of Peers Project affirms that building the peer workforce is essential, and having a dedicated organisation or association to support mental health peer workers is the next vital step¹⁰.

Table 1 Benefits from peer support

Consumers	Organisations implementing peer support	Peer support workers
decreased admissions to in-patient psychiatric care	increased understanding and focus on recovery oriented practice	increased knowledge about their own mental health
increased empowerment, hope, and independence	improved communication and information sharing with consumers	positive impacts on their sense of identity, self and their personal recovery
reducing social isolation through the strength of social networks	increased understanding of the barriers and challenges that service users may face	reduced relapse and re-admission rates
	peer workers can serve as a bridge between the mental health system and the patient to improve service delivery	positive impacts of employment

2.2 Policy frameworks

Nationally agreed and NT policy frameworks and implementation plans include commitments to developing peer workforces.

In 2012 the National Mental Health Commission recommended a range of actions relevant to the peer workforce¹¹, including:

- collaboration to increase the levels of participation of people with mental health difficulties in employment in Australia, to match best international levels
- expanding service approaches that provide early intervention and support alternative paths to a hospital admission
- multi-skilled teams that collaborate to provide integrated and effective support, care and treatment for people living with a mental health difficulty, and their families and support people.

⁸ Kaine C 2018 *Towards Professionalisation* Exploration of best practice models in mental health peer work to inform the establishment of a national professional organisation [literature review] Private Mental Health Consumer Carer Network (Australia) Ltd for the National Mental Health Commission <http://pmhccn.com.au/Portals/2/PublicDocuments/CoPP/Literature%20review%20-%20Towards%20Professionalisation.pdf>

⁹ Mental Health Australia and KPMG 2018 Investing to Save The Economic Benefits for Australia of Investing in Mental Health Reform <https://mhaustralia.org/publication/investing-save-kpmg-and-mental-health-australia-report-may-2018>

¹⁰ Towards Professionalisation: A Project to undertake a feasibility study into the establishment of a member based organisation for the peer workforce in Australia, January 2019 <http://pmhccn.com.au/Portals/2/PublicDocuments/CoPP/Final%20Report%20-%20Towards%20Professionalisation.pdf>

¹¹ National Mental Health Commission *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention*, cited in Health Workforce Australia 2014 Mental Health Peer Workforce Study <http://www.mhcsa.org.au/wp-content/uploads/2018/12/HWA-Mental-health-Peer-Workforce-Study.pdf>

The Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan)¹ identifies peer workers as a fundamental whole-of-system enabler needed to ensure a responsive and effective mental health system.

“Peer workers, or workers with a lived experience of mental health, play an important role in building recovery-oriented approaches to care, providing meaningful support to people and modelling positive outcomes from service experiences. However, the peer workforce is sporadically utilised and poorly supported.”

Fifth Plan p46.

The Fifth Plan commits governments to develop Peer Workforce Development Guidelines consistent with the findings of the 2014 Contributing Lives review¹² which include roles with opportunities for meaningful contact with consumers, carers and grassroots advocacies; and to monitor the growth of the national peer workforce (Fifth Plan, Actions 29, 20 and 30). Change will be demonstrated by an increased proportion of total mental health workforce accounted for by the mental health peer workforce (Fifth Plan, Performance Indicator 18).

The federal Department of Health’s guidance for Primary Health Networks (PHNs) to implement mental health and suicide prevention includes peer workers for all the steps of the stepped care model.² The National Disability Insurance Agency recognises that peer workers are an important component of a greater focus on recovery and episodic services for people with psychosocial disability³.

The Community of Peers Project specifically noted that NT is the only state or territory without an accredited vocational pathway for peer support, namely the Certificate IV in Peer Support. Furthermore, the final report specifically recommends that the National Mental Health Commission “seek to influence the introduction within the training sector of this qualification into the Northern Territory”¹³. It was also recommended that the Commission advocate for the “introduction to peer work through things such as Intentional Peer Support (IPS), introductory courses, traineeships, internships or scholarships across jurisdictions”. This is particularly relevant in a jurisdiction such as the NT, where no accredited or non-accredited pathways as yet exist.

The NT has yet to systematically invest in developing a mental health peer support workforce¹⁴. The 2017 NT Mental Health and Suicide Prevention Service Review identified [re-]development of a mental health peer support workforce as a “central factor in improving the quality of the NT’s mental health system”⁴ (p10).

The NT PHN identifies four priority areas for workforce development in the NT¹⁵ (see Table 2). Although peer workers are not specifically mentioned, each of these priorities applies to the mental health peer workforce.

Table 2 Priority areas for NT mental health workforce development

Priority area	Strategies
1. Develop the Aboriginal and Torres Strait Islander Workforce – Clinical and Non-clinical	<ul style="list-style-type: none"> • Develop dedicated and achievable/flexible pathways to health careers • Build and support the Aboriginal Health Practitioner workforce

¹² National Mental Health Commission 2014 Contributing Lives, Thriving Communities - Report of the National Review of Mental Health Programmes and Services <https://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2014-contributing-lives-review.aspx>

¹³ Towards Professionalisation: A Project to undertake a feasibility study into the establishment of a member based organisation for the peer workforce in Australia, January 2019 <http://pmhccn.com.au/Portals/2/PublicDocuments/CoPP/Final%20Report%20-%20Towards%20Professionalisation.pdf>

¹⁴ Schedule A to NT PHN contract

¹⁵ NT PHN 2018 Northern Territory Primary Health Care Workforce Needs Analysis: Priority Areas February 2018, Year 1 focus. <https://www.ntphn.org.au/files/NT%20PHN%20HWNNA%20Priority%20areas%2015022018.pdf>

Priority area	Strategies
	<ul style="list-style-type: none"> Develop and support all Aboriginal people working in and supporting health
2. Develop pathways from selection and employment to retention	<ul style="list-style-type: none"> Develop mechanism for coordination of pathways across/with key stakeholders Identify enablers to retention and apply across all professions Target local student from high school/VET/undergraduate cohorts Support and develop existing pathways and extend to all disciplines/professions
3. Attract, maintain and retain existing workforce within the Northern Territory with consideration of gaps and emerging needs	<ul style="list-style-type: none"> Develop appropriate marketing and recruitment activities Develop career opportunities through continuing professional development and skill building Support structured career progression and emerging needs of the workforce Flexible attraction and retention packages and incentives
4. Develop locally responsive, sustainable models of care	<ul style="list-style-type: none"> Supporting activities that develop the quality of leadership and management Support activities that build capacity in organisations to become 'employers of choice' Facilitate organisations to explore successful and sustainable service models

As part of the commitment to planning for a sustainable workforce, the NT Mental Health Strategic Plan 2019 – 2025¹⁶ commits to developing the consumer and carer peer workforce in line with national peer workforce guidelines in all clinical and non-clinical services and ensuring that “advocacy and peer support is available at all mental health services”.

2.3 Project objectives

The NT PHN commissioned the NT Mental Health Coalition to prepare this needs assessment of the mental health peer support workforce in the NT with the support of the Northern Territory Government in order to identify⁶:

- pathways for people wanting to enter into the mental health peer support workforce;
- the skills gaps that exist in the current workforce; and
- the professional development opportunities that are available to ensure the workforce is appropriately skilled, qualified and utilised in line with national mental health standards and practices.

¹⁶ NT Mental Health Strategic Plan, 2019 – 2025

https://digitallibrary.health.nt.gov.au/prod/jspui/bitstream/10137/7737/3/NT%20Mental%20health%20strategic%20Plan%202019_2025.pdf

3 Methodology

The methodology for the needs assessment involved:

1) a targeted scan of relevant literature to understand existing policy frameworks, and the experience in other jurisdictions to identify and analyse frameworks, experiences and datasets including:

- National Mental Health Commission / state counterparts or equivalent
- Primary Health Networks
- Community mental health associations in states and territories
- Other key NGO and/or private industry experiences
- Recent research and evaluations
- Australian Institute of Health and Welfare

and to identify the implications of these for developing the NT mental health peer workforce.

2) consultations with representatives of community mental health organisations, state government agencies, service and training providers and other relevant experts including managers and peer workers at NT community mental health organisations.

The aims of the consultations were to:

- engage with mental health organisations/services providers across the NT to gather data related to mental health peer workforce capacities and needs to gain an understanding of existing training qualifications and to determine internal training and external training opportunities and possible partnerships
- engage with Charles Darwin University, the vocational education and training (VET) sector and Community Mental Health Australia members to identify accredited training opportunities for mental health peer support workers appropriate for the NT
- understand the mental health landscape and what can be learned from other jurisdictions about supporting the NT peer workforce
- gain insights from people working in peer worker positions in the NT.

A list of organisations consulted can be found in Appendix 7.1

3) Analysing the NT landscape to:

- explore how the mental health peer support workforce is emerging in the NT including
 - a. insights into mental health peer work in NT community mental health services from local NGOs and individual peer workers (As agreed with NT PHN, Aboriginal controlled health organisations were out of scope for this project).
 - b. options for local training and development initiatives required to support a qualified, skilled, fit-for-purpose workforce
- bring together the analysis and advice about the experience elsewhere in Australia and the situation and options for the Northern Territory to develop recommendations for priority local action.

