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Private Mental Health
Consumer Carer Network (Australia)
engage, empower, enable choice in private mental health

Towards Professionalisation

Exploration of best practice models in mental health peer work to inform
the establishment of a national professional organisation

[Literature Review]



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Abstract:

Aim: This literature review was commissioned by the Private Mental Health Consumer Carer Network (Australia) Limited with funding from the National Mental Health Commission. This literature review aims to explore Australian and international best practice standards for mental health peer workforce development and to inform the professionalisation of the peer workforce in Australia through the establishment of a mental health peer workforce membership organisation.

Method: Given pre-existing literature reviews similar in nature undertaken in 2011, the current systematic literature review focuses on peer reviewed journal articles and grey literature published between 2011-2017. A systematic search for peer reviewed journal articles across multiple electronic journal databases was undertaken using keywords “peer” and “mental health” with 30 journal articles meeting the inclusion criteria for further analysis. In addition, a google search for grey literature using the same key words was undertaken, with 34 resources selected meeting the selection criteria for further analysis.

A thematic analysis was undertaken on all literature identified with each item being analysed for common themes and coded accordingly – see Appendix 1 (Articles) and Appendix 2 (Grey Literature) for further details on material overview, key points and coded themes.

Results: Based on the results from analysing the literature, six common themes are identified to inform professionalisation of the mental health peer workforce in Australia and the development of a professional membership organisation for mental health peer workers. The common themes identified below are ordered by considerations for organisations and non-peer workers, considerations at individual peer worker levels, and considerations of the broader peer workforce:

1. The importance of recovery oriented practice within services offering peer support and exploration of organisational culture to support the successful integration of peer support services.
2. Issues of stigma and discrimination and the impact this can have on the peer support workforce, effective integration and delivery of peer support services. There is an identified need for education of non-peer staff on the functions, values and role of peer support workers.
3. The need for role clarity and a clear identity for peer support workers and to support broader organisational and consumer understanding of the peer support worker role.
4. Exploring boundaries and self-disclosure in the peer worker role.
5. Supporting the ongoing health and wellbeing of peer support workers.
6. Training, development, certification and professionalisation of peer support workers.

What is Peer Support?

“The peer support relationship is based on the connection and understanding that comes from having experienced a similar challenge. It is for this reason that those with personal lived experience support others who are in the midst of their own illness or challenges, and those with lived experience as a family member or loved one support others who also are family members or loved ones.

Peer support is focused on striving for recovery rather than on the specific illness or symptoms. Therefore, the peers do not necessarily need to share the same diagnosis, but rather will find common ground in the challenges and issues that may accompany the illness or mental health challenge, such as stigma, loss of career or family, and/or loss of independence and hope” (Mental Health Commission of Canada, 2013-16, p. 21).

Peer support has many definitions and a range of ways it can be implemented in mental health. Peer support workers can also be referred to as lived experience workers and consumer specialists among other terms. Repper and Carter (2011, p.394) define peer support as “promoting a wellness model that focuses on strengths and recovery: the positive aspects of people and their ability to function effectively and supportively, rather than an illness model, which places more emphasis on symptoms and problems of individuals”. Generally, peer support workers are better able to promote empowerment and support increased self-esteem, hope and the belief in recovery due to their recovery orientation focus rather than professionally qualified, traditional mental health staff (Allen, et al, 2012). “Peer support is transformative: it transforms stigma to understanding, it transforms people from passive recipients of what the medical model and society have always told them was good for them, into allies who see another way. It changes people into vital leaders in their own and others’ recoveries” (Beales & Wilson, 2015; p. 322).

Peer support originated as a result of an unresponsive, sometimes harmful mental health system where people can feel misunderstood, misjudged and mistreated (Stratford, et al, 2017).

There are three main practices identified as being at the heart of achieving peer work – recovery orientated practice, person-centered approaches and trauma-informed care (Peer Work Hub, 2016).

The Mental Health Commission of Canada (2013-2016, p. 11) describe peer support as “a recovery-oriented, person-centred approach, where the relationship (rather than the diagnosis) is the foundation and services offered are focused on quality-of-life goals (rather than illness-reduction goals).

Benefits of Peer Support:

The evidence base for peer support in mental health services internationally shows benefits for consumers, organisations implementing peer support initiatives and peer support workers. For consumers, it is shown to decrease admissions to inpatient psychiatric care, increase empowerment, hope, and independence, and to reduce social isolation through the strength of social networks (Beales & Wilson, 2015; Gillard et al, 2013; Gillard et al, 2015). Benefits for organisations implementing peer support initiatives can include an increased understanding and focus on recovery oriented practice, improved communication and information sharing with consumers and an increased understanding of the barriers and

challenges that service users may face (Bailie & Tickle, 2015; Gillard et al, 2015). Having peer support workers can also “serve as a bridge between the mental health system and the patient to improve service delivery” (Gillard et al, 2015; p. 683).

The benefits for peer support workers can include increased knowledge about their own mental health, positive impacts on their sense of identity, self and their personal recovery, reduced relapse and re-admission rates, and positive impacts of employment (Bailie & Tickle, 2015; Vanderwalle et al, 2016). However, it is also noted that there are many challenges of undertaking the peer support worker role which will be explored further throughout this report, including the challenge of negotiating the role of being both a consumer and provider (Bailie & Tickle, 2015).

Australian Context:

Mental health peer support services are becoming more common both in Australia and internationally. In Australia, there are existing and emerging policies and priorities within the mental health sector recognising the importance of peer support on the recovery outcomes of consumers. There is now a National Framework for Recovery Oriented Mental Health Services, a National Mental Health Strategy, a Roadmap for National Mental Health Reform 2012-2022, the Fourth National Mental Health Plan, the 2013 Report Card on Mental Health and Suicide Prevention (specifically Recommendation 13), and the Mental Health and Alcohol and other Drugs Services Plan 2015-2025, all of which promote the mental health peer workforce as a key priority for the Australian mental health system.

Each Australian State and Territory has shown their commitment to the mental health peer workforce such as:

- The Mental Health Commission of New South Wales established “Living Well: A Strategic Plan for Mental Health in NSW 2014-2024” (2014). In addition, the NSW Mental Health Consumer Workers’ Committee developed “A framework for the NSW Public Mental Health Consumer Workforce” (2013).
- The Western Australian Association for Mental Health established a “Peer Work Strategic Framework” (2014)
- Queensland Health developed the “Mental Health Consumer and Carer Workforce Pathway” (2010), and the Gold Coast Partners in Recovery developed the “Mental Health Peer Workforce Development Plan 2015-2020” (2015).
- The Mental Health and Other Drugs Division of the Victorian Department of Health has provided funding to employ consumer and carer peer workers.
- The Mental Health Community Coalition of the Australian Capital Territory developed “A Workforce Development Strategy for the Community Mental Health Sector” (2012).
- South Australia Mental Health Services have developed “Pathways to Care: Participation by People with Mental Illness, their Families and Supporters” (2014) and the South Australia Mental Health Commission has recently released a 5-year Strategic Plan 2017-2022 (2017).
- SA Health Funded Lived Experience Workforce Development Project 2016-2018

- The Department of Health and Human Services Tasmania has engaged a senior consumer and carer liaison consultant to support policy development.
- The Northern Territory Department of Health funds non-government organisations who employ lived experience workers.
- The COAG Health Council has endorsed the Fifth National Mental Health and Suicide Prevention Plan referencing the need to grow the mental health peer workforce in Australia (COAG Health Council, 2017)

With the increasing priority of having a lived experience workforce in Australia, it is critical that organisations introduce and implement peer support programs appropriately and that the workforce is supported to ensure ongoing development and recognition, with a focus on best practice.

