



Queensland Alliance for Mental Health



In partnership with Queensland Lived Experience Workforce Network and the Brisbane North Peer Participation in Mental Health Services Network

Peer Workforce Survey Summary Report

November 2021



Acknowledgements

This survey was initiated by Queensland Lived Experience Workforce Network (QLEWN) and built on a [2018 Survey](#) which aimed to inform the focus and direction for establishing QLEWN as an independent peak body (QLEWN, 2018). In partnership with QLEWN, this survey was supported by Brisbane North Peer Participation in Mental Health Services (PPIMS) Network and Queensland Alliance for Mental Health (QAMH).

We acknowledge the lived experience of those impacted by mental health issues, substance use disorders and suicide, and the contributions made by those who support them including family members, friends, and service providers towards their recovery.



Partnering organisations

Queensland Lived Experience Workforce Network

The [Queensland Lived Experience Workforce Network](#) (QLEWN) is a focused state-wide peak body led by, with and for the Lived Experience workforce within mental health, alcohol and other drugs and suicide prevention. In the absence of statewide peak funding, QLEWN acknowledges the support of the QAMH in completing this survey.

Brisbane North Peer Participation in Mental Health Services Network

The [Brisbane North Peer Participation in Mental Health Services](#) (PPIMS) Network has membership of people with a lived experience with mental health issues (either as a person accessing services, or a person supporting someone) who want to actively participate in the development, implementation and review of mental health services in the region. The Brisbane North PHN provides funding support to the PPIMS Network.

Queensland Alliance for Mental Health

[Queensland Alliance for Mental Health](#) (QAMH) is the peak body representing the Community Wellbeing Sector in Queensland. QAMH advocates and supports member organisations to foster better outcomes for people experiencing mental health issues. It is committed to promoting the unique value the Community Mental Wellbeing Sector offers to the health care continuum within Queensland. QAMH is proud to work with our members and key partners, to influence system reform and enhance the contribution that the Community Mental Wellbeing Sector plays in people's lives.



Definitions

This report uses terms that are not widely recognised or have agreed definitions. To clarify, a table including definitions of these key terms are outlined below.

Key terms	
Community mental wellbeing sector	QAMH intentionally refers to the community managed mental health sector as the Community Mental Wellbeing Sector to emphasise the unique contribution and preferred future direction of the sector as outlined in our Wellbeing First report. This includes non-government, not-for-profit community-based mental health organisations that provide psychosocial supports and access to natural supports in the community.
Lived experience	Lived experience refers to the personal or lived/living experience of mental illness. A person with lived experience may identify as someone who is living with (or has lived with) mental illness or as a person (such as a family member or friend) who support them.
Peer support worker	“Peer support in mental health is a form of support provided by individuals with a personal lived experience of mental ill health and recovery, who are trained to use their experiences to support others in their recovery” (Childs, 2021, p.3).
Peer workforce	Peer workforce is the collective term for all peer support workers.



Abbreviations

ASIST	Applied Suicide Intervention Skills Training
IPS	Intentional Peer Support
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, and queer/questioning, and the + represents other identities not captured in the letters of the acronym (Public Service Commission, 2017).
MHFA	Mental Health First Aid
PPIMS Network	Brisbane North Peer Participation in Mental Health Services Network
QAMH	Queensland Alliance for Mental Health
QLEWN	Queensland Lived Experience Workforce Network
SHARC	Self Help Addiction Resource Centre
SMART	Self-Management and Recovery Training



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Background

Peer workers are a relatively new and evolving workforce in Australia. While many peer workers will have formal mental health qualifications or will be acquiring them, the core of their value and competency stems from their lived/living experience of mental illness or supporting someone with mental illness.

QLEWN and Brisbane North PPIMS Network, with the support of the QAMH worked together to explore the supply and demand, and most importantly, the quality of available training in Queensland for the relatively new and growing peer workforce.

According to the Queensland Framework for the Development of the Mental Health Lived Experience Workforce, lived experience roles are defined as “people employed specifically to:

- use their personal understanding of life-changing mental health challenges, service use and periods of healing/personal recovery, to assist others
- use their life-changing experience of supporting someone through mental health challenges, service use and periods of healing and personal recovery, to assist others” (Byrne, 2019, p. 8).

Limitations

The scope of this survey was limited to the mental health peer workforce and therefore does not capture the unique skills required for alcohol and other drugs peer workforce. Further consultation may be required to investigate if the mental health peer workforce require more training in alcohol and other drugs.



Peer workforce survey results

Two surveys, one for organisations and one for peer workers, were widely distributed across QAMH (e-newsletter), QLEWN (mailing list) and Brisbane North PHN (QLD PHN's and PPIMS membership) networks over a three-week period.

Together, the surveys aimed to:

- identify and be able to advise on the current lived experience workforce in Queensland including:
 1. demographics
 2. existing roles and anticipated growth
 3. availability and quality of training and/or professional development opportunities, including a Mental Health Peer Work Skill Set.

A total of 70 peer workers and 19 organisations completed the surveys. The results of both surveys are summarised in three sections below.