The Strategy for the Consumer Mental Health Workforce in Victoria¹⁷ published in July 2019 identifies the elements that need to be in place to achieve a well-supported consumer [peer]

¹⁷ Lived Experience Workforce Strategies Stewardship Group 2019 Strategy for the Consumer Mental Health Workforce in Victoria. Centre for Mental Health Learning Victoria Melbourne <https://cmhl.org.au/sites/default/files/resources-pdfs/Consumer-Workforce-Strategy-web.pdf>

workforce (see Figure 1) for a summary of the measures of success and the elements required to achieve them). These elements are drawn from experience across Australia and internationally. This needs analysis considers what is needed to apply a similar model in the NT, noting that there are significant differences between the situation in Victoria and that of the NT, such as:

- smaller populations of people to be serviced, spread across large distances
- less developed mental health service system, with little history of consumer participation. People with lived experience have not had a broad range of opportunities to build skills and participate, where their contribution is encouraged, recognised and valued.
- regional and remote centres which have no permanent mental health workforce
- a large percentage of Aboriginal and Torres Strait Islander people in the population
- high costs of services, relatively small appropriations for mental health services compared to need, and a difficult NTG budget outlook
- heavy reliance on Australian Government funding streams.

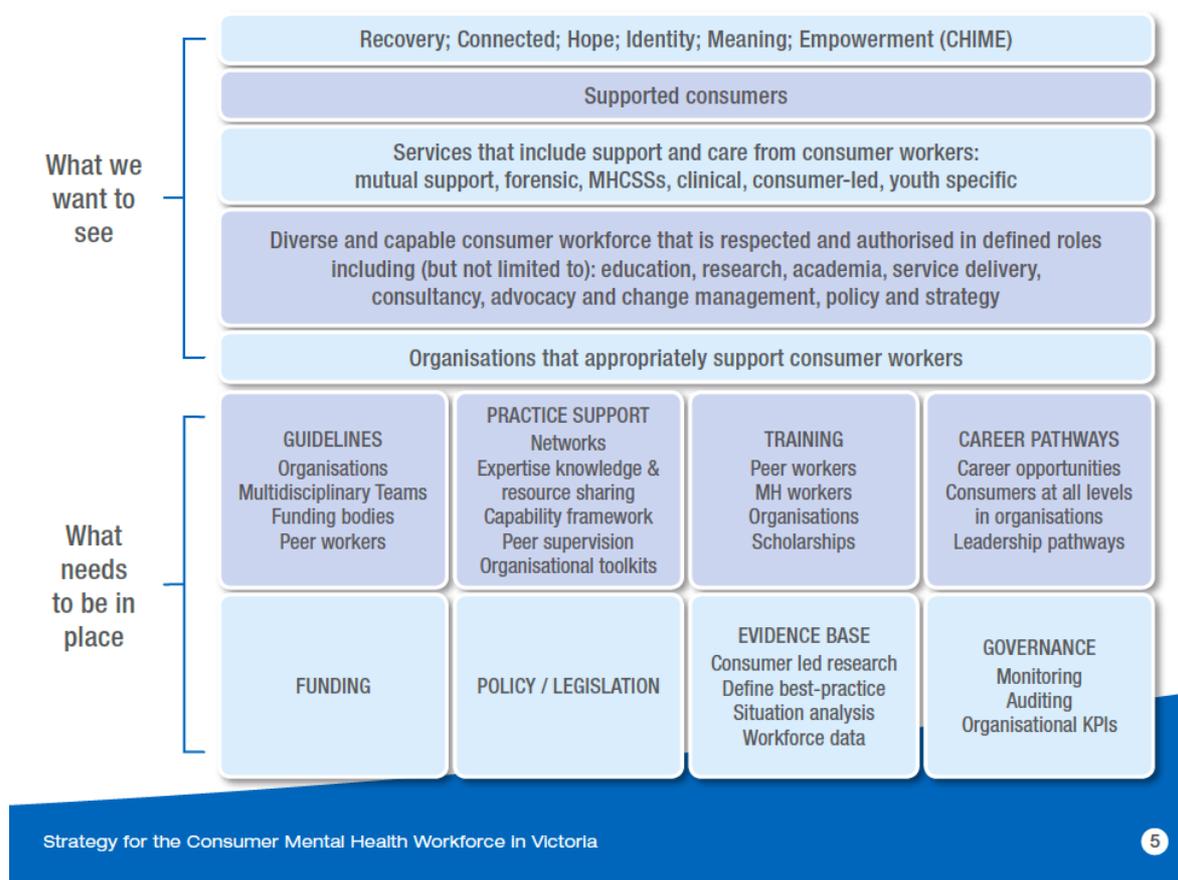


Figure 1 Model of success for a well-supported peer workforce

4 Peer workforce initiatives across Australia

4.1 National mental health standards and practices for peer workers

National standards to guide peer worker practice are recognised as an important step towards a strong peer workforce but have yet to be promulgated.

The 2013 National Standards for the Mental Health Workforce¹⁸ outline the values, attitudes, knowledge and skills required when individual professionals in nursing, occupational therapy, psychiatry, psychology and social work provide interdisciplinary mental health services. While other disciplines outside these professions ‘may also find the revised practice standards useful’, the standards do not specifically address standards for peer workers.

The National Mental Health Commission (the Commission) subsequently articulated principles and requirements to underpin developing the peer workforce in Australia⁷. These are:

- a peer worker has acknowledged lived experience of mental illness and recovery
- peer workers should be respected and regarded as an essential part of not an add on to the support team, with equal status to their team colleagues and not a “time or cost saver”
- peer workers should be remunerated appropriately at a level commensurate with their skills and training – a good and willing volunteer is just that, not a peer worker
- peer workers are adequately supported and sustained into and in the role with quality, ongoing training and supervision
- the peer workforce should be supported by national competencies and standards
- the peer workforce should have a career trajectory.

The Commission began a process of preparing national Peer Workforce Development Guidelines in 2018, with the aim of having them in place by 2021¹⁹. The guidelines will provide formal guidance for governments, employers and the peer workforce about the support structures needed to underpin the workforce. A leaders roundtable convened in late 2018 emphasised the importance of good engagement with the peer workforce in developing the guidelines. Work has begun to explore the feasibility of establishing a national peer workforce organisation. These initiatives augment work already underway at the state and sector level (see section 4.2).

A nationally recognised qualification for peer workers, the Certificate IV in Mental Health Peer Work²⁰ was accredited in 2013, and updated by the Community Services and Health Industry Skills Council in 2015 (CHC43515)¹⁹. National enrolments and completions for the years 2014-2017 can be seen in Table 3, noting the dramatic downturn in the VET sector in 2017. Work roles benefiting from the Certificate IV include²¹:

- consumer consultant
- consumer representative
- peer support worker
- peer mentor
- youth peer worker
- carer consultant

¹⁸ Department of Health, Victoria, 2013 National practice standards for the mental health workforce [https://www.health.gov.au/internet/main/publishing.nsf/Content/5D7909E82304E6D2CA257C430004E877/\\$File/wkstd13.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/5D7909E82304E6D2CA257C430004E877/$File/wkstd13.pdf)

¹⁹ National Mental Health Commission, Mental Health Peer Work Development and Promotion <https://www.mentalhealthcommission.gov.au/our-work/mental-health-peer-work-development-and-promotion.aspx>

²⁰ <https://www.myskills.gov.au/courses/details?code=CHC43515>

²¹ Private Mental Health Consumer Carer Network (Australia) 2014 Discussion Paper 3 Peer Workers and the private sector <http://pmhccn.com.au/Portals/2/PublicDocuments/DiscussionPapers/DP%203%20Peer%20Support%20Workers%202.14.pdf>

- carer representative
- Aboriginal peer worker
- family advocate.

Table 3 National enrolments and awards (completions) for Certificate IV Mental Health Peer Work 2014-17 (ISCANT data, pers comm)

	2014	2015	2016	2017	Total
Enrolments	38	195	89	0	316
Awards	9	95	26	0	128

Health Workforce Australia (HWA)⁷ describes developing the Certificate IV as a “significant step forward with regard to training and education that is strongly linked to the workplace”. HWA observes that more systematic entry points would be helpful, together with the development of a career structure that allows experienced workers to progress on a long term pathway of peer work or to take on different opportunities.

Kaine⁸ also concludes that although the Certificate IV in Mental Health Peer Work is a step towards professionalising the mental health peer workforce, ongoing training and support is required to support appropriate, judicious use of personal story, effective interpersonal communication skills, ability to sit with discomfort, and the ability to navigate complex systems and emotional situations.

4.2 Peer workforce initiatives in other states/territories

Significant effort continues to occur at the state jurisdictional level to promote the role of, and support for mental health peer support workers. This effort is framed by the recovery model of mental health and the plethora of national strategies, with individual jurisdictions responding according to local circumstances. Responses are influenced by different financial arrangements, scale, existing service mixes, and the history of mental health services. Mental health commissions, community mental health alliances and networks of private providers have all played, and continue to play, a role in promoting the value of lived experience in service planning and delivery, the critical importance of peer workers, and in workforce development and support.

Table 4 is based on a National Mental Health Commission presentation in May 2019²², and provides an overview of current work at the jurisdictional level. Jurisdictions are largely taking a similar approach to peer workforce development, that is, a framework consistent with the Fifth Plan and other national initiatives, and an eye to the local situation and needs. As can be seen in section 4.3 below, a number of jurisdictions already fund platforms that make resources and training related to peer workforce development available to organisations and to workers.