There are existing Australian resources that support organisations to implement peer support services such as:

- The Employer's Guide to Implementing a Peer Workforce (State of New South Wales, Peer Work Hub, 2016).
- The Peer Work Strategic Framework (Western Australian Association for Mental Health, 2014).
- Identifying Barriers to Change: The Lived Experience Worker as a Valued Member of the Mental Health Team (CQ University, 2017).
- The Charter of Peer Support (Centre of Excellence in Peer Support (CEPS) Mind Australia)
- Considerations when Setting Up a Peer Support Service/Group/Operating a Peer Support Service (ARAFEMI Victoria, 2013).
- The Best Practice Framework in Peer Support (Hayes, Jan & Cahill, Mary, 2017).

International Mental Health Peer Support:

Internationally, peer support has been offered within mental health services for some time. A brief summary of some of the key initiatives of different countries includes:

- USA: Centres for Medicare & Medicaid Services include peer support specialists (Gillard et al, 2015). In 2015, peer certification programs existed in 38 of the 52 states (Davis, 2015).
- Canada: has a mental health strategy '*Changing Directions, Changing Lives*' which recognises the role of peer support in mental health. Canada also has a Peer Support Accreditation and Certification body providing certification and connecting peer support workers and organisations
- UK: has a mental health workforce policy that identifies the potential for peer supporters to 'fill skills gaps' and recent policy implementation framework recommending peer support.
- Scotland: the Scottish Recovery Network have developed a peer work values framework (2013).

- New Zealand: have a strategy for improving mental health and wellbeing for all New Zealanders, identifying the importance of peer support in the workforce
- Non-western countries – There is little written about peer support in non-Western countries as it is a relatively new concept and most academic journals available are written in English, limiting the contributions from some of these countries. Hong Kong has some examples of peer support services in their ‘Mindset Projects’ (Tse, et al, 2017). Representatives from non-Western countries along with all other countries (excluding Antarctica) were involved in an international consortium to develop a common, core set of guiding principles and values for development of peer support demonstrating the potential of peer support services offered globally (Stratford, et al, 2017).

Method:

A systematic literature review was conducted, multiple electronic journal databases were searched including PsychInfo, PubMed, Proquest, Informit, CINAHL, and Medline. Keywords used included “peer” and “mental health” yielding 890 results. The search was narrowed to include peer reviewed journals only, reducing the findings to 352 journal articles.

In addition, a Google search was undertaken using the same key words, to search for grey literature (materials and research produced by organisations outside of academic publishing channels).

A systematic approach was used to narrow results utilising the following inclusion criteria:

- A specific focus on mental health peer support and workforce development
- Currency of materials, prioritising those published between 2011 and 2017
- International relevance to ensure a comprehensive analysis across a range of countries

The final results rendered 30 peer reviewed journal articles and 34 documents classified as grey literature included for thematic analysis.

All articles and grey literature selected were entered into tables (Appendix 1: Academic Articles and Appendix 2: Grey Literature) detailing the study design, location and key findings. A thematic analysis was then undertaken to identify common themes across all materials, which provided the structure for this literature review. All literature was reviewed to examine and identify themes within the data relevant to the subject matter. Each theme was assigned a code (as shown in Appendices 1 & 2) and all literature reviewed in more depth and coded accordingly. The frequency of codes was calculated to identify those most frequently occurring and clustered into core topic areas. This created a list of six key themes emerging from the literature for further analysis.

Findings:

Six key themes emerged from the literature and are shown below ordered by considerations for organisations and non-peer workers, considerations at individual peer worker levels, and considerations for the broader peer workforce. All identified themes were prevalent in the literature in similar frequencies, between 30– 44 references, except for theme exploring the health and wellbeing of peer workers which was referenced in 10 of the academic articles reviewed.

1. The importance of recovery oriented practice in peer support and exploration of organisational culture to support the successful integration of peer support services
2. Issues of stigma and discrimination and the impact this can have on the peer support workforce, effective integration and delivery of peer support services. There is an identified need for education of non-peer staff on the functions, values and role of peer support workers.
3. The need for role clarity and a clear identity for peer support workers and to support broader organisational and consumer understanding of the peer support worker role
4. Exploring boundaries and self-disclosure in the peer worker role
5. Supporting the ongoing health and wellbeing of peer support workers
6. Training, development, certification and professionalisation of peer support workers

Each of these themes is explored in more depth below and can be used to inform the development of a national mental health peer membership organisation in Australia.

1: Recovery oriented practice and organisational culture to support successful integration of peer support services

Overwhelmingly, more than half of the literature reviewed identified the importance of promoting a recovery oriented culture in organisations to best support the delivery of peer support services.

Recovery orientation focuses on the “need for consumers to be empowered and to partner with their mental health providers” (Clossey et al, 2016; p. 409). This is considered in contrast to traditional medical models which often focus on diagnosis, and “expert treatment of a compliant and non-objective patient” (Clossey et al, 2016; p. 409). Medical models often focus on the alleviation of symptoms, whereas recovery models focus on social inclusion and self-determination with value given to peer’s expertise gained from managing their own mental health issues and experience within the mental health system (Vanderwalle et al, 2016).

Peer support services are delivered on the premise of recovery where the focus is on relationships and wellness. When peer support is located within traditional mental health services, there is a potential danger that the benefit of shared lived experience may be undermined by the professional, medical aspects of the roles created (Beales & Wilson, 2015).

Stratford et al (2017, p.2), posit that while internationally there has been progress towards a recovery oriented culture within mental health organisations, “mental health systems worldwide remain at least a generation away from having achieved such a substantial degree of reform”. The Council of Australian Government (COAG Health Council, 2017) has endorsed the Fifth National Mental Health and Suicide Prevention Plan, demonstrating the Australian Government’s commitment developing the mental health peer workforce in Australia, however, it also recognises that “the peer workforce is sporadically utilised and poorly supported” and that there is a need for guidelines for peer workforce development, drawing on existing research and recommendations (COAG Health Council, 2017; p. 46). This means, there is a lot of work that peer workers, peer champions and leaders within the

mental health system need to do to support the system shift from reducing symptoms and maintenance of care to a culture of recovery (Stratford et al, 2017). The active and genuine participation of people with lived experience of significant mental health challenges is crucial if recovery-focused policy aspirations are to be achieved (Happell et al, 2015).

There can be difficulties introducing peer worker roles into statutory organisations where they often have highly structured well-developed cultures that may create tensions in a lack of shared expectations of the peer worker role (Gillard, et al, 2015). Successful peer support integration within organisations relies heavily on the leader/supervisor's level of understanding of the peer support worker's job role and commitment from management is required in preparing the organisation towards a recovery orientated culture that is receptive to peer support initiatives (Franke et al, 2010; Wendy et al, 2015). Senior management commitment is critical to the success of lived experience roles, this influences organisational factors and the evolution and growth of the roles. A lack of commitment or leadership from senior staff is one of the most significant barriers to the development of a lived experience workforce (Byrne et al, 2017).

The implementation of peer worker roles within mental health services can be complicated, requiring a change in culture and practice. "To establish and sustain recovery-orientation, the policies and mission of mental health organisations must be grounded in recovery values such as the use of lived experiences to realise mutual support and the involvement of service users at all levels of the organisation" (Vanderwalle et al, 2016; p. 235).

Social workers employed in mental health services have a unique opportunity to support peer providers as they advocate for increased support, integration and reduced stigma of peer providers, using expertise in systems theory and strengths perspective to understand factors impacting on their job satisfaction (Chappell et al, 2016). Mental health nurses are also central to creating recovery-orientated environments and are in a crucial position to promote and lead the implementation of peer worker roles. This calls for both social workers and mental health nurses who engage in a coaching and collaboration with peer workers and offer support towards recovery oriented practice (Hurley, et al (2016, Vanderwalle, et al (2017).