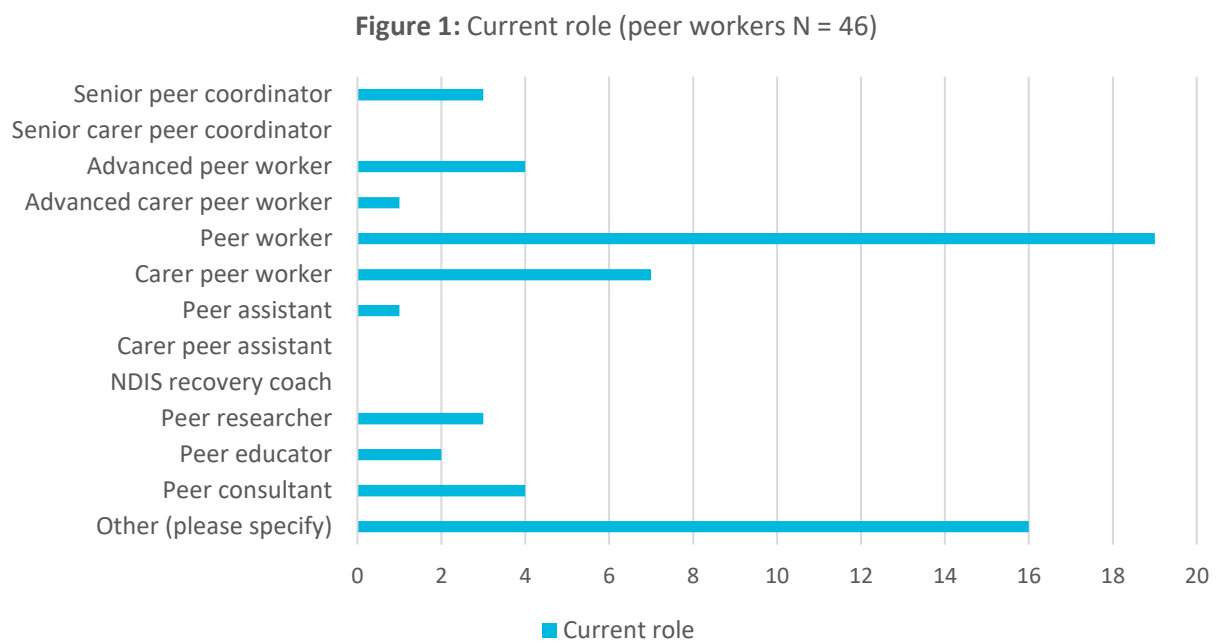


Section 1: Demographics

A total of 62 participants identified as a peer worker. Four (6%) participants were unsure if they identified as a peer worker and suggested they required more information and time to feel part of the peer workforce. The majority (57%) identified as a 'consumer' peer worker while 14% of participants identified as a 'carer' peer worker and 25% as both.

Current peer worker roles ranged from educators and consultants to senior peer coordinators. However, the majority (43%) of participants identified as peer workers.

Figure 1 below shows the type of role peer workers currently identify with.



Sixteen participants identified with other roles including:

- team leader (lived experience workforce)
- disability support worker
- volunteer consumer representative
- peer wellbeing coach
- mental health care and carer advocate
- team leader of a mental health peer support work team
- adolescent mental health support worker (peer)
- senior recovery mentor
- peer work program coordinator



Figure 2 (peer workers) and **Figure 3** (organisations) below shows the regional area(s) participants currently work in, with the majority covering Metro North, Metro South, and Gold Coast regions.

Figure 2: What regional area(s) do you work in?

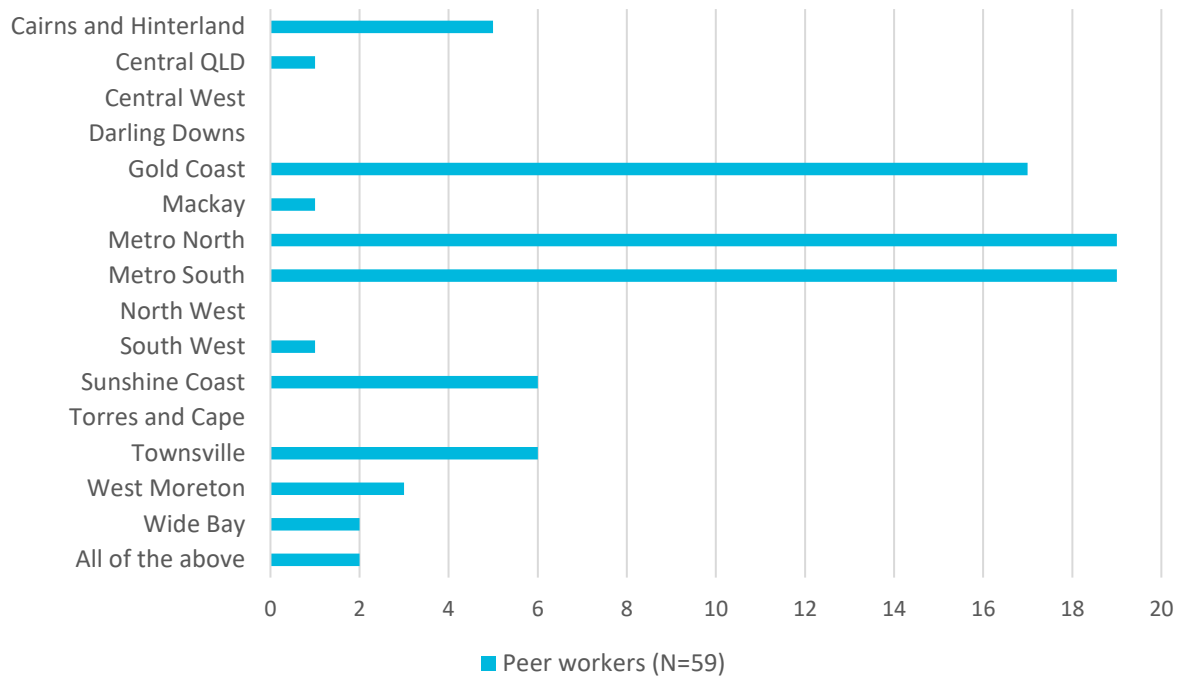


Figure 3: What regional area(s) do you work in?