Table 4 Summary of peer workforce initiatives

Jurisdiction	Title/Working Title	Date
National	Peer workforce role in mental health and suicide prevention, National Mental Health Commission ¹⁹	December 2020
National	Towards Professionalisation: A Project to undertake a feasibility study into the establishment of a member based organisation for the peer workforce in Australia, Community of Peers Project	January 2019
QLD	Queensland Framework for the development of the Mental Health Lived Experience Workforce, QMHC	Consultations underway. Focus groups August 2019 ²³
NSW	NSW Peer Workforce Framework, NSW Health	Underway ²⁴

²² Dialogue: 2019 Brook Red Lived Experience Workforce Conference , 8-9 May 2019 Brisbane <https://www.dialogconference.com.au/copy-of-program-2019>

²³ <https://www.qmhc.qld.gov.au/media-events/events/focus-groups-lived-experience-workforce-framework>

²⁴ <https://nswmentalhealthcommission.com.au/lived-experience/projects/lived-experience-framework>

Jurisdiction	Title/Working Title	Date
VIC	Lived experience consumer and family/carer workforce strategies, Vic Health ^{17 25}	Published July 2019
TAS	Peer Workforce Development Strategy ²⁶ , Mental Health Council of Tasmania	Commenced 2019
SA	NGO Mental Health Lived Experience Workforce Standards and Guidelines, MHCSA ²⁷	2018
WA	Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2019-2025, MHCWA ²⁸	Consultation Draft August 2018
	The Peer Workforce Report: Mental Health and Alcohol and Other Drug Services ²⁹ .	2018
ACT	ACT Peer Recovery Workers: Guidelines and Practice Standards ³⁰ , ACT Health	Consultation draft, March 2018

A number of PHNs sponsor peer workforce initiatives at the regional level. Examples include:

- peer worker and organisational readiness trainings delivered by SHARC (Central Queensland, Wide Bay and Sunshine Coast PHN)³¹
- convening a Lived Experience Workforce Community of Practice (Brisbane South PHN)³²
- dedicated Mental Health Peer Coordinator to develop and support expanding the local peer workforce (South Eastern NSW PHN)³³
- Peer Participation in Mental Health Services (PPIMS) network (Brisbane North PHN)³⁴

4.3 Resources and tools

A variety of resources are available to support organisations to introduce, manage and support peer workers, and for peer workers to use. These are likely to need to be adapted to ensure that they are culturally appropriate for use in the NT. Sources include:

- **MHPOD** (www.mhpod.gov.au/#whatMHPOD) is a self-directed evidence-based online learning resource for people working in mental health, written and produced in Australia. The topics range from recovery, to legislation and dual disability. Each topic includes an overview, activity, in-practice section, and resources such as checklists, templates, or links to further information. The content is linked to the National Practice Standards for the Mental Health Workforce. Topics generally take between 1 and 2 hours to complete and can be accessed by signing up through the portal.

[Supporting a Mental Health Peer Workforce](#)³⁵ explores existing and emerging peer worker roles in Australian mental health services and the international evidence base for peer work.

²⁵Lived Experience Workforce Strategies Stewardship Group (2019). *Strategy for the Family Carer Mental Health Workforce in Victoria*. Centre for Mental Health Learning Victoria (CMHL): Melbourne

<https://cmhl.org.au/sites/default/files/resources-pdfs/Family-Carer-Strategy-web-2A.pdf>

²⁶ <https://www.mhct.org/what-we-do/peer-workforce-development/>

²⁷ Lived Experience Workforce Program 2018 NGO Mental Health Lived Experience Workforce (LEW) Standards and Guidelines Mental Health Coalition of SA <http://www.mhcsa.org.au/toolkit/>

²⁸ <https://www.mhc.wa.gov.au/about-us/strategic-direction/strategies-in-development/>

²⁹ WA Peer Supporters' Network. 2018. The Peer Workforce Report: Mental Health and Alcohol and Other Drug Services. <http://www.comhwa.org.au/wapsn>

³⁰ No longer available on ACT Health website

³¹ <http://www.sharc.org.au/sharc-news/sharc-peer-workforce-development-in-queensland/>

³² <https://bspnh.org.au/2019/03/13/establishing-a-lived-experience-workforce-community-of-practice-brisbane-south-phn-region/>

³³ <https://www.coordinare.org.au/about-us/showcasing-our-success/our-peer-workforce/>

³⁴ <https://myvoice.brisbanenorthphn.org.au/peer-participation-networkEOIs>

³⁵ <https://cmhl.org.au/training/supporting-mental-health-peer-workforce>

This includes history, rationale, and values as well as some myths and facts about peer work. Common challenges to peer work in Australia are considered and how meeting these requires a paradigm shift in thinking, akin with the values of recovery based practice.

[MH peer workforce within the broader MH system](https://cmhl.org.au/training/mh-peer-workforce-within-broader-mh-system)³⁶ explores the depth and breadth of peer worker roles, and assists mental health practitioners to recognise and support best practice in peer work.

- the **Peer Work Hub** (peerworkhub.com.au/) is an online resource for organisations seeking to develop and grow their peer workforce funded by the NSW Mental Health Commission.
- The **Lived Experience Workforce Program** (LEWP) (www.mhcsa.org.au/lived-experience/) established by the Mental Health Council of SA and funded by SA Health, supports the development and growth of the lived experience workforce in the non-government mental health sector. Everything is co-designed or co-produced with a reference group, and lived experience workers and leaders.
- The **Centre of Excellence in Peer Support** (www.peersupportvic.org/) hosted by Mind Australia, provides a centralised specialist clearinghouse and online resource centre for mental health peer support. It aims to support a sustainable peer support sector by providing linkage, service mapping and information-sharing. It is intended for use by consumers, families/carers, peer support workers, community mental health organisations, NGOs and individuals who provide or want to provide peer support.
- **PeerZone** (www.peerzonetoolkit.com/) is a New Zealand based peer-led social enterprise that develops resources and supports for people with mental distress and the people who support them. Services include one-to-one peer support, peer-led workshops, and a toolkit of resources. Toolkit development was funded by four mental health NGOs in Australia (EACH and Mind Australia), Canada (Canadian Mental Health Association) and New Zealand (Emerge Aotearoa).
- The Self Help Addiction Resource Centre (SHARC) hosts the **Australian Hub of Intentional Peer Support** (IPS) (www.intentionalpeersupport.org/what-is-ips/). IPS inspires and trains people to be intentional about the way they connect and build mutual relationships. It has been widely used as a foundation training for people working in both traditional and alternative mental health settings, and is current best practice in peer worker training.
- **Brook Red** (www.brookred.org.au/about-us) is a peer-managed and operated community mental health organisation offering training and consulting for peer work. Their organisational policies and manuals are available on their website.
- **Mission Australia** has guidelines³⁷ for managers and supervisors to inform their management, support and development of a lived expertise workforce within existing and potential social service programs. It also has other resources to support the organisation's peer workforce.
- **Far North Queensland Peer Workforce** (www.peerworkforce.com.au) created a framework for the local peer workforce that supports both organisations and peer workers. The framework addresses the diverse populations in FNQ including Aboriginal, Torres Strait and rural communities.
- **The Private Mental Health Consumer Carer Network (Australia)** (pmhccn.com.au/pmhccn/Home.aspx) supports consumer and carer participation to drive change in private sector mental health services. It has training and development resources and programs for supporting consumer participation.

³⁶ <https://cmhl.org.au/training/mh-peer-workforce-within-broader-mh-system>

³⁷ Mission Australia 2018 Lived Expertise Manager's Guidelines (unpublished)

4.4 Common themes

This section identifies a range of issues which experience in other jurisdictions (and internationally) suggests should be considered in developing a peer support workforce in the NT. It draws heavily on the recently published literature review prepared by Kaine⁸, the 2014 Health Workforce Australia study of the Mental Health Peer Workforce⁷ and the issues identified in other states .

4.4.1 Recovery-focused organisational culture, policies and practices

Recovery models focus on social inclusion and self-determination, and therefore value the expertise brought by peer workers which has been gained from managing their own mental health issues and experience within the mental health system.

The implementation of peer worker roles within mental health services can be complicated, requiring a change in culture and practice towards a recovery-oriented, trauma-informed culture and practices receptive to peer support initiatives⁸.

Senior management commitment is therefore critical to the success of lived experience roles. Successful peer support integration within organisations relies heavily on the leader/supervisor's level of understanding of peer support worker job roles.

Organisational leadership⁷ is needed to navigate the changes which may relate to culture, attitudes, budget and other factor; and to articulate the purpose of the change and the organisation's commitment to recovery. Champions can support workers within the immediate team, and also support development of peer worker roles in the wider service.

Appointing people with direct or indirect lived experience of mental health issues to leadership and governance positions sends an important message through an organisation.

4.4.2 Access to resources to support peer work

Enhancing access to resources⁷ such as research and other tools can assist service providers to build a peer workforce. Technology provides a variety of ways for peer workers to share information and ideas among a community of practice. Also important is access to peer supervision and allowing peers an opportunity to co-reflect and benefit from mutual support³⁸.

Workforce-based resources, such as job description templates for a range of peer worker roles and wellness plans are available through resource hubs and employer toolkits. Kits for employers have been produced in most states, designed to enable employing organisations to self-audit readiness to engage with a peer work force, and determine organisational actions (see previous section 4.3).

4.4.3 Training for non-peer workers

Peer workers commonly report negative attitudes from other mental health practitioners as a barrier to employing peer workers⁷. Some mental health staff do not value the role of peer workers and may have concerns about the capacity of peer workers to contribute to service delivery.

Providing training and education to the non-peer workforce to better understand the role, values and purpose of peer work is critical to address issues of stigma and discrimination, and to reduce the potential for peer workers to feel patronised, devalued and bullied by non-peer worker colleagues⁸. This is often a result of non-peer workers' level of education and understanding regarding peer work rather than attempts to intentionally discriminate. Such training might include expectations, ethics, boundaries, language, and a respectful attitude toward all co-workers. Disseminating success stories can also be useful⁷.