In addition to having a recovery orientation, peer workers need to implement trauma-informed care (FNQ Peer Workforce, 2016). "A peer support worker who understands the impacts of trauma and uses trauma-informed practices will be less likely to unintentionally re-traumatise a peer and more likely to support healing. Providing a safe opportunity for a peer to talk about what happened to them, rather than what is wrong with them, if they choose to do so, can be validating and healing for the peer. It can also help to ensure that causes of psychological distress are not overlooked" (Mental Health Commission of Canada, 2013-2016; p.32).

RECOMMENDATION ONE: Provide access to resources to support recovery oriented practice, trauma-informed care, organisational culture and best practice guidelines for peer work.

It is recommended that a national peer support membership organisation in Australia could provide access to resources and training exploring recovery orientation, trauma-informed care and organisational change, and provide example policies and best practice guidelines to support organisations seeking to implement peer support initiatives. Education, training, guidance and advice on quality delivery of peer support services and effective leadership

could be made available for those who manage or are considering offering peer support services within their organisation. Further training for social workers and mental health nurses on recovery oriented practices and their role in supporting peer work within mental health would assist in successful integration of peer work in mental health settings.

2: Stigma, discrimination and the impact on the peer support workforce

In a literature review by Vanderwalle et al (2016), peer workers' experience of stigma and discrimination from non-peer workers was identified, and included disrespectful use of language, attitudes towards the peer workers' diagnoses and their history as a service user. They identified peer workers' experiences of feeling patronised, devalued and bullied by non-peer worker colleagues, with some attributing this to a lack of knowledge regarding the core principles of peer support and the role of peer support workers.

Asad & Chreim (2016) concur, highlighting that this is often a result of non-peer workers' level of education and understanding regarding peer work rather than attempts to intentionally discriminate. They also note that peer workers described "a sense of stigmatization when they first joined, however, this feeling dissipated as they integrated into their team", which is likely attributed to increased understanding of the peer worker role over time by non-peer workers and the organisation more broadly (Asad & Chreim, 2016; p. 770).

Stigma towards mental health was identified as an issue from mental health nursing students in a study by Happell et al (2015) which explored the use of lived experience educators in teaching mental health nurses. They found that nursing students showed an awareness "of the common misconceptions and stigmatizing views students often had about mental illness" and that having lived-experience educators involved in the early training of mental health nurses was advantageous in addressing these issues and contributed to overcome fear, misconceptions and negative attitudes towards consumers. Including lived-experience educators in the education of health professionals is essential in influencing attitudinal development, particularly in the formative stage of their professional development (Happell et al, 2015).

Hodges and Hardiman (2006, p.15) cited in Health Workforce Australia's Literature Scan (2014), suggest that "medically-oriented professionals are often pessimistic about the usefulness of experiential knowledge and are therefore reluctant to encourage consumer participation at both the individual treatment and broader system levels". Providing training and education to the non-peer workforce to better understand the role, values and purpose of peer work is critical in addressing and overcoming these barriers (Bennetts, 2009; Repper & Carter, 2011; Western Australian Association for Mental Health, 2014).

A range of literature highlighted the importance of offering non-peer staff ongoing training and education in recovery models, the roles and benefits of having peer workers in their teams, and how best to utilise peer support services (Ahmed et al, 2015, Bailie & Tickle, 2015; Campos et al, 2013; Happell et al, 2015; Kilpatrick et al, 2017). It is further suggested that training for non-peer staff should include lived experience facilitators to gain the greatest benefits (Bennetts, 2009).

RECOMMENDATION TWO: Provide access to training for non-peer workers to reduce stigma, discrimination and increase understanding of the value of peer work

It is recommended that a national peer support membership organisation in Australia could provide access to training, delivered by lived experience facilitators, to support non-peer workers' level of understanding and to support integration of the role, particularly within traditional mental health services. This could be extended to include co-facilitation by peers working with educational institutions, such as those delivering qualifications in health services e.g. mental health nursing, social work, psychiatry, psychology, etc.

3: Role clarity and constructing identity for peer worker roles

One of the most critical issues for successful implementation of peer support is clarity around the peer support worker role for peer workers, non-peer workers, consumers and the organisation. This was discussed in over 65% of the literature reviewed. Having a clear job description 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 (Davis & Pilgrim, 2015; Mahlke, et al, 2014).

“Without a solid sense of what peers have to offer that is unique to their peer support role, peer staff end up doing a lot of the same tasks that other staff have been doing, only typically for less pay” (Stratford et al, 2017, p. 2). There are a range of existing resources that provide example job descriptions that could be adapted by organisations, offering a baseline for peer work roles which can be found in Appendix 2 (e.g. ARAFEMI Mental Health, 2011; Centre for Mental Health, 2013; Peer Work Hub, 2016).

Peer workers strive towards the construction of a positive identity (acceptance, making socially-valued contributions, positive self-worth) and a move away from a devalued identity (stigma, low self-worth) (Vandewalle et al, 2017). Often peer workers do not see themselves as accepted by stakeholders because of a lack of clarity regarding their role, and may feel the need to continually justify their position, challenging the misunderstanding and negative attitudes from others (Asad and Chreim, 2016; Chinman et al., 2008; Scott et al., 2011, Vandewalle et al, 2016). Having “clear responsibilities and expectations allow peer specialists to claim an entirely new identity” (Kuhn et al, 2015; p. 455).

Evidence from a study by Davis (2013) demonstrates that role clarity significantly increases when peer support workers receive regular, scheduled, professional supervision. The more frequent the supervision the clearer the role, especially within mental health services that generally operate in a climate of change and with the complexities of the peer worker role. Clarifying the role of peer workers in the individual supervision of non-peer staff, also supports role clarity and integration of peer work (Davis, 2013).

RECOMMENDATION 3: Provide role clarity and constructing identity for peer worker roles

It is recommended that a national peer membership organisation in Australia could support role clarity and construction of identity by providing example peer worker job descriptions, access to resources to support a deeper understanding of the peer support worker role for peer workers, non-peer workers, organisations, and consumers. This organisation could also support professionalisation of the peer worker role to increase credibility and demonstrate the value of peer work within mental health settings.

4: Boundaries and self-disclosure

The exploration of boundaries and self-disclosure was frequently identified across the literature, including the complexity of constraining the peer worker role to maintain clinical-like boundaries, creating a risk of undermining the sharing of lived experience (Gillard et al, 2015).

Literature discussed the need to restrict self-disclosure by peer workers with both non-peer workers and consumers to maintain boundaries and personal wellbeing. However, this restriction can create barriers in relationship development with service users and can diminish the meaningful nature of the peer support role (Clossey et al, 2016; Vanderwalle et al, 2016). Peer workers are often faced with the challenge of not knowing how much to disclose about their own mental illness diagnosis to both consumers and the non-peer staff they work with (Asad & Chreim, 2016).

Stratford et al (2017, p. 2) question “are peer staff using their own lived experiences of recovery as the foundation for their work with the people they support? If so, how are they using it?”. This question is raised because peer workers have reported that non-peer supervisors often do not allow disclosure of their own experiences. Issues of boundaries are important in all service provider roles; however, they can be understood differently. With peer support work, the sharing of their own experience is a distinctive aspect of the role (Gillard et al, 2015). Peer support work is more personal due to the sharing of lived experience, therefore boundaries should be “personally-determined rather than professionally-defined, enabling peer workers to take control over exploring their shared lived experiences with the people they were supporting” (Gillard et al, 2015; p. 690). “The nature of the peer relationship with the people they serve, predicated on sharing one’s own recovery narrative, is inherently personal requiring professional boundaries that are more fluid” (Mancini, 2017; p. 9).