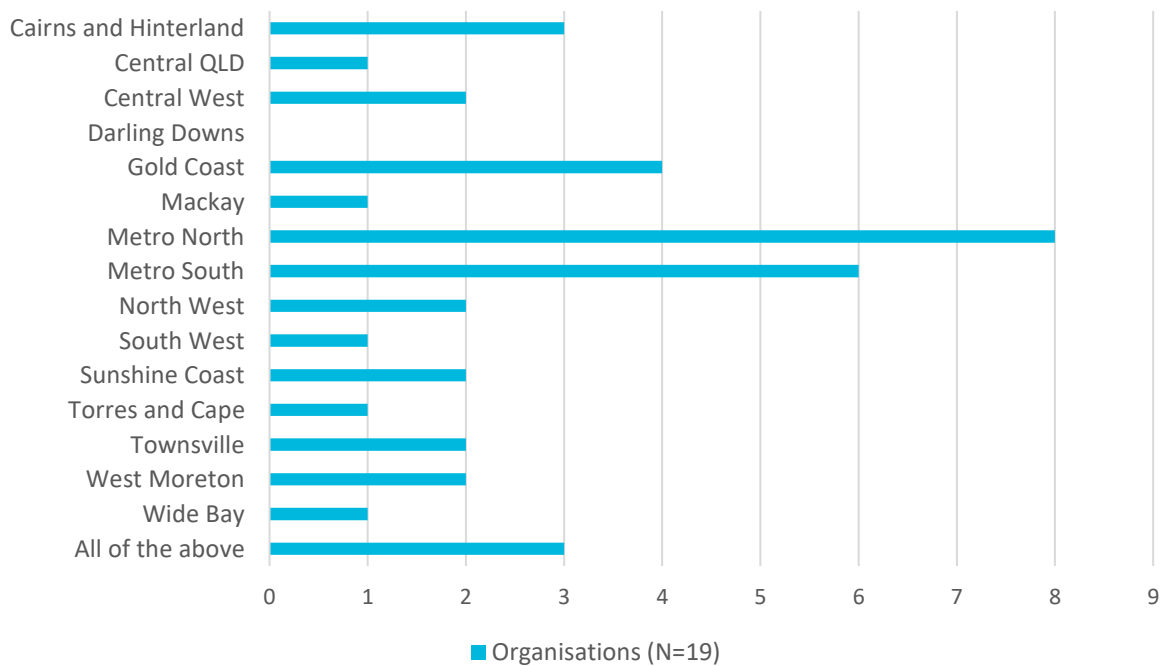
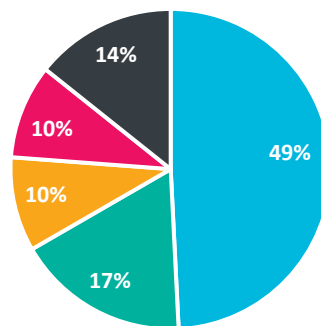




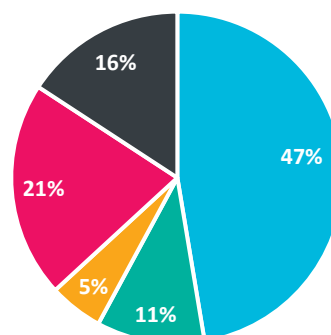
Figure 4 (peer workers) and **Figure 5** (organisations) below shows the type of organisations participants currently work for. The majority of participants work for community mental health organisations across Queensland (49% & 47% respectively). For peer workers, this was followed by hospital and health services (17%) while for organisations, this was followed by the private sector (21%). Participants that selected 'other' worked for TAFE, registered training organisations, universities and lived experience organisations.

Figure 4: Type of organisation (peer workers N = 56)



- Community mental health - not for profit
- Government - Hospital and Health Service
- Peer run - not for profit
- Private
- Other (please specify)

Figure 5: Type of organisation (organisations N = 19)

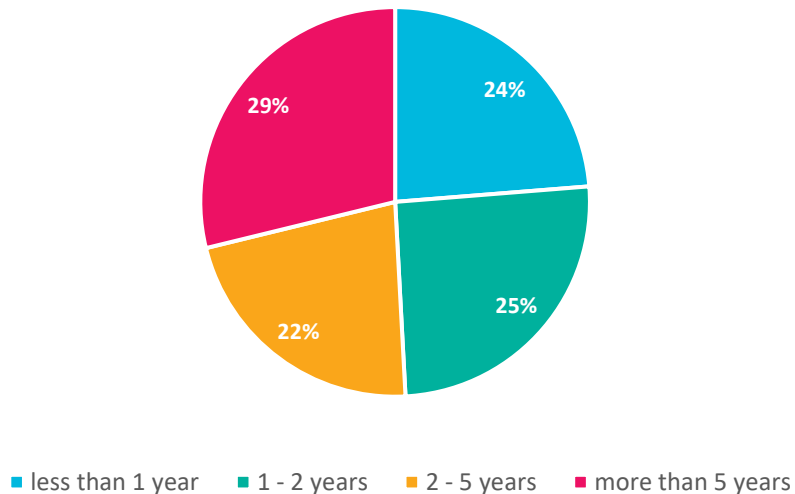


- Community mental health - not for profit
- Government - Hospital and Health Service
- Peer run - not for profit
- Private
- Other (please specify)



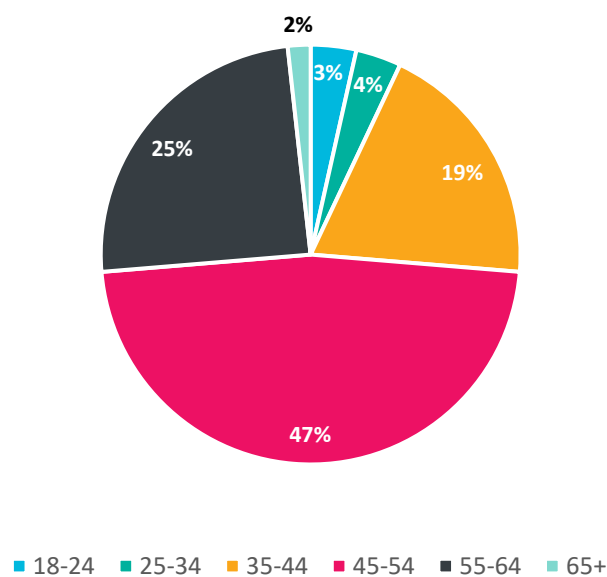
While there was a relatively even distribution in relation to length of time spent in a peer worker role, 71% of peer workers have been in their role for five years of less. See **Figure 6** below

Figure 6: How long have you worked in this role?
(Peer workers N = 56)



Almost half of participants (peer workers) are aged between 45 – 54. **Figure 7** below shows the age range.

Figure 7: Age (Peer workers N = 59)





Section 2: Existing roles and anticipated growth

Organisations were asked to specify the number and type of designated peer worker roles (see **Figure 8** below).