Effective organisational change requires non-peer staff, organisational leaders and service users or families to be involved early and throughout the process of moving to establish a peer workforce⁷.

³⁸ Wellways Peer Workforce Framework
https://media.wellways.org/inline-files/ww535_PeerWorkforceFramework.pdf

4.4.4 Role clarity

Role clarity is important for peer workers and also for other staff, clients and the organisation to be clear about the purpose and scope of peer roles.⁷

Having clear job descriptions with an overview of the role and requirements of the position is essential, and having non-peer staff involved in the planning and development of peer support initiatives can support successful integration of peer workers into teams.

Role clarity significantly increases when peer support workers receive regular, scheduled, professional supervision⁸.

4.4.5 Navigating boundaries and self-disclosure

Peer workers need to bring together their experience as service users to their role in mental healthcare and support. This can result in uncertainty about the boundaries of being a consumer and an employee, or being a friend to fellow consumers or carers and being their service provider⁷.

Issues of boundaries are important in all service provider roles, but sharing their own experience is a distinctive aspect of the peer support worker role⁸. Peer workers need sufficient training, support and ongoing, specialised supervision to explore and navigate boundaries in their work, to ensure this is implemented appropriately, and so that they can protect their own mental health and wellbeing. See Brook RED for a sample policy dealing with boundary issues³⁹.

Supervision should focus on job skills, performance, and support, and not the person's health status, and establish expectations of peer workers that are equivalent to the organisation's expectations of other employees⁷.

It is also important that non-peer staff understand and respect these boundaries.

4.4.6 Peer worker mental health and wellbeing

Being a peer support worker has the potential to both support and hinder the worker's own recovery⁸. Peer support roles offer opportunities to impact positively on the worker's sense of self and to apply recovery principles to their own lives. At the same time peer support workers also need to adopt coping strategies to manage the complexities of being both a service user and a service provider, and to maintain their own wellbeing when they are working in high workload environments with consumers with similar experiences to their own.

Organisations need strategies for providing whole of services approaches to wellness planning for all staff, and to have policies training and support available to respond to peer workers who may become unwell⁸. Peer workers, like all workers, are entitled to reasonable adjustments in the workplace to manage health issues.

Agreements between peer workers and the mental health service that govern what will occur if the peer worker requires treatment for their mental illness can assist⁷. For example, this could mean that the worker seeks treatment outside their employer's service to maintain boundaries between the work role and the service user role. Likewise, a plan can be made for carer peer workers for taking time off to assist the person for whom they care.

Peers draw strength from each other, so it is important that they have access to communities of practice and regular peer supervision for co-reflection and professional development.

4.4.7 Peer worker skills and experience

In addition to their lived experience, mental health peer workers need experience of mental health issues; experience navigating the mental health system as a consumer or carer; knowledge of client rights; skills in communication, coaching and negotiating; and further qualifications that go beyond

³⁹ Brook RED 2017 Employee Boundary Policy
https://docs.wixstatic.com/ugd/518890_26dfaed4dce340c5937c3f6f6837926b.pdf

their experience of mental health issues⁸. Other qualities identified for effective peer workers⁴⁰ include:

- having integrated their experience into their lives so they see their experiences without shame
- being able to think critically and reflect
- having values consistent with the peer support service in which they work
- having a good understanding of marginalization issues, stigma and discrimination
- being emotionally mature and objective.

Having formal qualifications in peer work can also support the credibility of the peer support worker role in the eyes of managers and non-peer staff⁸.

4.4.8 Career pathways

The shift to recovery-oriented practice for mental health inherently values the contribution of people with lived experience including peer support workers.

Consumer workers may provide direct support to consumers through peer support or advocacy, or indirectly through leadership, system advocacy, education, and research⁴¹. Peer workforce roles include but are not limited to²¹:

- support workers who support personal and social recovery for people with mental health problems, including in acute mental health services, housing, supported employment, community support etc.
- advocates who empower individuals or groups of people with mental health problems to advocate for their rights and needs on a range of issues in a variety of settings.
- educators who provide a lived experience perspective for other peers, mental health workers or community members
- advisors working in partnership with mental health services to give consumer perspectives at all levels of planning, implementation and evaluation, and provide feedback to service users.

In its 2014 peer workforce study, HWA found that with some exceptions, the structure of the peer workforce was 'flat, and many workers had a sense that there was 'nowhere to go.'⁴⁷

In recovery-focused mental health services, the evidence demonstrates that lived experience should be highly valued, opening job and career opportunities for peer workers, both directly in peer support functions and also in other organisational roles at all levels. These opportunities should expand as more services both in and beyond mental health providers embrace the importance of lived experience.

4.4.9 Adequate and secure funding

The Australian Institute of Health and Welfare (AIHW) estimates national recurrent expenditure on mental health-related services to be around \$9.1 billion in 2016–17⁴². Of this state and territory governments funded 61.6% (\$5.6 billion), the Australian Government 32.9% (\$3.0 billion) and private health insurance funds 5.6% (\$508 million). These proportions have remained relatively stable over time. Territory Government expenditure in 2016-17 totalled \$69 million, of which \$26.5 million was

⁴⁰ The Western Australian Association for Mental Health 2014 cited in Kaine 2018

⁴¹ Centre for Mental Health Learning Peer Inside <https://cmhl.org.au/peer-inside>

⁴² AIHW 2019 Expenditure on mental health-related services Overview <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services>

spent in public hospitals, \$28.4 million for community mental health, \$7 million on residential services, and \$4.3 million in grants to non-government organisations⁴³.

Jurisdictional differences together with the mix of public, private and non-government mental health service delivery, means that there are considerable (and often inequitable) differences across the nation and the sector⁷. For example, peer worker wage levels vary significantly, depending on service, sector of employment and jurisdiction. Non-peer workers in comparable roles often receive higher remuneration, which can be influenced by differences in training pathways and industrial awards⁷.

The 2014 HWA peer workforce study⁷ heard that peer workers and managers sought support to ensure that peer workers are remunerated appropriately and that they are afforded the same employment condition and entitlements as other employees—within organisations, across and within service sectors; within and between areas/regions and states.

Many peer workers face job insecurity stemming from factors such as the provisions of funding programs; how organisations respond to the limitations of budget allocations; and the duration of funding for peer work positions⁷.

These issues have been complicated by the transition to the National Disability Insurance Scheme (NDIS). From July 2019, Australian Government-funded mental health services transition into the NDIS. This includes the Personal Helpers and Mentors Services (PHaMS), Day to Day Living (D2DL) and Partners in Recovery (PIR) programs, which will be replaced with the NDIS for eligible people with a psychosocial disability and Continuity of Support (COS) funded services for ineligible people. State- and territory-funded mental health services may also transition to the NDIS in whole or part, depending on the arrangements established in bilateral agreements between jurisdictions and the Australian Government. PHNs which hold about 10% of the national mental health budget, continue to focus on commissioning services that encompass prevention through to early intervention, treatment and recovery services⁴⁴.

The transition has created significant uncertainty about continuity of service for providing support for people who do not qualify for the NDIS. In addition, the NDIS market-based model which funds an eligible individual to purchase the services they need/choose, rather than block funding service providers to deliver those services is a significant change. It requires community organisations to change their business models, and has resulted in considerable challenges for workforce planning, and for the availability of services in small or thin markets.

NDIS support for people with psychosocial disabilities has not been underpinned by a commitment to the recovery approach, and the pricing structures mean that available support for eligible people is unlikely to stretch to include peer support (Merrilee Cox, pers comm). The National Disability Insurance Agency is currently consulting about changes to better meet the needs of participants with psychosocial disability. Changes include moving to recovery-focused, episodic support services, including a new line item in the NDIS Price Guide from 1 July 2020 for Psychosocial Recovery Coaches, providing a potential opportunity for the provision of peer support.

The funding uncertainty was exacerbated by PHNs' inability to commission services to support people with psychosocial disability needs prior to 2017 (unless already commissioning PIR programs), and a subsequent budget allocation recognised as being inadequate for meeting unmet

⁴³ AIHW 2019 Table EXP.1: Recurrent expenditure (\$'000) on state and territory specialised mental health services, states and territories, 2016–17 <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services>

⁴⁴ PHN Advisory Panel on Mental Health 2019 Reform and System Transformation: A Five Year Horizon for PHNs, September 2018 [https://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools/\\$File/Reform-and-System-Transformation-A-Five-Year-Horizon-for-PHNs.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools/$File/Reform-and-System-Transformation-A-Five-Year-Horizon-for-PHNs.pdf)

demand⁴⁵. A further 'devastating and unintended consequence of the [PHN and NDIS] reforms' is the short-term nature of PHN funding agreements with mental health services which reflect the short-term contractual arrangements between PHNs and the Australian Government.⁴⁵ The NT Government has recently moved to five year agreements for community organisations, but the PHN has not yet followed suit.

⁴⁵ PHN Advisory Panel on Mental Health 2019 The report of the PHN Advisory Panel on Mental Health, September 2018. [https://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools/\\$File/Report-of-the-PHN-Advisory-Panel-on-Mental-Health.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools/$File/Report-of-the-PHN-Advisory-Panel-on-Mental-Health.pdf)

5 Northern Territory situation

5.1 NT mental health burden

The mental health burden of disease is much higher in NT compared to the national average. In the NT mental health conditions contribute to 16.3% of the burden of disease, compared to 7.4% in Australia as a whole⁴⁶. Mental health issues are often under-reported or under diagnosed in the NT.