It is important that peer workers have sufficient training, support and ongoing, specialised supervision to explore and navigate boundaries in their work to ensure this is implemented appropriately and that they are able to protect their own mental health and wellbeing (Chappel Deckert & Statz-Hill, 2016; Mancini, 2017).

RECOMMENDATION FOUR: Provision of support, training and specialised supervision to navigate boundaries and self-disclosure

It is recommended that a professional peer membership organisation could support peer workers in navigating boundaries, self-disclosure and protecting their own health and wellbeing by providing access to communities of practice with other, experienced peer workers in addition to offering access to specialised supervision and training. Providing training and mentoring for non-peer staff and managers to understand the unique role of peer work could support their understanding of the different nature of boundaries within the peer support context. The membership organisation could also provide example policies and procedures that organisations could adapt for their unique settings.

5: Health and wellbeing of peer support workers

Being a peer support worker has both the potential to support and hinder their own recovery. Peer support roles offer opportunities to support a person's own recovery through impacts on the peer worker's sense of self and the opportunity to apply recovery principles to their own lives (Bailie & Tickle, 2015). However, peer support workers are also required to adopt a range of coping strategies to manage the complexities of being both a service user and a service provider. As such, they require training, support and opportunities for discussion with experienced peers to better understand the potential personal implications of carrying a peer label in their own recovery journey (Bailie & Tickle, 2015). It can be challenging for peer workers to maintain their own wellbeing when they are working with consumers having similar experiences to their own (Vanderwalle et al, 2016).

Having the dual role of service user and provider creates unique stressors for peer support workers such as perceptions of lower status, experiences of stigma, discrimination, and exclusion from social events by non-peer workers, impacting on their sense of self and their own recovery (Bailie & Tickle, 2015; Repper & Carter, 2011). Peer workers may also have residual and recurring health issues themselves in addition to work stress, and the emotional stress of helping others, which could impact on their ability to maintain personal wellness (Ahmed et al, 2015).

The stress related to high workloads and the nature of peer support work can create risks and vulnerabilities tied to lived experience work. Peer support workers and their employers have a "joint responsibility to address issues of maintaining role integrity, work expectations and workload, and provide work conditions necessary to do the job" (Bennetts, 2009; p. 15).

Having a supportive environment is critical for the success of lived experience work and having access to recovery focused, structured and interpersonal support impacts on peer workers' own recovery journey (Bennetts, 2009; Hurley et al, 2016). Organisations need to consider strategies to respond to peer workers who become unwell, and it is useful for them to explore whole of service approaches to wellness planning for staff, rather than providing support only for peer support workers, which could be seen as discriminatory (ARAFEMI, 2013; Bennetts, 2009; Repper, 2013).

Support needs to be available to peer support workers to openly address the inherent vocational risks of engaging in a 'personal' occupation by providing opportunities for group discussions with other experienced peer workers, training on self-help interventions, and support for incorporating peer support workers into teams that will be receptive to the value of individuals with lived experience (Bailie & Tickle, 2015).

RECOMMENDATION FIVE: Support and promote the mental health and wellbeing of peer workers through policies, resources and access to communities of practice

It is recommended that a national peer support membership organisation provide example policies for wellness planning and access to specialised training, professional supervision, and communities of practice for peer workers to support their personal mental health and wellbeing. The membership organisation could also provide training and support to assist non-peer workers to have a deeper understanding and appreciation of the peer worker role.

6: Training, supervision and certification to professionalise the peer workforce

To be an effective peer worker, it requires more than lived experience of mental health issues alone. The Western Australian Association for Mental Health (2014) posit five qualities for effective peer workers which 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; and being emotionally mature and objective. Peer Workers in mental health need the 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 their experience of mental health issues (Gillard et al, 2013). Having formal qualifications in peer work also supports the credibility of the peer support worker role in the eyes of managers and non-peer staff (Byrne et al, 2017).

In a study exploring the perceptions that peer support workers have about their role, Vanderwalle (2016) highlights that peer workers identify the need for professional standards and adequate provision of training and financial compensation to ensure their roles are not undermined within organisations. Professionalising the peer support workforce in mental health is a step towards creating a clearer understanding of the specialised and unique nature of the role and recognition through increased status and financial compensation for peer support workers.

Many articles discussed the notion of professionalisation of the peer workforce being seen as a “double-edged sword” in that it may increase credibility of lived experience workers, but could also increase the risk of being co-opted into less flexible, traditional ways of working if guided by rigid practice standards (Byrne et al, 2017).

Professionalised peer support is a more recent model of service provision and has gained a strong evidence base and government support. Despite this, shifting some services and professionals from the traditional medical models of illness takes time and poses challenges for organisations where peer workers may be employed within that may be entrenched in older models of practice (Clossey et al, 2016). “As an ongoing process, recovery is not concerned with ‘achieving’ a state of being ‘recovered’ via treatment of mental illness. Rather, the literature suggests that recovery is a non-linear process of continual growth (which may be interspersed with occasional setbacks)” (State of Victoria, Department of Health, 2011; p. 3).

There needs to be effective professionalised training pathways for peer workers to protect the recovery focus and unique nature of peer support service delivery (Faulkner & Jayasree, 2012). The Certificate IV in Peer Work is a step towards professionalisation of the mental health peer workforce, however 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 (Byrne et al, 2017). The USA, UK and Canada have all taken steps towards professionalisation by offering formal certification combining both formal qualifications and a commitment to ongoing professional development in mental health peer work. This is a potential role for a professional membership organisation for peer support workers in Australia, to undertake further research exploring potential certification of the peer

workforce (Ahmed, et al, 2015; Basset, et al, 2010; Daniels, et al, 2012; Davis & Pilgrim, 2015). Certification of the peer workforce has also been identified as a recommendation in literature reviewed from Australia (Tolhurst & Craze, 2013).

Professionalisation needs to ensure there is not a separation between the peer worker and the person being supported, which could diminish the potential of their shared experience and potentially create a power discrepancy (Beales & Wilson, 2015). Professionalisation should focus on the flexible nature of the role and preserve the natural and spontaneous relationship that is at the heart of the helping process. The most effective way of retaining the essence of peer support is to identify core values for peer support and ensure that these are upheld through recruitment, training and supervision of both peer and non-peer workers. Proposed values to guide peer support are provided by Stratford et al, 2017 in their 'International Charter'; Campos et al, 2013 in their 'Practical Guidelines for Peer Support Programs for Mental Health Problems; the Western Australian Association for Mental Health, 2014 in their 'Peer Work Strategic Framework'; and the Scottish Recovery Framework, 2013 in their 'Experts by Experience: Values Framework'.

Another consideration for the ongoing training and development of peer workers is recognising the potential danger of peer support workers that have been undertaking the role for a long time losing touch with the "techniques they learned to deal with their mental health problems and the experiences that made them a recognisable peer in the first place, as time takes them further from this period" (Beales & Wilson, 2015, p. 318). The Mental Health Commission of Canada advocate for the importance of having communities of practice (COPs) available to support peer workers stating:

"Peer support workers working somewhat independently over time, possibly within challenging environments, may lose sight of some of the critical characteristics of peer support, such as self-determination, non-judgmental empathy and recovery-oriented hopefulness. It is for this reason that maintaining a connection with a "community of practice" is recommended. The camaraderie experienced within a group of like-minded individuals who share similar values and lived experience can help to maintain the health, hopefulness and wellness of its members, provide opportunity for learning and the sharing of wisdom, and remind each other of peer support's guiding values" (Mental Health Commission of Canada, 2013-2016; p. 26).