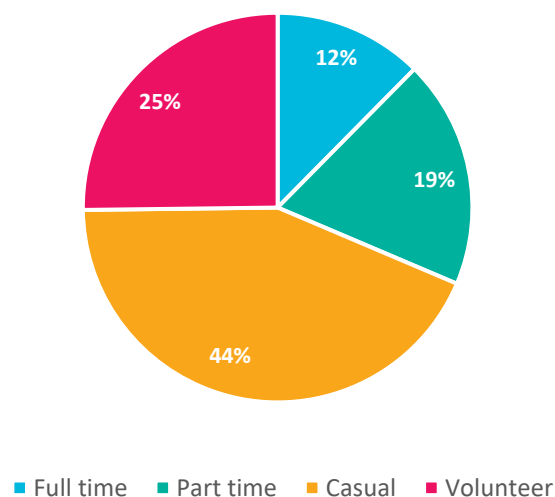
Full-time: A total of seven organisations have designated full-time peer worker roles. This included one organisation with up to 13 (including four vacancies), however, the majority had one or two designated full-time roles.

Part-time: A total of 12 organisations have designated part-time peer worker roles. This included two organisations with up to part-time 10 positions. On average, those organisations had four designated part-time peer worker roles.

Casual: A total of seven organisations have designated casual peer worker roles. Three organisations had more than 10 (50, 30, and 5).

Volunteer: A total of six organisations have designated volunteer peer worker roles. Three organisations had between 15 and 20 designated volunteer peer worker roles.

Figure 8: Total number and type of designated peer worker roles (organisations, N=19)



In the next 12 months, 10 organisations (53%) anticipate an increase in the number of designated peer worker roles. This included an organisation that anticipates a significant increase (over 50) for volunteer peer care companions for a Peer CARE connect warmline. However, most organisations

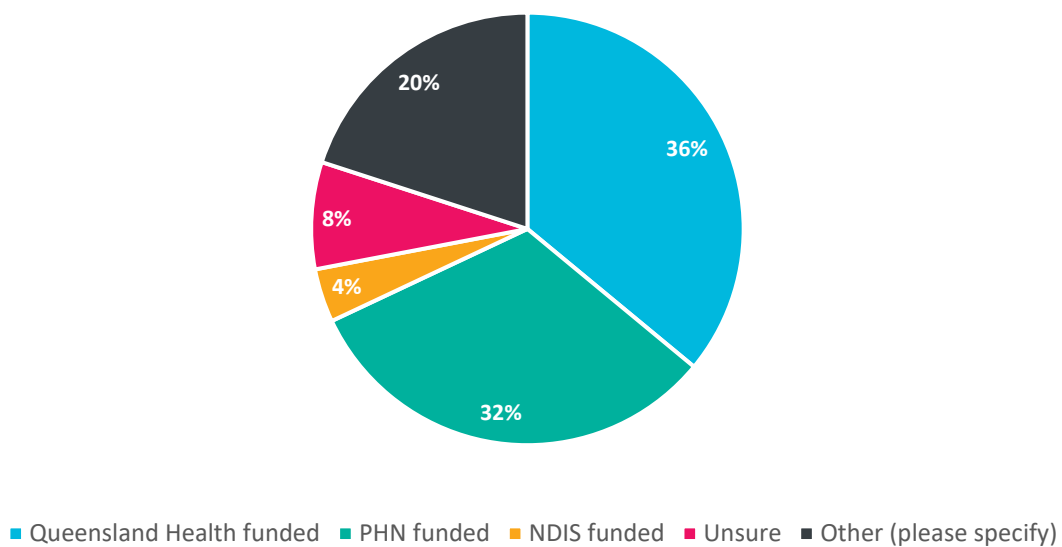


anticipate a smaller increase of one or two paid positions, ranging from casual to full-time. Interestingly, one organisation highlighted their peer workforce will shift from a casual to permanent part-time basis.

There were five organisations that didn't anticipate an increase in designated peer worker roles, while four were unsure due to funding uncertainties, or will continue to recruit peer workers to meet demand.

The designated peer worker roles are currently funded primarily by Queensland Health (9) and PHNs (8) while one organisation was funded through the NDIS. Other organisations highlighted designated peer worker roles were funded through the Federal government (1) or self-funded (1). For organisations that anticipate new designated peer worker roles in the next 12 months, funding sources remained largely the same, with the majority funded by Queensland Health, followed by PHNs. However, there appeared to be an increase in uncertainty. See **Figure 9** below.

Figure 9: How current/future designated peer support worker roles are funded.





Section 3: Current qualifications

Some organisations (7) required peer workers to have at least a Certificate IV in Mental Health or Mental Health Peer Work when starting. Other organisations stated it would depend on the role (e.g., entry level Vs leadership role).

A total of 20 (29%) peer workers had completed a Certificate IV in Mental Health Peer Work, including three currently enrolled. See **Table 1** below for more details on current qualifications held by peer workers.

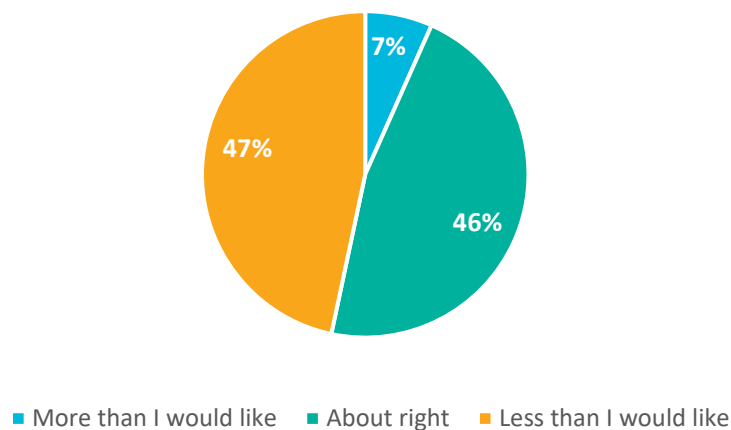
Table 1: Peer workers – current qualifications		
Level of qualification	No. of participants	Examples
Certificate III	17	Certificate III in Community Services Certificate III in Individual Support (Disability and Ageing) Certificate III in Business Administration.
Certificate IV	32	Certificate IV in Mental Health Certificate IV in Mental Health Peer Work Certificate IV in Training and Assessment
Diploma	21	Diploma of Community Services Diploma of Counselling Diploma of Mental Health
Advanced Diploma	3	Advanced Diploma of Community Sector Management
Bachelor's Degree	15	Bachelor Psychology Bachelor of Business Management Bachelor of Nursing
Other	13	PhD (Public Health) Master of Mental Health Practice Mental Health Peer Support Skill Set



Availability and quality of training and/or professional development opportunities

On average, peer workers rated their experience completing the Certificate IV in Mental Health Peer Work a 3.2 out of 5. Peer workers were asked to rate the overall availability of student placement, with 50% receiving less than they would like (See **Figure 10** below).