Young Territorians are over represented within mental health services compared to other age groups, with young people aged between 15 and 24 years constituting 25% of all community based clients despite being only 15% of the population. This age group accounted for 24.6 % of admissions to mental health inpatient facilities⁴⁶.

The NT PHN reports that the overall population in NT with high/very high psychological distress is less than national average (8.1% vs 11.8% respectively), the Aboriginal and Torres Strait Islander high/very high psychological distress is almost twice national average at 23.3% vs. 11.8% respectively.⁴⁷

Estimates of the mental health status of the Australian population⁴⁸ were extrapolated across the NT geographical regions to provide a view of the prevalence of mental health issues across the NT (Figure 2). The NT estimates are not adjusted for the known disparities in mental health prevalence associated with higher levels of mental health risk among Aboriginal peoples and people living in remote and regional areas.⁴⁹

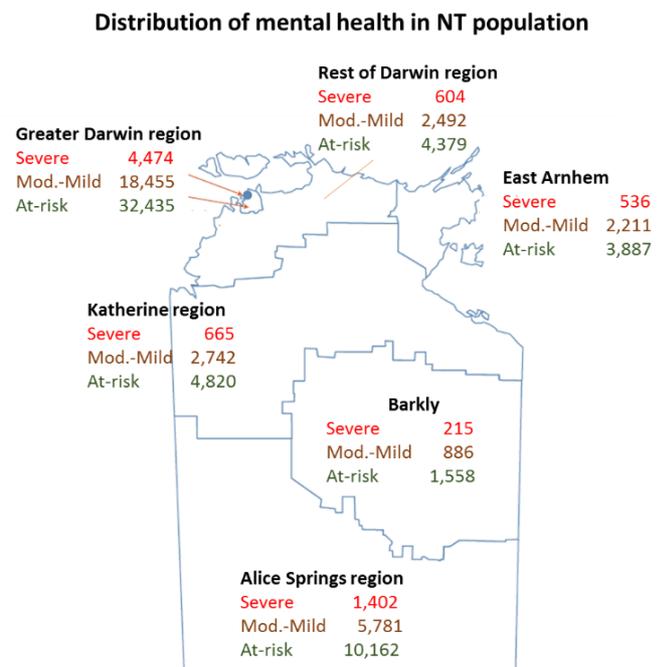


Figure 2 Estimates of regional mental health prevalence

5.2 The NT mental health peer support workforce

5.2.1 Data sets

Statistics about the number of mental health peer workers are not available for the NT or systematically across Australia. The Australian Bureau of Statistics does not currently have an occupation category specifically for peer workers⁵⁰; the National Minimum Data Set for Mental

⁴⁶ Department of Health 2016 Primary Health Networks Mental Health and Suicide Prevention Needs Assessment Northern Territory PHN <https://www.ntmhc.org.au/wp-content/uploads/2016/09/2016-NT-PHN-Needs-Assessment-Mental-Health-and-Suicide-Prevention.pdf>

⁴⁷ Australian Bureau of Statistics 2016 Causes of Death. Available at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0> cited in Department of Health 2016 Primary Health Networks Mental Health and Suicide Prevention Needs Assessment Northern Territory PHN <https://www.ntmhc.org.au/wp-content/uploads/2016/09/2016-NT-PHN-Needs-Assessment-Mental-Health-and-Suicide-Prevention.pdf>

⁴⁸ Productivity Commission 2019 The Social and Economic Benefits of Improving Mental Health - Issues Paper <https://www.ProductivityCommission.gov.au/inquiries/current/mental-health#issues>

⁴⁹ NT Mental Health Coalition 2019 Submission to Productivity Commission Inquiry into the Social and Economic Benefits of Improving Mental Health https://www.pc.gov.au/_data/assets/pdf_file/0013/241105/sub430-mental-health.pdf

⁵⁰ Australian Bureau of Statistics 2013 1220.0 - ANZSCO - Australian and New Zealand Standard Classification of Occupations, 2013, Version 1.2 Unit Group 4117 Welfare Support Workers <https://www.abs.gov.au/ausstats/abs@.nsf/Product+Lookup/1220.0~2013,+Version+1.2~Chapter~UNIT+GROUP+4117+Welfare+Support+Workers>

Health Establishments does not have a separate service category for peer workers; and only government mental health workforce statistics are routinely collected for AIHW reporting purposes⁵¹.

AIHW records for the NT public sector mental health workers commence in 2002-03 but there are no reported peer (consumer and carer) workers until 2012-13⁵² (see Table 5).

Table 5 NT Government peer workers

Staffing category	2012–13	2013–14	2014–15	2015–16	2016–17
Consumer workers	0.2	0.2	0.1	1.0	1.0
Carer workers	0.0	0.0	0.3	0.4	0.0

To address the data gap, AIHW developed the Non-Government Organisation Establishments National Best Endeavours Data Set (NGOE NBEDS).⁵³ Data are provided to AIHW for national collation on an annual basis, by government authorities providing funding to non-government organisations specifically to provide services primarily targeted at improving mental health and well-being and delivered to people affected by mental illness, their families and carers, or the broader community. AIHW reports the data at the national level only and does not report peer workforce figures separately from other mental health workforce categories. NSW, Queensland and WA have adopted NGO mental health reporting requirements,^{54 55}.

5.2.2 Sector consultations

Consultation with Territory community mental health organisations took the form of responses to a brief survey sent to managers, and semi-structured interviews with managers with (relatively) large peer workforces.

There appears to be in the order of 20-25 people currently employed as peer support workers in the mental health sector across the NT. The peer workers are predominantly part-time (or casual) as this best meets their personal needs (full time equivalents are therefore unknown). A number of organisations, especially those that have embedded a recovery-focused approach, employ people with lived experience across a variety of roles.

The peer support workforces are relatively new initiatives, and other organisations are also moving to employ peer workers. For example, the Department of Veterans Affairs recently advertised to establish community and peer advisor positions across Australia including in the NT. Roles include day program hosts, youth support workers, advocacy support, consumer consultants and peer educators as well as carer and consumer peer support workers.

Positions are funded from a variety of sources – often as part of Commonwealth programs. Funding may be for short-term projects, or in the case of PHaMS, now unavailable as a result of having been rolled into the NDIS. Where specific purpose funding has expired, organisations have sought to maintain continuity for the peer workforce by funding them from other establishment positions.

⁵¹ https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/specialised-mental-health-care-facilities/data-source#_Data_source

⁵² AIHW 2019 Table FAC.35: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, states and territories, 1994–95 to 2016–17. Specialised Mental Health Services <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/specialised-mental-health-care-facilities>

⁵³ <https://meteor.aihw.gov.au/content/index.phtml/itemId/494729/meteorItemView/long>

⁵⁴ Mental Health Coordinating Council (MHCC) 2018, Monitoring and Safeguards: protecting the rights of people receiving care and support in community-managed mental health organisations in NSW Summary Report and Landscape Review, MHCC, Sydney, Australia <https://www.mhcc.org.au/wp-content/uploads/2019/03/Final-Safeguards-and-Monitoring-V5-20190311.pdf>

⁵⁵ Mental Health Commission WA 2016 WA Mental Health NGO establishment In-brief 2014-15 https://www.mhc.wa.gov.au/media/1607/v10_wa-ngoe-in-brief-report-2014-15_final_20160208v2.pdf

Organisations responding to the survey which don't currently employ peer workers indicated that they would engage peer workers if additional funding was available.

Peer support workers are often recruited through expressions of interest or direct approaches and are likely to already have an affiliation with the organisation and its work, as a client, carer/family member and/or volunteer. They also apply through formal recruitment processes.

The key 'qualifications' for being a peer worker are to have lived experience and to be progressing on their recovery journey. Some organisations provide intensive internal training, sourced from existing programs and adapted for delivery in the NT, prior to a person beginning their role. Others provide the internal training for peer workers and non-peer staff. The majority indicated that training and professional development for peer workers is based on each staff members' individual needs, and consistent with the whole of organisation approach to professional development.

In addition to their lived experiences, peer workers have, or are working towards, formal qualifications, for example Certificate IV in Community Services, Certificate IV in Mental Health and Certificate III in Individual Support.

It was recognised that accredited training would give peer workers a recognised and transferable qualification, with some concern that not everybody was ready for Certificate IV level study. Headspace commented that a number of its young peer workers were inspired by their experience with headspace to study for professions such as youth work, social work and medicine (Jade Gooding, pers comm).

Service managers and peer workers stressed the importance of ensuring that the whole organisation is ready for the peer support workforce, noting that it is unfair and unethical to employ peer workers in environments if there is a high risk of them not succeeding.

Some service managers reported that the recovery-ethos of their service meant that all staff understood that people with lived experience are essential to the success of the service. One such service noted that peer workers had the same access to team meetings and electronic records as clinical staff and were trained to escalate risk. A minority of respondents to the survey indicated that they had taken specific steps to ensure non-peer staff and managers understood the roles and the benefits accruing to the service from the peer workforce.

The lack of history of consumer-driven services in the NT was identified as resulting in fewer opportunities for people with lived experience to build skills and confidence through involvement in committees, advisory groups and as consumer consultants. This was seen as making it more difficult for people to transition to peer work and emphasises the need for scaffolded support in these new roles.

The challenges associated with working in small communities was raised as a particular issue for the NT peer workforce. Confidentiality and the separation of roles of consumer and worker can be more readily achieved in more populous areas, where people are not as likely to come across one another in non-service contexts, and where there are alternative service providers available for workers to access. This is not insurmountable but must be carefully navigated by managers and peer workers (Merrilee Cox, pers comm).