RECOMMENDATION SIX: Provide access to training, supervision and certification to professionalise the peer workforce

It is recommended that a professional membership organisation in Australia develop a core set of guiding principles and values for mental health peer work and an ethical code of conduct for peer support workers. This organisation could also advocate for professionalisation and certification of the peer workforce including recognition through parity of remuneration for the specialised nature of the role. Offering access to specialised training, supervision and communities of practice would also support the ongoing development of the peer workforce in Australia.

Establishing a Professional Peer Membership Organisation in Australia:

The current struggle for the peer support workforce in Australia is not one of relevance as there are established policy commitments in all states and territories, but one of “authenticity, spreading and developing peer support while staying true to its purpose and ethos that guides it” (Beales & Wilson, 2015, p. 322). There is broadly a lack of understanding and clarity regarding peer support worker roles which creates a risk of these roles being absorbed and co-opted into traditional ways of working, diminishing their impact (Byrne et al, 2017).

Having a professional membership organisation for the mental health peer workforce could enable access to resources, specialised training, supervision and communities of practice to support professionalisation of the peer workforce in Australia. To support professionalisation of the peer workforce in Australia, there is a need for best practice standards in mental health peer support to be developed. This is not the first time this idea has been explored in Australia. Peer work leaders from Queensland, Victoria, and New South Wales, together with colleagues from USA, developed a ‘Peer Work Leadership Statement of Intent’ proposing the development of a national professional association of mental health peer workers. They proposed that such an organisation could assist peer workers, organisations, non-peer workers and those considering joining the peer workforce services to support successful implementation. They also provide example mission, objectives and first steps to support the creation a national professional association.

It is recommended that these examples, and those involved in their development be consulted in further exploration of establishing a professional membership organisation. In addition, draft membership organisation rules, definitions, purpose and objectives have been developed following consultations and literature reviews by Phillips et al (2011) and should be considered. Professional, best practice standards for mental health peer work should be created and used as a basis for defining quality peer work in Australia.

There is a way to go for mental health services in Australia to operate under recovery oriented models and to change the existing cultures within organisations to embrace and value of unique role of consumer and carer peer support workers. However, significant steps have been taken in creating policy directions to support the development of this workforce, and there is growing development of the workforce through formal qualifications and resources already available and developed in Australia. The list of grey literature included in Appendix 2 provides an overview of some of the most recent resources developed for peer support initiatives in mental health.

It is recommended once a professional membership organisation is established, copies of the resources and literature shown in Appendix 2 be made available through a central repository to enable peer workers, non-peer workers and organisations an easy access point for quality resources.

Summary of Recommendations:

- Recommendation 1: Provide access to resources to support recovery oriented practice, trauma-informed care, organisational culture and best practice guidelines for peer work
- Recommendation 2: Provide access to training for non-peer workers to reduce stigma, discrimination and increase understanding of the value of peer work
- Recommendation 3: Provide role clarity and constructing identity for peer worker roles
- Recommendation 4: Provision of support, training and specialised supervision to navigate boundaries and self-disclosure
- Recommendation 5: Support and promote the mental health and wellbeing of peer workers through policies, resources and access to communities of practice
- Recommendation 6: Provide access to training, supervision and certification to professionalise the peer workforce

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Appendix 1: Academic Articles

Theme Coding Legend:

RC = Role Clarity **Bound** = Boundaries **Power** = Power Issues **Health** = Health & Wellbeing **S&D** = Stigma & Discrimination
Cert = Certification **IF** = Integrity/Flexibility **Sup** = Supervision **RO** = Recovery Orientation **Train** = Training
Disc = Self-disclosure **ED NP** = Education of Non-Peer Workers **OC** = Organisational Culture **Conf** = Confidentiality
MO = Membership Organisation **Identity** = Peer Worker Identity **Plan** = Planning & Preparation;

#	Study	Main Purpose/Title	Study Design	Key Points/Outcomes/Themes	Theme Coding
1	Repper, Julie & Carter, Tim, 2011	Literature review on peer support in mental health services	Inclusive search of published and grey literature identifying studies of intentional peer support in mental health services. Seeking application for the UK.	Defines peer support, benefits of peer work for consumers (e.g. admission rates, raised empowerment, social support and social functioning, empathy and acceptance, reducing stigma, hope), benefits for peer workers (e.g. aiding community recovery, increased self-esteem, skills gained, etc.); challenging issues in peer support (e.g. blurred boundaries, power and possible barriers to respectful equal relationship if they were previously a consumer, perceptions of lower status, stress, risk management and safety, maintaining a peer support distinctive role). Conclusions, peer workers appear to promote hope, belief in the possibility of recovery, empowerment, increased self-esteem, self-management and increased social network more successfully than professionally qualified staff. Challenges in the boundaries in peer worker relationships, where accountability begins and ends, power issues within the peer relationships and with other professionals, stress of the role on the peer worker.	RC Bound Power Health
2	Chinman, Matthew., McInnes, Keith., Eisen, Susan., Ellison, Marsha., Farkas, Marianna., Armstrong, Moe	Establishing a research agenda for understanding the role and impact of mental health peer specialists	Creating a research agenda to advance the field, a review of existing research.	Explores peer specialists' roles, settings and theoretical orientations. Research is needed on the factors that hinder and facilitate the implementation of peer specialise services, and effective practices to introduce and sustain peer specialists.	RC

	and Resnick, Sandra, 2007				
3	Vandewalle, Joeri., Debysen, Bart., Beeckman, Dimitri., Vandecasteele, Tina., Van Hecke, Ann., & Verhaeghe, Sofie (2016)	Peer workers' perceptions and experiences of barriers to implementation of peer worker roles in mental health services – Literature review	Explores why an integrative, multi-level approach is needed to address barriers to implementation (Belgium focus).	Identifies barriers experienced by peer workers (e.g. lack of role clarity, pressure to gain acceptance, residual and recurring health issues, misunderstanding and negative attitudes from non-peer worker colleagues, impediments caused by professional routines), barriers experienced by service users from the perspective of peer workers (e.g. lack of interest, challenging personal and interpersonal boundaries, adverse effects of self-disclosure), issues with team integration and collaboration, conflicted sense of identity (e.g. from service user to service provider), lack of recovery-oriented culture in traditional organisations. Organisation barriers include lack of training, supervision, resources and adverse effects of working conditions, dissatisfaction with rigid organisational structures and task allocation. At a broader level, lack of recognised certification and funding, interference.	RC Health S&D Bound Identity RO Cert Sup Train
4	Tse, Samson., Mark, Winnie., Lo, Iris., Liu, Lucia., Yuen, Winnie., Yau, Sania., Ho, Kimmy., Chan, Sau-Kam & Wong, Stephen (2017)	A one-year longitudinal qualitative study of peer support services in a non-Western context: the perspectives of peer support workers, service users and co-workers	Interviews conducted with peer workers, service users and co-workers in Hong Kong.	Identified uncertainty about the role of the peer workers initially, however trusting, beneficial relationships developed over time. Interesting discussion regarding the impact on the peer support worker's families – linked to the family culture in Hong Kong.	RC
5	Davis, Jennifer (2013)	Supervision of Peer Specialists in Community Mental Health Centres: Practices that Predict Role Clarity	Explored the identification of supervisory practices that predict/support role clarity of peer support workers. Sample came from National Association of Peer Specialists (100	Identifies challenges in the transition from consumer to provider and the role of supervision in clarifying the peer worker role. Significant improvement in role clarity of peer support workers when they received scheduled supervision or both scheduled and un-scheduled supervision. No improvement in clarity if only un-scheduled supervision occurs. The more frequent the scheduled supervision the clearer the role, especially in an "ever changing climate in community mental health coupled with the complex peer specialist role" (p. 155). Identified need to identify strategies for successful integration of peer providers into community mental health	Sup RC