Figure 10: Availability of student placement (N=15)



Some participants described the placement availability as “very poor”, while others struggled to find placement opportunities and received minimal support from trainers to arrange placements. Some peer workers received recognition of prior learning granted for placement while others complete through their place of employment at the time.

Seventeen peer workers provided additional feedback about their experience completing the Certificate IV in Mental Health Peer Work, most of which were negative.

“The amount of assignments we had to do in a short period of time sent a lot of people in the class into a decline. The days and times of classes changed a lot and our teachers as well. It was not something I would recommend to other people.”

[Peer Worker]

“This course needs a complete overhaul.”

[Peer Worker]

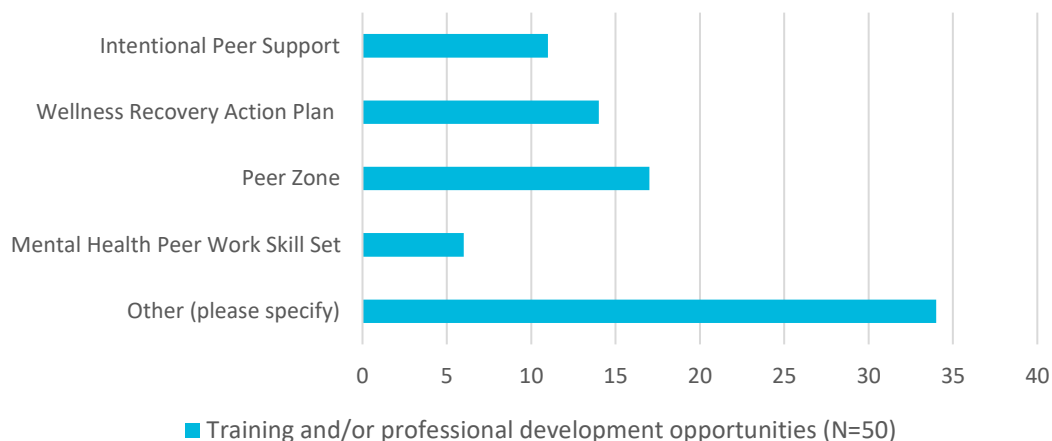


Additional common concerns included:

- course delivered by someone without lived experience
- poor training delivery and inadequate knowledge of subject matter
- difficult to find organisations that would take on students for placement
- course content too clinical and mostly irrelevant to peer work
- assessments excessive for a Certificate IV level
- lack of academic support

Some peer workers have access¹ to a variety of training and/or professional development opportunities, including [Peer Zone](#) (17), [Wellness Recovery Action Plan](#) (14), [Intentional Peer Support](#) (11) and the [Mental Health Peer Work Skill Set](#) (6). See **Figure 11** below.

Figure 11: Training and/or professional development opportunities



Thirty-four participants (peer workers) selected “other” and highlighted additional types of training and/or professional development opportunities available² including:

- Self-Management and Recovery Training (SMART)
- Cultural Awareness
- Trauma Informed Care

¹ Access does not necessarily mean participants have completed training and/or professional opportunities.

² Note: many additional types of training and/or professional development opportunities listed are not exclusive or unique to the peer workforce.



- Mental Health First Aid (MHFA)
- Motivational Interviewing
- Vicarious Trauma Training
- Applied Suicide Intervention Skills Training (ASIST)
- Alcohol and Other Drugs competency training (Insight online learning modules)
- Working with LGBTIQ+ communities
- Peer to peer supervision training
- Senior peer management training
- Reflective practice and supervision

Many of the training opportunities highlighted were not specific to a Peer Worker role but would be available and appropriate for other community mental Health Workers in that organisation to attend.

Some peer workers could access relevant training and/or professional development on request through their organisation, including various workshops, conferences, and webinars while others (6 of 34) highlighted they had no training and/or professional development opportunities available to them that they were aware of.

Organisations similarly highlighted a wide range of training and/or professional development opportunities available including cultural awareness training, ASIST, MHFA, peer supervision and alcohol and other drug competency training. Half of the organisations provided this training internally while others sought externally, including:

- Brook RED
- Blue Knot
- Peer Zone
- Access Employment Assistance Programs
- Living Works
- Self Help Addiction Resource Centre (SHARC, Victoria based)



Most organisations (83%) felt the training and/or professional development opportunities available were **not sufficient** to support peer workers in their role. The response from peer workers was mixed however 39% similarly felt the training and/or professional development opportunities were not sufficient to support them in their role.

Peer workers were asked to identify what they find most valuable about the training and/or professional development opportunities available. Workplace support, together with access to, and availability of relevant training and professional development opportunities is highly valued. Peer workers also valued the opportunity to learn new skills to support them in their role, and to share and connect with other peers.

“IPS [intentional peer support] is the most valuable peer specific training I’ve ever done.”