5.2.3 Peer worker experience in the NT

Seven people contributed information about their roles and experience as mental health peer workers. Roles included carer and consumer peer workers.

Their advice included:

- peer workers bring strength and efficiency in building rapport with clients, which should be reflected in quality improvements for the organisation. Organisations intending to employ peer workers need to systematically upskill in advance in order to ensure that they understand and value the efficiency, the improved quality of delivery, and other benefits for

clients that will result; that existing staff also recognise the value of peer workers and understand their roles; and that non-peer staff understand and can navigate the boundaries of appropriate and inappropriate sharing. Organisations need to be 'culturally safe' for the person with lived experience.

- peer workers should understand their rights and their organisation's responsibilities and expect to be supported to be strong and confident. They should understand what's appropriate and inappropriate to share and be especially vigilant in small communities where people may have family or other connections. Finding the balance between being a staff member and a service participant was identified as very important. Accredited training was seen as a useful tool for assisting the transition from a person with lived experience to a professional peer support worker, particularly in relation to issues such as personal safety, confidentiality, informed consent and duty of care.
- employing at least two people as peer support workers at any time. This boosts worker confidence. It has the added benefit that having multiple voices reinforcing opportunities for improving service delivery, leads to faster and more positive management responses. It also enables male and female peer workers to be employed, which is seen as important for better serving participants.
- volunteers are likely to be well placed to take paid positions as peer workers, but they may need help to express their experience and how it relates to the position. They have lived experience of mental illness as carers and/or consumers; expertise in communicating and advocacy on behalf of consumers; experience of discharge; and knowledge of consumer and carer rights.
- potential applicants for peer worker positions may be reluctant to apply because they fear the stigma that can follow disclosure. Carer peer worker positions can present a steppingstone to a consumer peer worker position, if the person has lived experience as both a carer and a consumer.
- longer term appointments give people in peer worker positions an opportunity to demonstrate their employability, build up a work history and open up opportunities for working in other organisations.

Peer workers identified a number of organisational barriers to successful employment including:

- a lack of understanding of the peer worker role
- negative attitudes about including staff with lived experience in organisations
- dismissive comments when peer support workers provide advice or suggestions
- no frameworks within the organisation to support the peer worker role
- lack of training for managers on how to manage a peer worker
- colleagues being overly supportive and reporting information back to management 'just in case' there has been a decline in health
- inability to socialise with colleagues due to relationships with service users
- organisations not having:
 - standardised peer worker policies and practices relating to the unique circumstances of being a peer worker
 - funding buckets for professional development
 - options for practice supervision
 - options for peer supervision

- an understanding of the unique needs of a person who is using their disability to do their job. For example, flexibility within work hours; access to additional sick days with no medical certificate.

Peer workers also identified personal and organisational opportunities arising from their roles including:

- increasing their self-esteem and confidence, which in turn helps their own mental health
- giving back to the community
- gaining/bringing knowledge of the inner workings of the industry
- access to advice from experienced mental health clinicians
- providing a voice for those who unable to speak
- empowering people and helping them gain the confidence they need to self-advocate
- educating and providing insight into the consequences of staff actions
- working on major projects
- influencing service delivery
- being listened to and taken seriously (at least by some)
- working with people with experience in locations employing teams of peer workers
- building up their employment history.

5.2.4 Supply and demand factors

The 2017 Mental Health and Suicide Prevention Service Review⁴ found that “[re-] development of a peer support workforce is a central factor in improving the quality of the NT’s mental health system”. The review commentary and recommendations related to the peer workforce demonstrate a latent demand for well trained and supported peer workers (Table 6).

Table 6 Peer workforce needs identified in NT Mental Health and Suicide Prevention review

Review section	Commentary
Northern Territory System Improvement Plan	Improvement Area 14. Mental Health workforce development NT PHN to continue to work with Northern Territory Mental Health Coalition, the NGO and ACCHO sector to explore opportunities for workforce development in the following priority areas: i. Peer support ii. Carer peer support ...
Suicide Prevention – Darwin Region Consultation Outcomes	There is a lack of peer-worker training and roles within mental health services. Peer support roles are invaluable in working with at-risk individuals. Development of formal peer worker training in the Darwin region is the first step in expanding the peer workforce.
Regional Improvement Plan – Darwin Region	Improvement Area 10. A peer support workforce development strategy is needed to expand the peer support workforce and establish peer-support workers within hospital and community settings.
Katherine Region Consultation Outcomes	Need for a trained and supported peer support workforce.

Consultations with the NT community mental health sector during this project identified a variety of factors influencing supply and demand for the NT peer workforce:

- the legacy of under-developed understanding and application of the recovery model in the NT mental health sector means that demand for peer workers is not yet universal across the sector, and also that there have been limited opportunities for people with lived experience to contribute their expertise in voluntary or paid capacities. This limits the supply of people interested and ready to take on peer worker roles.
- conversely the emerging experience and commitment to person-centred, recovery-focused care within the sector is strengthening demand for peer workers.
- funding stream size and uncertainty are barriers to demand. Funding for peer worker positions can be found from an organisation's establishment, for example by redesigning positions. However, funding is generally not available for investing in the organisational capacity building and support arrangements required to underpin an effective peer workforce. These investments can be preparatory in terms of systems and training. . Productivity improvements from employing lived experience workers will accrue as additional and/or high quality services for clients rather than as savings that can be reinvested. The transition to the NDIS limits opportunities for organisations to fund peer workers.
- although accredited training opportunities for peer workers are currently more limited in the NT than in other jurisdictions, this was not seen as a critical barrier to supply at this stage of sector development. Internal organisational readiness was a much more critical barrier to demand.
- peer workers identified lacking confidence in their experience, and fear of stigma arising from disclosing their lived experience in small communities as barriers to applying for positions as peer workers. Upskilling organisations to value peer workers and to be ready for the peer workforce was considered critical.

5.3 Accredited training for mental health peer workers in the NT

This section explores the current availability and opportunities for locally-provided accredited training for mental health peer workers. The availability of accredited training would augment internally delivered training programs such as that adapted for the NT by headspace.

As noted in section 5.5.2 (above), more systematic entry points to training and education are needed in addition to the Certificate IV in Mental Health Peer Work. Many peer workers will need flexible and less intense training opportunities than what is entailed in completing a Certificate IV (Jade Gooding, pers comm). Training and development also needs to be culturally appropriate and reflect the relatively high proportion of Aboriginal and Torres Strait Islander people in the Territory population. Ideally training and development for peer workers will be developed and delivered by people with lived experience⁵⁶.

ISCANT-sourced national data (presented in

Table 7) shows that enrolments by Territory residents in accredited VET courses that support mental health workers declined from 2014 to 2016. There were 17 completions for the Certificate IV in Mental Health in that period. The only record of a Territory resident enrolling in the Certificate IV in Mental Health Peer Work occurs in 2015. There are no records of Territory residents completing the peer work certificate.

⁵⁶ Byrne, L. Roennfeldt, H. and O'Shea, P. 2017 Identifying barriers to change: The lived experience worker as a valued member of the mental health team: Final Report. Queensland Mental Health Commission <https://www.qmhc.qld.gov.au/documents/identifyingbarrierstochangefinalreportpdf>

Table 7 Northern Territory enrolments and awards (completions) for Certificate III Community Services and Certificates IV Mental Health and Mental Health Peer Work 2014-16

Enrolments	2014	2015	2016	Total
Certificate III in Community Services Work	354	312	165	830
Certificate IV in Mental Health	36	70	55	156
Certificate IV in Mental Health Peer Work	0	1	0	1
Awards	2014	2015	2016	Total
Certificate III in Community Services Work	42	52	52	145
Certificate IV in Mental Health	0	5	12	21

There are currently no NT-based providers of the Certificate IV in Mental Health Peer Work. Registered Training Organisations (RTOs) listed in the training.gov.au database as providing the Certificate IV can be found at

<https://training.gov.au/Search/SearchOrganisation?nrtCodeTitle=CHC43515&scopeItem=Qualification&tabIndex=1&ImplicitNrtScope=True&orgSearchByScopeSubmit=Search&IncludeUnregisteredRtosForScopeSearch=False> .

As part of this project, discussions were held with Batchelor Institute and Charles Darwin University (CDU) about the potential for delivering local, accredited training in mental health peer working.

5.3.1 Batchelor Institute of Indigenous Tertiary Education (Batchelor Institute)

Batchelor Institute delivers accredited Aboriginal primary health care training: HLT 20113 Cert II, HLT 40113 Cert IV (community), HLT 40213 Cert IV (Practice), HLT 50213 Diploma; and CHC 32015 Cert III in Community Services. Delivering mental health training would be an extension to the Batchelor Institute health portfolio.

Mental health peer worker training could fit into the CHC 30215 Cert III in Community Services. The Certificate III focusses on working in the community with clients and organisations. The course has 5 core units and 7 electives and provides the student with generic knowledge about working for an organisation. The electives would then enable specialisation in mental health.

Certificate III level could be a good starting point for mental health peer workers who may have low literacy or little work experience. This course is not too daunting and provides a pathway to further study. Students with good literacy and work experience could undertake the electives and work towards a Certificate IV.

The Certificate III can be completed over 6 or 12 months. It attracts Australian Government Away-From-Base funding, so that there would be no cost for travel and accommodation for training undertaken at the Batchelor campus.