			responses included), over a 2-month period	systems. Identifies the need to ensure role clarity of peer workers is provided in the individual supervision of non-peer staff as well.	
6	Stratford, Anthony., Haplin, Matt., Phillips, Keely., Skerritt, Frances., Beales, Anne., Cheng, Vincent., Hammond, Magdel., O’Hagen, Mary., Loreto, Chatherine., Tiengtom, Kim., Kobe, Benon., Harrington, Steve., Fisher, Dan and Davidson, Larry (2017)	The growth of peer support: an international charter	Results from a convening of international consortium of peer leaders from six continents (all but Antarctica) to develop a common, core set of guiding principles and values for development of peer support.	Explores how to prevent loss of integrity of the peer support role. Questions “are peer staff using their own lived experiences of recovery as the foundation for their work with the people they support? If so, how are they using it? This question is raised because some peer staff have reported being told by non-peer supervisors not to disclose their own experiences within mental health issues” (p. 2). Explores the differing view of the peer support worker role in non-Western society e.g. China. Identifies key principles in operationalizing peer support; guiding values of peer support and core practices of peer staff to support the peer workforce development.	IF Disc Bound
7	Kuhn, Wendy., Bellinger, Jillian., Stevens-Manser, Stacey & Kaufman, Laura (2015)	Integration of Peer Specialists Working in Mental Health Service Settings	Explored the indicators that predict job satisfaction by surveying 86 certified peer specialists in Texas.	Results suggest that the supervisor’s level of understanding of the peer specialist job role has a significant impact on job satisfaction and that better workplace integration may be achieved by educating supervisors about peer specialist job roles.	RC Ed NP
8	Gillard, Steve., Holley, Jess., Gibson, Sarah., Larsen, John., Lucock, Mike., Oborn, Eivor., Rinaldi, Miles & Stamou, Elina (2015)	Introducing New Peer Worker Roles into Mental Health Services in England: Comparative Case Study Research Across a Range of Organisational Contexts	A qualitative, comparative case study compared the introduction of peer workers employed in the statutory sector, voluntary sector and in organisational partnerships to identify conditions supporting introduction and whether these were comparable across service types in England.	Identifies similarities in structural good practice (e.g. recruitment and peer worker specific training), but differences in expectations of the peer worker role in different organisational cultures. Professionalism and practice boundaries were considered important, but were understood differently. Evidence of strategic support for peer worker initiatives at the highest organisational level and good fit between introduction of peer worker roles and other organisational, strategic agendas. Managing boundaries was considered highly important in all service settings, but understood differently (i.e. regarding personal disclosure). Difficulties introducing peer worker roles into structured statutory organisations were identified, stigma noticed among staff in statutory organisations.	Recruit Train RC OC Bound S&D

9	Davis, Jennifer., & Pilgrim, Sarah (2015)	Maximising utilization of peer specialists in community mental health: the next step in implementation	USA Study identifying factors that positively and negatively impact the referral to and utilization of peer support services by traditional providers and strategies for achieving optimal utilization	Identifies implementation barriers e.g. pessimistic attitudes towards recovery among traditional staff, role conflict and confusion among peer providers and concerns regarding professionalism i.e. confidentiality of client information and consumer/provider boundaries issues. Peer certification programs exist but training programs are not uniform. Successful peer support requires maximum utilization to ensure sufficient income and to demonstrate the need for it. Factors supporting utilization include – having peer specialists working closely with traditional workers, agency culture valuing peer specialists, thoughtful planning, inclusion of staff in planning and development of clear roles, attitudes of traditional workers toward the peer specialist, recognised benefits to the consumer, recognised benefits to the traditional worker and organisation. Barriers included boundary issues/concerns that traditional workers have about peer workers, skepticism regarding utilization of peer specialists, professional hierarchy and the place of peer specialists, credibility, supervisor attitudes.	S&D RC Conf Bound Cert Train Sup OC Plan
10	Chappell Deckert, Jennifer & Statz-Hill, Melisande (2016)	Job satisfaction of peer providers employed in mental health services: a systematic review	Identify research that evaluates job satisfaction outcomes for peer providers employed in mental health settings (USA).	Results identify peer providers are generally satisfied in their work settings with significant predictors of job satisfaction listed. Identifies that social workers employed in mental health centres have a unique opportunity to support peer providers as they advocate for increased support, integration and reduced stigma of peer providers, using expertise in systems theory and strengths perspective to understand factors impacting on their job satisfaction.	Sup Bound RC OC RO Health
11	Clossey, Laurene., Gillen, James, Frankel, Heather & Hernandez, Jose (2016)	The experience of certified peer specialists (CPS) in mental health	Explores the barriers and facilitators of effective certified peer specialist work. Sample size of 13 CPS across 8 different organisations.	Major barriers include – services are not sufficiently recovery oriented, professional providers not understanding the role, resistance and a power imbalance between ‘professionals’ and certified peer specialists, culture of mental health organisations needs to be more recovery orientated, understanding professional boundaries, the medical model, providers not taking peer support worker’s roles seriously, discrimination/stigma, professionals dismissing their point of view, not being taken seriously. Major facilitating factors include – supportive organisations and having a CPS supervisor, organisational integration (feeling disconnected from their employing organisation) Recovery model focuses on the need for consumers to be empowered and to partner with their mental health providers. The medical model of mental	RO RC Power OC Bound S&D Sup

				health can be at odds with the profession's (social work) valuation of strengths, partnership and empowerment.	
12	Mancini, Michael (2017)	An exploration of factors that effect the implementation of peer support services in community mental health settings	Qualitative interviews with peer providers and non-peer health workers to explore factors that effect successful implementation of peer support services in community mental health settings	Peer job satisfaction is contingent upon role clarity, autonomy and acceptance by non-peer workers. Need organisational support for peer services and guidance on how to use peers, negotiate their professional boundaries and accommodate the mental health needs. Need clear policies and procedures and staff preparation. Successful integration factors were identified from both the peer and social worker perspectives, mostly focusing on role clarity. Identifies the complexities of negotiating boundaries. Require adequate orientation and training of staff on the history, code of ethics, effectiveness and roles of peers. A Code of ethics for peer specialists is available in USA	Sup Bound OC RC IF Train Cert ED-NP MO Plan
13	Ahmed, Anthony., Hunter, Kristin., Mabe, Alex., Tucker, Sherry & Buckley, Peter (2015)	The professional experiences of peer specialists in the Georgia mental health consumer network	Explores the professional experiences of peer specialists including the basic roles, benefits and potential challenges of 84 peer specialists in Georgia (USA).	Challenges include poor compensation, limited employment opportunities, work stress, emotional stress from helping others, maintaining personal wellness. Peer specialists would benefit from resources and supports aimed at their continued training and supervision and fostering vocational advancement could potentially enhance their experiential recovery and community functioning. Certification training focuses on the recovery model, education in peer-led interventions and services. Main focus was on the benefits to peers of undertaking a peer worker role to their own psychological status. Training and education for mental health staff about disability and discrimination legislation and their implications for the compensation of peer specialists and their treatment in the workplace. Non-peer staff having continued education in the recovery model and role and benefits of having peer specialists as members of treatment teams.	Health Train Cert RO Sup Train Disc Ed NP
14	Campos, Filipa., Sousa, Ana., Rodrigues, Vania., Marques, Antonio., Querios, Cristina., &	Practical guidelines for peer support programs for mental health problems	Study to determine the guiding principles for implementation of peer support programs in Portuguese psychiatry and mental health systems among mental health	The international association of peer supporters (iNAPS) created national guidelines for the use of peer support in the USA (https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf) Evidence suggests that peer support services should reflect the four core values of recovery (person orientation, person involvement, self-determination and potential for growth). Evidence suggests formal peer	RO Health RC Sup