[Peer Worker]

Peer workers also identified a variety of areas that could be improved, including:

- readily available and affordable peer work training
- more training relevant to peer workers and opportunities to participate in professional development
- lived experience-led professional development opportunities
- increase awareness of relevant training available
- flexibility and support to choose relevant professional development opportunities that are specific to peer work roles
- include role playing / group practice at TAFE (such as those in ASIST and IPS training)
- opportunities for leadership roles, including applying lived experience to influence systematic and cultural change
- more options for placement

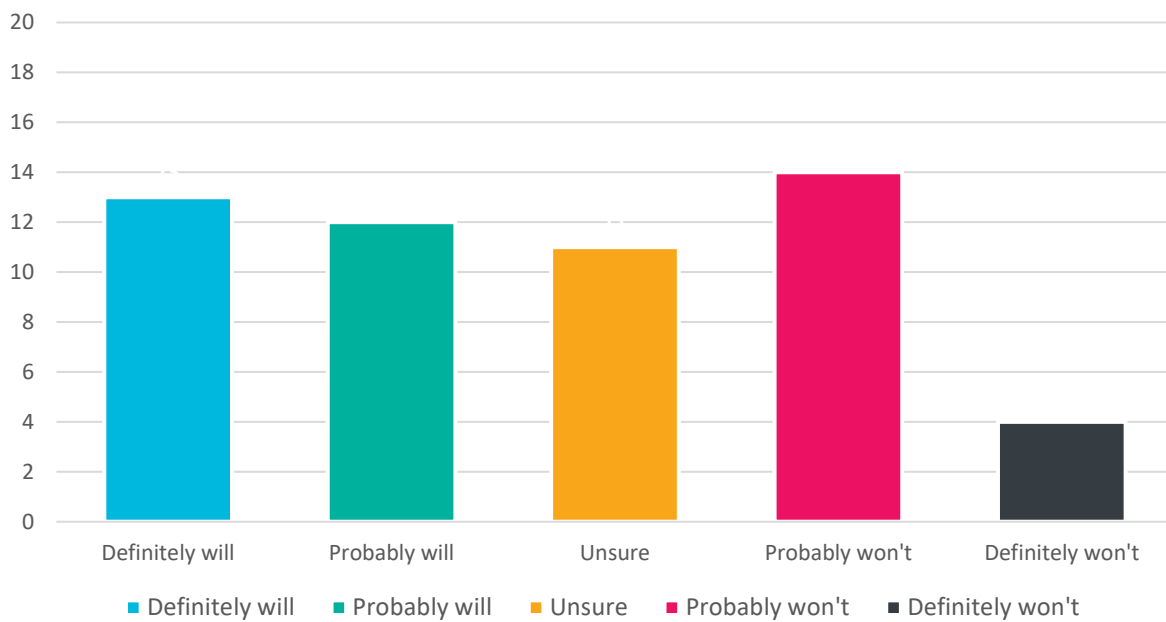


“I would love to complete the Cert IV in Mental Health Peer Work, but it’s too expensive. Some peer workers, like myself, spent years of a DSP [disability support pension], and finances continue to be an issue. I believe this qualification should have FEE-HELP as a payment option based on the above circumstances to open up access to this course.”

[Peer Worker]

There was a mixed response from peer workers about the value a mental health peer work skill set would provide in further developing their skills. Collectively, peer workers were more optimistic with a total of 25 respondents selecting either “probably will” or “definitely will” be valuable (compared to 18 that selected probably won’t or definitely won’t). See **Figure 12** below.

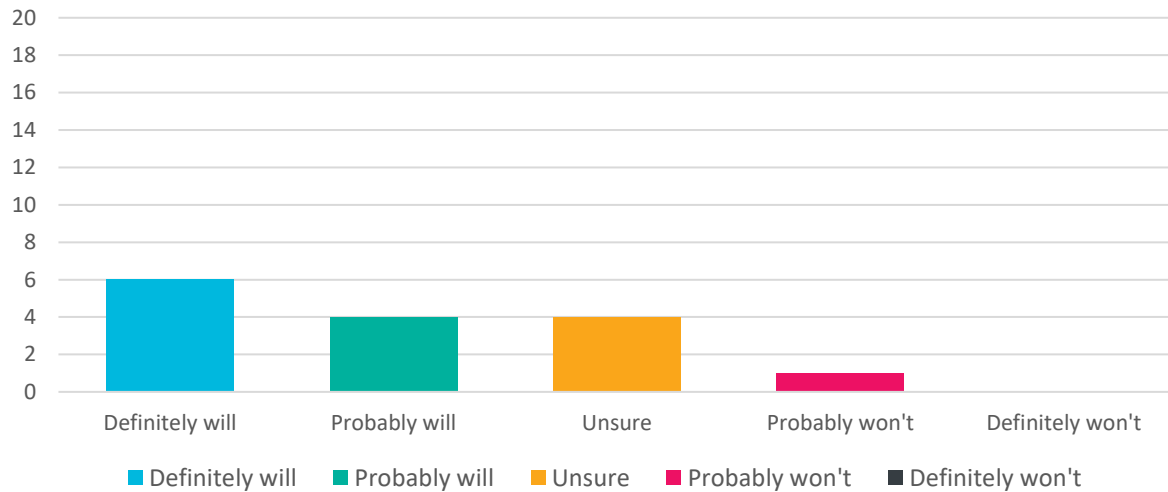
Figure 12: Do you feel a Mental Health Peer Work Skill Set would be valuable in supporting peer workers to further develop their skills? (Peer workers N = 55)





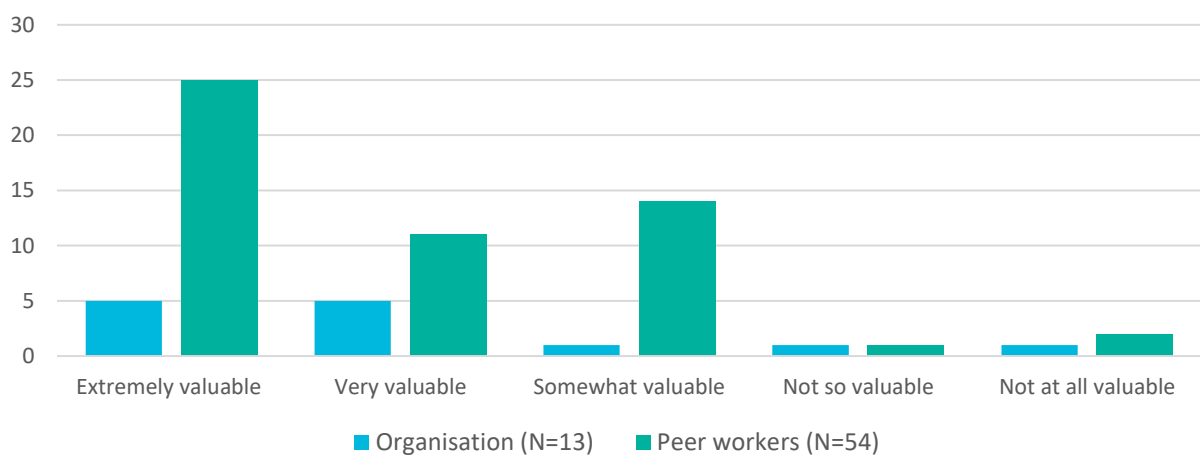
Organisations were more consistent in their response with nine organisations selecting “probably will” or “definitely will” (see **Figure 13** below).