5.3.2 Charles Darwin University (CDU) VET Community Services and Allied Health

CDU currently delivers Certificate IV in Mental Health (CHC 43315) aimed at disability and aged care workers, and Certificate II, III and IV in Community Services (CHC 22015, CHC 32015, CHC 42015).

The Certificates in Community Services are delivered in Alice Springs, Katherine and Darwin, with the Certificate II also available in Tennant Creek and the Certificate IV at Yulara. NT residents may be eligible for NT Government subsidized places.

CDU also delivers Certificate III in Individual Support (CHC 33015) in Alice Springs, Katherine and Darwin for workers providing person-centred support to people who may require it for ageing, disability or other reasons. Some of the peer workers interviewed for this project had undertaken this qualification as part of workplace development.

CDU may deliver only on-line learning in some regional centres. This mode of self-directed learning is unlikely to suit people who have had limited previous, or disrupted, education.

The CDU VET Community Services and Allied Health team will assess the findings and recommendations of this report and consider what changes they may be able to make to their existing offerings in order to provide specialized training for mental health peer workers.

5.3.3 Group Training NT (GTNT)

GTNT is an RTO providing accredited VET and non-accredited training across the NT. It employs, manages and supports apprentices/trainees throughout their training contract and places them with host businesses, and also supports school-based apprenticeships. GTNT has a number of health-related programs underway (Sherryn Killmister, pers comm):

- **ConocoPhillips Health Services Program – February 2019 – February 2020.** This program is a collaboration between GTNT, Charles Darwin University and ConocoPhillips. It enables 15 local Aboriginal people to undertake focused traineeships, with intensive training including work placement under the Certificate III in Individual Support. The program seeks to address skill shortages, create pathways into the health and community service industry, and to increase the local skilled Aboriginal workforce.
- **Local Jobs Humans Services Program – September 2018 – August 2020** aims to create a pathway for Aboriginal people into a growing industry while addressing a current skills gap. During phase 1, trainees undertake Certificate II in Community Services or Certificate II in Business. In phase 2, the trainees progress into Certificate III in Individual Support or Certificate III in Business. The qualifications will enable jobseekers or existing employees to enter the community services industry in the disability support or aged care sector.
- **Indigenous Allied Health Australia School Based program – July 2018 – June 2019** is a part of the Indigenous Allied Health Australia Health Academy. The students commenced a Certificate III in Allied Health at CDU under a VET in Schools model. Some of the students have transitioned to a school-based traineeship model and are employed by GTNT.

5.4 Other support for mental health workforce development in the NT

5.4.1 National Disability Services (NDS) - Northern Territory Peer Supporters Program

There are no formal and very few informal support networks in the NT that empower people with disability to connect with their peers in a way that provides comradery, advice and a forum to discuss opportunities and challenges. NDS is seeking to develop a NT Peer Supporters Program to provide a forum for people with disability to assist others navigating the daily challenges of living with disability (Susan Burns, pers comm). The emergence of peer support in disability in the NT is currently focused on advocacy rather than being about workforce.

5.4.2 Industry Skills Advisory Council NT (ISACNT)⁵⁷

ISACNT is an independent, not for profit organisation that provides advice to and gathers feedback from businesses on skills shortages. Its purpose is to work closely with NT stakeholders to increase industry skills capacity and capability across the Territory. It recognises that employment in health care and social assistance has been the primary driver of new jobs in Australia since the 1990s, and that the sector is still growing⁵⁸.

ISACNT can assist to match workforce development needs and training for community service organisations. It maintains and updates the NT Skilled Occupation Priority List.

5.4.3 NT PHN Primary Health Care Workforce Strategy

The NT PHN Rural Health Workforce Support Activity⁵⁹ is funded by the Australian Government until June 2020. The activity addresses health workforce shortages in regional, rural and remote Australia.

⁵⁷ <https://www.isacnt.org.au>

⁵⁸ <https://www.isacnt.org.au/our-focus/community-services>

⁵⁹ <https://www.ntphn.org.au/primary-health-workforce-strategy-1>

Previous Health Workforce Needs Assessments focused on general practitioners and the remote primary health care workforce including remote area nurses and Aboriginal and Torres Strait Islander health practitioners. The 2018/19 Health Workforce Needs Assessment has an expanded scope, including allied health professionals and practice nurses (see Table 2, section 2.2 above). As noted above, it does not specifically address peer workers.

5.4.4 NT Human Services industry Plan⁶⁰

National Disability Services in the NT (NDS NT), Northern Territory Council of Social Service (NTCOSS) and Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) are working with peak bodies, the NT Government and organisations across the broad NT human services industry to develop an industry plan⁶¹. The plan aims to set a vision for the NT human services industry over the next 10 years.

5.4.5 NT Health Workforce Strategic Plan⁶²

The NT Health Workforce Strategy contains guiding principles for a sustainable and highly capable workforce who are engaged and committed to improving the health of Territorians with strategic objectives to attract and retain; educate, train and develop; plan for the future; and diversity, engagement and recognition.

6 Conclusions and recommendations

This section draws together the NT situation and peer workforce experience from across Australia. It summarises the findings and makes recommendations for action to strengthen the peer workforce in the NT.

6.1 Organisational knowledge and awareness of peer working

Strengthening the NT mental health peer support workforce requires organisational readiness and capacity to ensure workplaces have effective systems and supportive cultures and practices to accommodate people with lived experience. This goes beyond identifying potential peer workers, training them and providing job and career opportunities.

Unlike other states, the NT does not have an established and pervasive history of valuing the experience and contribution of people with lived experience and entrenched consumer-driven mental health service delivery. Strengthening the emerging peer support workforce requires significant investment to ensure that the employing organisations are properly equipped to support them. The required investments of time and management capacity are likely to need to be subsidised using new, additional resources/funding.

Organisations that want to effectively support a peer workforce need:

- organisational culture and practices that have a recovery-focus and values/preferences lived-experience
- executive management (and governance) commitment and buy-in
- secure, longer term funding
- high quality/appropriate/lived-experience-informed practice and workplace supervision

⁶⁰ <https://www.nthsip.com>

⁶¹ Discussion Paper https://docs.wixstatic.com/ugd/a488de_e5c83cb9167940a8a1dba96b96268212.pdf

⁶² NT Mental Health Workforce Strategic Plan, 2019 – 2025
https://digitallibrary.health.nt.gov.au/prodjsui/bitstream/10137/7737/3/NT%20Mental%20health%20strategic%20Plan%202019_2025.pdf

- workplace arrangements/agreements which for example, support role clarity, appropriate boundary navigation, and provide parity pay and conditions recognising the value of lived experience.

6.2 Skills gaps related to the peer support workforce

The NT continues to face a shortage of skilled community workers. Initiatives such as the NT Human Services Industry Plan and the GTNT community sector focus are aimed at addressing this shortage.

Skills gaps identified while preparing this report include:

- organisational understanding and application of recovery-focused support, which is the foundation for embedding a successful and effective peer support workforce in the mental health sector in the NT
- leadership and supervisory skills for managing peer support workers (and incorporating consumer views and people with lived experience into the organisation's governance and operations). Practice and peer supervision skills will also be needed
- building confidence and knowledge among peer workers to participate in interdisciplinary teams and to address stigma, navigate boundary issues in communities where it is difficult to maintain anonymity.

6.3 Career pathways for peer workers

In theory any increase in demand for peer support workers should be accompanied by broader opportunities and new career pathways for peer support workers. In practice, in the NT this will need systemic and organisational commitments to funding and developing the peer support workforce, which are not necessarily built into current service delivery models.

Clear career pathways for Territory peer workers will have diverse roles on offer, including in education, peer support, advocacy, leadership, research, co-production, policy and management both within and beyond the mental health sector.

The Victorian Lived Experience Workforce strategy¹⁷ recommends taking actions that:

- support organisations to co-design strategies for developing peer workforce roles including leadership
- identify and disseminate the knowledge and skills required for various peer worker roles
- promote different career pathways for peer workers and identify the training and experience required for each pathway
- support consumer educator roles.

6.4 Training and professional development opportunities

The opportunities for establishing new training and professional development activities for the NT peer workforce include:

- local provision of the Certificate IV in Mental Health Peer Support work, accompanied by adaptation of existing Certificate II and Certificate III offerings to include mental health and/or mental health peer support work electives, ensuring that such electives are delivered by peer workers. Training to support the fledgling NT peer support workforce, many of whom enter as volunteer support workers, needs to be flexible and less intense than at Certificate IV level, and to be designed and delivered by people with lived experience in face-to-face environments
- training and professional development for managers and supervisors who will be responsible for supporting and managing peer workers

- improving knowledge and application of recovery-focused practices and services across the Territory mental health sector
- drawing on the experience of NT community mental health organisations that have adapted training packages from elsewhere to deliver internal training and induction for new peer workers and for non-peer staff and managers. This experience can inform both development of new accredited training and expansion of non-accredited training opportunities.
- Establishing and promoting communities of practice, cross organisation peer supervision and opportunities for co-reflection to support the peer workforce
- participative (and simple) monitoring and evaluation for measuring outcomes and promoting continuous improvement.

6.5 Recommendations for further developing the peer workforce in the NT

The following recommendations recognise that a successful peer workforce is an inevitable and inherent characteristic of recovery-focused mental health services. They also recognise that many NT services are still on the journey to transitioning to a recovery-focus or may yet to embark on it.

In many ways, this is analogous to the journey (already well underway) of embedding Aboriginal 'lived experience' in services targeting Aboriginal Territorians – a combination of specialist peer workers (such as Aboriginal Health Workers) and culturally appropriate positions at all levels of organisations including governance structures.