	Dores, Artemisa (2013)		professionals and service users.	support roles should have a defined role, access to proper training, support and supervision, training and support for non-peer staff to ensure peer support workers are integrated into the team.	Train Ed NP
15	Simpson, Alan., Quigley, Jody., Henry, Susan & Hall, Cerdic (2014)	Evaluating the selection, training and support of peer support workers in the United Kingdom	This article describes the preparation, selection, training and support of a group of peer support workers to work with service users discharged from acute psychiatric units in London, England and reports on the findings of an evaluation of the training and support provided.	Feedback on training was a need for better preparation regarding the strength of emotional involvement and feelings they would have for their peers – e.g. ending the peer relationship. Also, further training was identified regarding the influence of family members and dynamics. Training provided included topics on recovery and personal recovery plans, confidentiality, information sharing, exploring boundaries, active listening, social inclusion, appreciating differences, responding to distressing situations, preparing to be a peer support worker.	Train Bound Conf RO
16	Rebeiro Gruhl, Karen., LaCarte, Sara & Calixte, Shana (2015)	Authentic peer support work: challenges and opportunities for an evolving occupation	This study was to examine the role of peer support workers (PSW) including challenges and benefits and understand why the PSW is not more integrated within mainstream services (in north eastern Ontario, Canada). Surveys in stages and focus groups conducted (51 PSWs).	Authentic peer support was explored (i.e. the essence of peer work and the value add of PSW to mainstream mental health services) and the reciprocity of peer support work. Challenges include lack of clarity of peer and employer roles, excessive workload expectations, lack of supervision, concerns involving self-disclosure, acceptance and valuing of the role by mainstream mental health system, need for additional training and credentialing to support acceptance, voluntarism and its impact on the credibility of the workforce, self-care and establishing boundaries, burnout. Recommendations to address these includes standardizing the role of PSW within mental health services and expanding training of providers and service users, establishing a minimum standard of training and creating a network of supports to support the workforce and collectively advocate for its authenticity.	RC Sup Bound Disc Train Cert Ed NP MO
17	Asad, Sarah & Chreim, Samis (2016)	Peer support providers' role experiences on inter-professional mental health care	Explores how peer support worker roles are defined and integrated in inter-professional mental health care teams by conducting interviews with peer support providers in two	Understanding role definition by exploring title, training, responsibilities and remuneration. Role integration/acceptance is facilitated by team understanding of the role the providers ability to adjust to their new work environment and how the organisation introduces the role. Identified that role integration should be a dual responsibility of both the peer worker and	RC Train Cert S&D

		teams: a qualitative study	different formal models of peer support (Canada) (interviews with 12 participants).	non-peer workers. Disclosure with team members can expose peer support workers to both positive and negative perceptions by team members.	Disc Bound Conf Train Power Ed NP Health
18	Holley, Jessica., Gillard, Steve., & Gibson, Sarah (2015)	Peer Worker Roles and Risk in Mental Health Services: A qualitative comparative case study	Explores the negotiation of boundaries and risks for peer workers (Canada)	Identifies concerns regarding the negotiation of boundaries, ensuring the peer worker is well enough to do the job and has strategies to stay well. The challenging, relational nature of the role creates risk to wellbeing. Highlights the importance of support to cope with the potential stressors of the role, and provision of reasonable adjustments to manage risks if needed. Identified the need for policies and procedures (formal and informal) designed to prepare and support peer workers' wellbeing in the role and that supervision and support needs to ensure that peer workers' own mental health and wellbeing is not compromised.	Bound Health RO OC Sup
19	Kilpatrick, Emma., Keeney, Sinead., & McCauley, Claire-Odile (2017)	Tokenistic or genuinely effective? Exploring the views of voluntary sector staff regarding the emerging peer support worker role in mental health	Small exploratory study focusing on the views of staff within the voluntary sector (non-profit mental health organisations) regarding the potential benefits, challenges and impact to their service team of employing peer support workers.	Semi-structured interviews over 3 months with 10 participants. Four key themes: 1. Tokenistic or genuinely effective? 2. Clear boundaries not blurred lines (between PSW and staff and PSW and service users). Importance of structured supervision and support to address these issues. Induction is integral. 3. Reasonable adjustments and reducing obstacles. 4. Organisational culture. Supportive training and education for colleagues to build capacity, understanding of the role and its value and how it can best be utilised.	IF Bound RC Sup OC Train Ed NP MO RO
20	Hurley, J., Cahin, A., Mills, J., Hutchingson, M & Graham, I (2016)	Essays and Debates in Mental Health: A critical discussion of peer workers:	Explores the Partners in Recovery (PIR) program in Australia, looking at the literature on efficacy of	Mentions that Australia and Japan are lagging behind (Chiba et al, 2011 Japanese study) and the current status internationally – Scotland, England, New Zealand, North America.	RC Cert Sup

		implications for the mental health nursing workforce	peer workers and mechanisms influencing these roles	National Mental Health Commission (2014) calls for expansion of peer worker workforce with more formalised structured frameworks around the roles, capacity training and support in the workplace. States that mental health nurses (which are more numerous than other mental health professionals) are central to creating recovery-orientated environments. Highlights the issue of recovery orientated framework within a medico-centric focused system.	RO Bound OC Train
21	Daniels, Allen., Bergeson, Susan., Fricks, Larry., Ashenden, Peter & Powell, Ike (2012)	Pillars of Peer support: advancing the role of peer support specialists in promoting recovery	Defines the parameters of a certified workforce via literature review to develop a standard set of principles to guide US states in their work with Medicaid. The Pillars of Peer Support initiative is reviewed	The role of peer support services is promoting hope and fostering strength across the five stages of recovery. There is a lack of a consistent model of peer support and generally there are no set outcome measures. The 25 Pillars of Peer Support Services include a focus on education, certification, employment, professionalism and advocacy. The next step is the advancement of career pathways, and broader standardization of certification requirements.	Cert Train Ed NP MO
22	Beales, Anne., & Wilson, Johanna (2015)	Peer Support – the what, why, who, how and now	Provides a view from the voluntary sector, exploring “Togethers” experiences and learning over the past 10 years as one of the largest voluntary sector providers of mental health peer support (UK based)	Findings include a lack of understanding of what peer support is, the current climate of austerity and over-professionalisation which can threaten the transformational power of genuine peer support. Over-professionalisation could introduce a separation between the peer worker and the person being supported, diminishing the potential of their shared experience – creating a power discrepancy. Highlights the importance of training and employment of peer support coordinators.	RC IF RO Power IF
23	Mahlke, Candelaria., Kramer, Ute., Becker, Thomas & Bock, Thomas (2014)	Peer Support in mental health services	This paper focuses on the priorities in current research and practice in peer support.	Issues identified include development of specific roles, peers’ genuine helping skills and the role of peer workers in formal care settings, understanding of peer support worker’s role by non-peer staff, organisational support strategies, training, adequate supervision, concerns regarding disclosure and purposefulness of disclosure. Need clarification of core competencies, helping skills, boundaries and solutions to disclosure, stigma and discrimination experiences. Organisational challenges include role clarity, job structure, insufficient workplace strategies undermine peer support workers. Role of management to provide work routine structures at all organisational levels is crucial. Training where boundaries and confidentiality are explored in advance,	ED NP Train Sup RC Bound Disc Conf RO