Figure 13: Do you feel a Mental Health Peer Work Skill Set would be valuable in supporting peer workers to further develop their skills? (Organisations N = 14)



A Mental Health Peer Work Skill Set appeared to be viewed more valuable for new peer workers joining the workforce without a Certificate IV in Mental Health Peer Work (see **Figure 14** below).

Figure 14: How valuable do you think a Mental Health Peer Work Skill Set would be for **new** workers joining the workforce **without** a Certificate IV in Mental Health Peer Work?

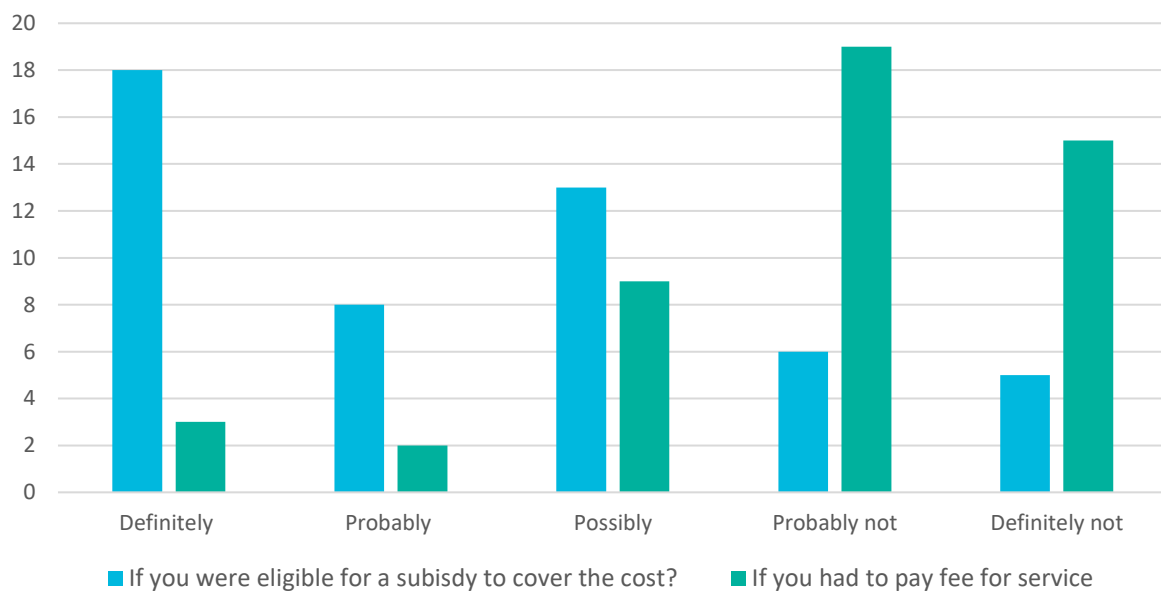




If available in the next one to two years, 61% of organisations indicated they would “probably” or “definitely” support peer workers at the organisation to undertake a Mental Health Peer Work Skill Set.

Peer workers were more likely to undertake a Mental Health Peer Skill Set if they were eligible for a subsidy³ to cover the cost. See **Figure 15** below.

Figure 15: If available in the next 1-2 years, how likely is it that you would undertake a Mental Health Peer Skill Set? (N=54)



Many peer workers were unaware of subsidies available in Queensland to undertake Certificate IV in Mental Health Peer Work (51%) or the Mental Health Peer Work Skill Set (71%).

The survey found that half of the organisations that employ peer workers (including volunteers) do not receive any training to support the peer workforce. Other organisations referred to training that is provided to all staff to ensure a safe work environment. Only one organisation (5%) outlined mental health managers of Lived Experience staff have access to external supervision with specialist Lived Experience supervisors as required.

³ Currently, the [Mental Health Peer Skill Set](#) is a JobTrainer funded course. This means the course may be free for eligible school-leavers, young people and job seekers looking to develop new skills.



“It feels like an uphill battle explaining to management that there is a difference between ‘having lived experience and working not as a peer worker’ and having ‘severe living/lived experience/trauma and using this in your job role’...I feel they [peer workers] do a harder job with not very much understanding on how taxing this is.”

[Organisation]