The recommendations take into consideration the work already underway nationally and in other jurisdictions to prepare guidelines and resources that support the further development of carer/consumer peer workforces, and the challenges, particularly of scale, facing the NT. The principle is to draw from existing experience and resources, and adapt them for application in the NT, recognising that the NT has particular characteristics and needs.

Based on the Victorian model of what needs to be in place for a well-supported peer workforce¹⁷ (Figure 3), the NT can contribute to national discussions related to guidelines, policy and legislation, evaluation, practice support and funding. The NT can draw from, and adapt initiatives related to practice support, training and development and the evidence base. For a strong peer workforce in the NT, we also need local capacity to provide practice support, peer supervision, training, career pathways, monitoring and evaluation. In turn this needs to be underpinned by secure funding availability.

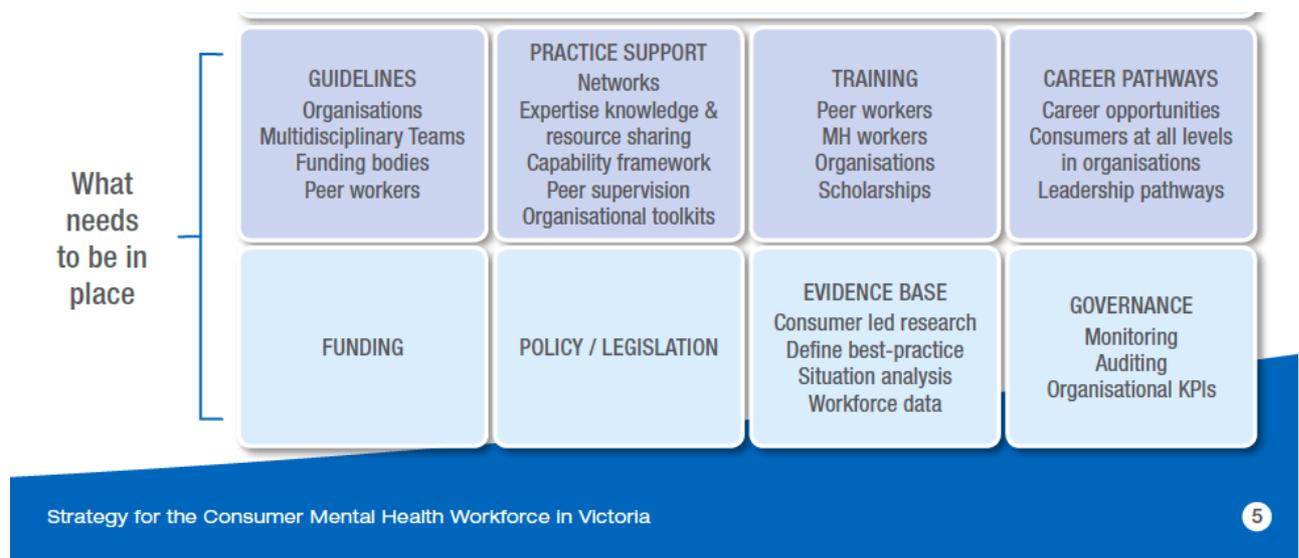


Figure 3 Elements of a well-supported workforce

It is therefore recommended that:

1. The NT Mental Health Coalition, NT PHN and NT Department of Health take a collaborative approach to promote wider understanding and adoption of the recovery model among mental health services in the NT as part of the roll out of the NT PHN stepped approach to mental health and suicide prevention. This cultural shift will need to be supported by investments at the systemic, organisational and individual levels.
2. Resources and the (accredited and non-accredited) training to underpin these changes are adapted from those developed in other jurisdictions for application in the NT. These need to be targeted at organisational management and staff, and also to support individual peer workers as well as pathways into peer support.
3. Territory-specific monitoring frameworks and datasets be established to measure and report on progress, and which can feed into national measures.

6.5.1 Next steps - immediate

Because the recommendations are broad and longer-term, this section identifies priority actions that will be able to accelerate progress towards achieving the recommendations.

1. NT commissioning bodies fund a team of centrally located Peer Support Workforce Coordinators (at least 2), plus operational funding to be based at NT Mental Health Coalition (or NT PHN Rural Workforce) for a period of at least 3 years to:
 - a) develop and support a program of work to assist mental health providers to understand, establish and build successful peer workforces including:
 - i. identify and arrange training and other development activities for organisational leaders to understand and address the benefits and challenges associated with employing peer workers in a recovery-focused services
 - ii. identify, adapt and disseminate resources suitable for supporting mental health organisations to establish/strengthen their ability to employ mental health peer workers
 - iii. facilitate practice and peer supervision arrangements for peer workers within and across organisations
 - b) facilitate co-design and delivery of non-accredited and/or accredited training with multiple entry points suitable for the NT peer workforce in conjunction with NT-based RTOs, (consumer/carer) peer workers and volunteers, and mental health organisations
 - c) convene Communities of Practice for peer support workers and their supervisors
 - d) foster collaboration and learning across the NT sector in order to support the peer workforce
2. funding and commissioning processes that prioritise NT organisations to employ peer support workers to contribute to the effective delivery of the mental health stepped care model, which require budget allocations for training and professional development to support the peer workforce.
3. Establish governance arrangements to support this agenda to strengthen the NT peer workforce, potentially under the auspices of the Health Workforce Stakeholder Group, led by people with lived experience and the community mental health sector.

6.5.2 Other steps – as soon as possible

These steps will also assist to strengthen the NT peer workforce:

1. NT PHN to explore opportunities to embed relevant monitoring & evaluation framework for the peer workforce in the NT with consideration of the approaches adopted by WA and QLD Mental Health Commission.
2. Build peer workforce needs/opportunities into Human Services Industry Plan and other Territory workforce strategies. Work with unions, employers and funders to establish a NT benchmark for peer workforce based on national discussions and incorporate into local enterprise bargaining agreements/awards.
3. Workshop(s) with NT PHN/AMSANT Social and Emotional Wellbeing subcommittee to explore pathways for potentially extending peer support training to SEWB functions/workforces, including alcohol and other drugs and suicide prevention activities.

7 Appendices

7.1 Organisations consulted

Mental Health Association of Central Australia
Mental Illness Fellowship of Australia (NT)
Mission Australia Mental Health Services (NT)
Red Cross (NT)
TeamHEALTH
CatholicCare NT
headspace Anglicare (NT)
Carers NT
National Disability Services (NT)
Northern Territory Council of Social Service
Batchelor Institute
CDU VET Community Services and Allied Health: School of Community & Children's Services, English Language, Literacy & Numeracy
Group Training NT (GTNT)
Industry Skills Advisory Council NT
EY Boosting the Local Care Workforce Program
Menzies School of Health Research, AIMhi /Mental Health Research Theme
NT Primary Health Network
Community Mental Health Australia
National Mental Health Commission
Australian Institute of Health and Welfare
Orygen, The National Centre of Excellence in Youth Mental Health
The Mental Health Community Coalition ACT
Mental Health Coordinating Council NSW
Brook Red, Qld
Queensland Alliance for Mental Health
Mental Health Coalition of South Australia
Mental Health Council of Tasmania
Mental Health Victoria
WA Peer Supporters Network
Family Community Services Mercy Care WA

7.2 CHC43515 Certificate IV in Mental Health Peer Work qualification details

The nationally accredited CHC43515 - Certificate IV in Mental Health Peer Work (Release 2)^{63 64 65} qualification reflects the role of workers who have lived experience of mental illness as either a consumer or carer and who work in mental health services in roles that support consumer peers or carer peers.

To achieve this qualification, the candidate must have completed at least 80 hours of work as detailed in the Assessment Requirements of units of competency.

The Certificate IV requires completion of 15 units, comprised of 8 core units and 7 elective units. Electives may be packaged to provide a qualification with a specialisation in consumer peer work or carer peer work.

Core units

CHCDIV001	Work with diverse people
CHCMHS007	Work effectively in trauma informed care
CHCMHS008	Promote and facilitate self-advocacy
CHCMHS011	Assess and promote social, emotional and physical wellbeing
CHCPWK001	Apply peer work practices in the mental health sector
CHCPWK002	Contribute to the continuous improvement of mental health services
CHCPWK003	Apply lived experience in mental health peer work
HLTWHS001	Participate in workplace health and safety

Elective units

Group A - CONSUMER PEER WORK specialisation

CHCPWK004	Work effectively in consumer mental health peer work
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Group B - CARER PEER WORK specialisation

CHCPWK005	Work effectively with carers as a mental health peer worker
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Other electives - see <https://training.gov.au/Training/Details/CHC43515>

⁶³ https://training.gov.au/Training/Details/CHC43515?tableUnits-page=1&setFocus=tableUnits&pageSizeKey=Training_Details_tableUnits&pageSize=100&setFocus=tableUnits

⁶⁴ <https://www.myskills.gov.au/courses/details?Code=CHC43515>

⁶⁵ <https://training.gov.au/Training/Details/CHC43515>

7.3 References

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AIHW 2019 Table EXP.1: Recurrent expenditure (\$'000) on state and territory specialised mental health services, states and territories, 2016–17 <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services>

AIHW 2019 Table FAC.35: Full-time-equivalent staff, state and territory specialised mental health care facilities, by staffing category, states and territories, 1994–95 to 2016–17. Specialised Mental Health Services
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<http://pmhccn.com.au/Portals/2/PublicDocuments/CoPP/Final%20Report%20-%20Towards%20Professionalisation.pdf>

Department of Health undated PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance Stepped Care
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