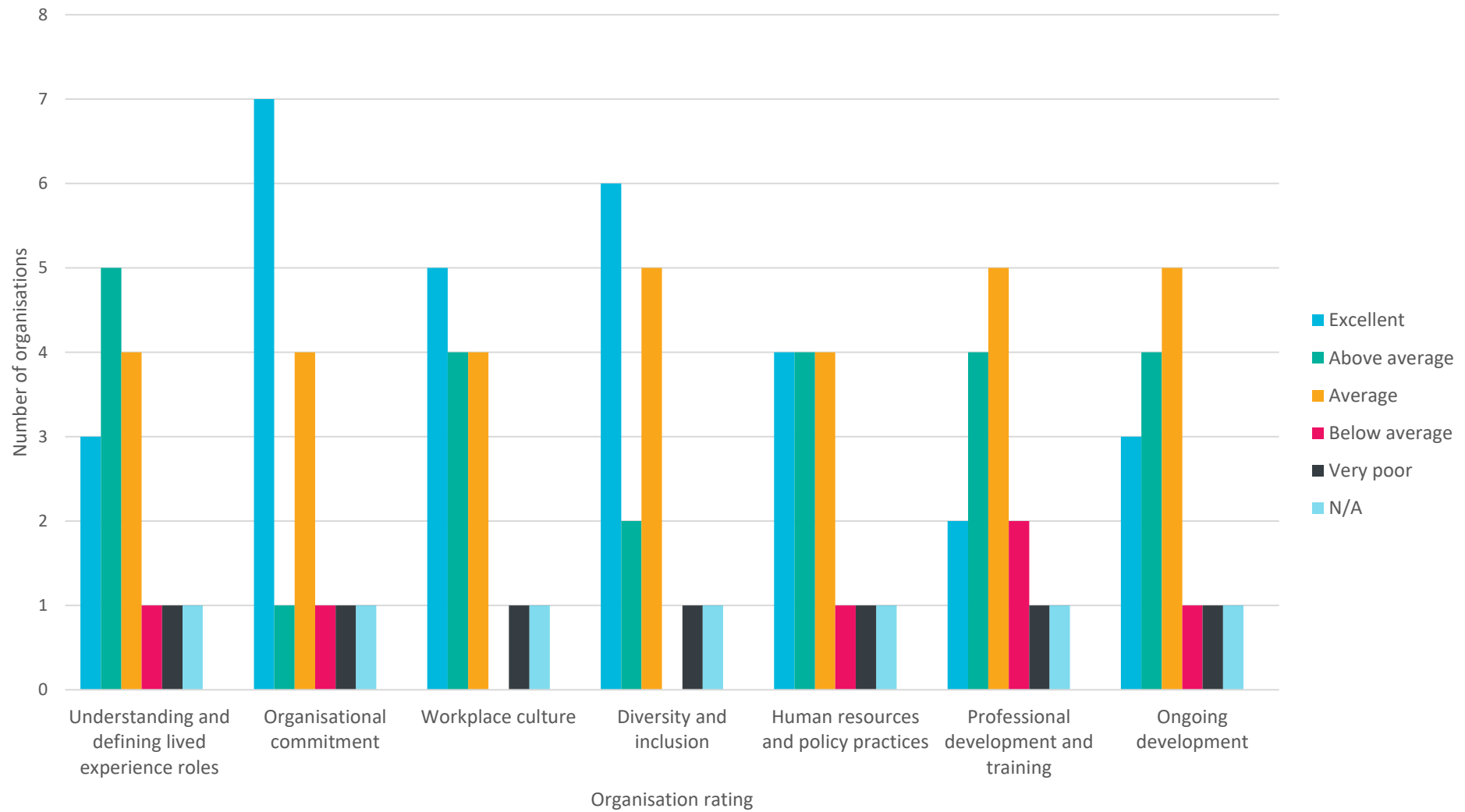
Organisations outlined a range of training and support required to start or improve on the peer workforce including:

- acknowledgement, commitment, and support across the mental health sector
- developing clear and consistent understandings of what a peer worker is, including different roles, responsibilities, and work requirements
- training and education specific to supporting the peer workforce
- dedicated funding, including allocating funds within contracts for professional development, adequate wage levels and to support the unique needs of the peer workforce.

Almost all (93%) organisations that completed the survey were aware of the QLD Framework for the Development of the Mental Health Lived Experience Workforce (the Framework). Organisations were asked to rate how they felt they were performing against the seven pillars of the Framework with higher ratings against: 1) organisational commitment, 2) diversity and inclusion, and 3) workplace culture. Overall, organisations rated lower against ‘professional development and training’ and ‘ongoing development’, with most organisations selecting ‘average’. See **Figure 16** below.

See **Attachment 1** for further details on the six pillars of the Framework.

Figure 16: Organisation rating against six pillars of the QLD Framework for the Development of the Mental Health Lived Experience Workforce (N=15)



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Attachments

Attachment 1: Queensland Framework for the Development of the Mental Health Lived Experience Workforce

The Table below outlines the supportive factors for each of the seven key area as identified in the Queensland Framework for the Development of the Mental Health Lived Experience Workforce (Byrne et al., 2019, p 42).

Key areas	Supportive factors
Understanding and defining lived experience roles	<ul style="list-style-type: none"> • Exposure to lived experience concepts, research, leaders & work • Develop a network of organisations building a lived experience workforce • Provide clear position descriptions • Acknowledge unique cultural differences and the value of specialisations
Organisational commitment	<ul style="list-style-type: none"> • Management actively champions lived experience roles to ensure uniqueness is protected • Employ sufficient numbers of designated lived experience workers, including management roles • Create a culture of learning, innovation, and self-reflection • Create processes and systems to support lived experience roles
Workplace culture	<ul style="list-style-type: none"> • Prepare and plan before and after employing lived experience workers, including promotion of the value of roles at all levels of the organisation • Provide ongoing exposure/training for all staff (including at induction) about lived experience principles, work, and benefits • Commit to the wellbeing of all staff, developing strategies and policies to support better wellbeing
Diversity and inclusion	<ul style="list-style-type: none"> • Proactively support diverse cultures and subgroups • Publicise policies that facilitate inclusive culture • Use targeted strategies to overcome specific barriers to inclusion for diverse cultural groups

	<ul style="list-style-type: none"> • Acknowledge cultural values and staff commitment to community and cultural holidays
Human resources policies and practices	<ul style="list-style-type: none"> • Ensure human resources teams understand and are supportive of lived experience roles • Recognise lived experience as a distinct discipline and approach • Provide appropriate recruitment processes with adequate remuneration and FTE for lived experience • Ensure a whole-of-workforce approach to reasonable adjustment and flexibility
Professional development and training	<ul style="list-style-type: none"> • Source appropriate training and education e.g., Certificate IV, Intentional Peer Support, research degrees • Provide lived experience networks and communities of practice • Allocate lived experience professional development funds/conferences • Ensure a range of timely supervision (including lived experience supervision) is available • Ensure lived experience traineeships are available
Ongoing development	<ul style="list-style-type: none"> • Develop lived experience leadership roles in all relevant organisations • Encourage greater access to designated lived experience funding and better representation of lived experience on funding bodies • Encourage an adequately resourced and independent lived experience peak body • Explore culturally appropriate lived experience language and concepts • Develop and invest in lived experience roles (including training opportunities) in rural and regional areas