				understanding of building hope, supervision. Triangulation of perspectives between peers, non-peer staff, users, managers and commissioners.	IF
24	Bailie, Alistair & Tickle, Anna (2015)	Effects of employment as a peer support worker on personal recovery: a review of qualitative evidence	Review of 'intentional peer support' 10 articles, critically appraised and their results synthesized within 'traditional' mental health services (UK)	Employment as a peer support worker has the potential to promote personal recovery, but also the potential to impede recovery. Peer support workers have been found to require and use a range of coping strategies to manage the complexity of holding dual roles as a service user and service provider. Need to have clarity of role and support to fulfil it to support acceptance and belonging and the value of the role. Training and information, transitional support into the role and supervision is required to overcome the challenges of the peer support worker role. Issues of exclusion from non-peer coworkers e.g. discrimination, exclusion from social events, this impacts on their sense of self and their own recovery. Generalized benefits of employment are raised (developing skills, abilities, functioning better at work, improved communication, financial freedom, social networks, etc.), however acknowledging the challenges that come with this (stresses, learning curve, acceptance from team members).	Health RC Train Sup Power S&D OC Bound Ed NP
25	Gillard, Steve., Edwards, Christine., Bigson, Sarah., Owen, Katherine., & Wright, Christine (2013)	Introducing peer worker roles into UK mental health service teams: a qualitative analysis of the organisational benefits and challenges	Review of interview data (41) from service users, peer workers, non-peer staff and managers of four services, using organisational research literature on role adoption to frame analysis (UK).	Keys to adoption of peer support in organisations includes role distinctiveness, team consensus around role and institutional support. Five focused themes were developed – (1) who becomes a peer worker, how and why?; (2) building new teams; (3) Being a peer worker: an experience of conflicted identity; (4) challenging boundaries; (5) is a body of peer practice emerging? – identifying the additional skills, resources and knowledge that having peer workers brings to the team. Tensions between what peer workers are employed to do and what actually do.	RC Recruit Health Ed NP S&D Power Train IF Identity Bound Disc
26	Jacobson, Nora., Trojanowski, Lucy &	What do peer support workers	Interviews, focus groups and activity logs were analyzed to identify the 'critical ingredients' of	Research question 'what are peers doing?' Identifies the need for role clarity and for non-peer staff to be sufficiently prepared by their agencies to receive a peer colleague to their staff. Peer worker activities included – advocacy, connecting to resources, experiential sharing, building	IF RC

	Dewa, Carolyn (2012)	do? A job description	peer support and clarity around peer support worker job roles. Study is based on a large psychiatric tertiary care hospital.	community. relationship building, group facilitation and group planning and development, skill building/mentoring/goal setting, socialization/self-esteem building, administration, team communication, supervision/training, receiving support, education/awareness building, information gathering and verification, and legitimizing the peer role. Job description are proposed. Identifies the need for experience of mental health and/or addition problems, knowledge of the mental health and social service systems and client rights, strong communication skills, coaching and negotiating skills, training before they enter the peer support worker role and ongoing training.	Ed NP Planning Train Sup Cert
27	Alberta, Anthony., Ploski, Richard & Carlson, Scott (2012)	Addressing challenges to providing peer-based recovery support	Explores the challenges to providing peer-based recovery support by exploring how Colorado River Behavioral Health System has addressed challenges to the effective provision of peer based recovery support (USA)	Challenges include – environmental (integrating peer support staff into organisations built around professionally credentialed staff members and the professional culture they embrace), individual (peer staff members entering employment settings, expectations in this professional culture and unfamiliar working conditions grounded in the culture, recurrences of their symptoms). Identifies the need to train, supervise and support peer support workers, highlighting that their conception of what care looks like has generally been defined by their personal experiences of mental health provided by clinicians. In this Colorado service, peer workers support clients to plan and implement recovery plans/life plans.	OC Train Sup RC Identity Power RO Health
28	Vandewalle, Joeri., Debyser, Bart., Beeckman, Dimitri., Vandecasteele, Tina., Van Hecke, Ann., & Verhaeghe, Sofie (2017)	Constructing a positive identity: a qualitative study of the driving forces of peer workers in mental health-care systems	Aim to develop a conceptual framework representing the driving forces of peer workers to fulfil their position in mental health care systems (Belgium) via a qualitative interview approach	Peer workers perceived that fulfilling their position enables them to move away from a devalued identity and towards constructing a positive identity. Driving forces identified included; desire for normalization, using lived experience perspective as an asset, liberating themselves out of restrictive role patterns, breaking down stigma and taboo, urge for self-preservation, experiencing supportive working conditions, developing and employing self-care skills and strategies. Identifies the crucial position of mental health nurses promoting and leading in the implementation of peer worker roles.	Identity S&D Sup OC
29	Happell, B., et al (2015)	Lived experience in teaching mental health nursing: issues of fear and power	A qualitative exploratory study was undertaken to elicit the views and perceptions of nurse academics and lived-experience educators	One major theme to emerge was issues of fear and power, which included three subthemes: facing fear, demystifying mental illness, and issues of power. The active and genuine participation of people with lived experience of significant mental health challenges is crucial if recovery-focused policy aspirations are to be achieved.	Power RO Ed NP OC

			about the inclusion of lived experience in mental health nursing education (Australia)	Including lived-experience educators in the education of health professionals is essential in influencing attitudinal development in the formative stage of their professional development. Nurses make up the largest professional group in the mental health workforce and are highly influential in determining the culture of mental health services. Fear was described as a common barrier to lived experience-led education.	S&D
30	Franke, Carmen., Paton, Barbara., & Gassner, Lee-Anne (2010)	Implementing Mental Health Peer Support: A South Australian Experience	Review of a peer work program for the training of consumers to work alongside mental health practitioners	Successful implementation of peer support requires commitment from the management in preparing the organisation and supporting peer workers. Development of a 3-step model for organisations wanting to employ peer support workers – prepare, train, support. Themes around the introduction of peer workers into an organisation included relationship between peer workers and consumers; leadership; preparation; introduction of the new roles; importance of a support structure; recognition of the importance of peer work.	Plan Train Ed NP RC

Appendix 2: Grey Literature

Theme Coding Legend:

RC = Role Clarity **Bound** = Boundaries **Power** = Power Issues **Health** = Health & Wellbeing **S&D** = Stigma & Discrimination

Cert = Certification **IF** = Integrity/Flexibility **Sup** = Supervision **RO** = Recovery Orientation **Train** = Training

Disc = Self-disclosure **ED NP** = Education of Non-Peer Workers **OC** = Organisational Culture **Conf** = Confidentiality

MO = Membership Organisation **Identity** = Peer Worker Identity **Plan** = Planning & Preparation;

#	Author/s	Title/Main Purpose	Design	Key Points/Outcomes/Themes	Theme Code
1	National Mental Health Consumer & Carer Forum, 2010	Supporting and developing the mental health consumer and carer identified workforce – a strategic approach to recovery	This position statement recognises the contribution of and the need to support and develop the mental health consumer and carer identified workforce.	Recovery orientation, identifies barriers and tensions in the role of peer workers, the need for increased understanding about recovery, mental health stigma, workplace culture and responding to change. Identifies 5 overarching key strategies including specific detail for each to ‘maximise the effectiveness of consumer and carer identified positions’	RO RC S&D OC
2	Health Workforce Australia (2014)	Report on findings of the mental health peer workforce study and provide recommendations to strengthen and develop the mental health peer workforce	International literature review, establishment of a Mental Health Workforce Reform Program Advisory Group Meeting, 19 services involved in a questionnaire, 17 case study interviews, online survey completed by 305 peer workers nationally	Review of policy context, benefits of the peer workforce for service users, peer workers, families/carers and mental health services and systems; challenges and barriers (e.g. defining roles, negative attitudes from non-peer workers, role conflict and confusion, lack of clarity re confidentiality, limited opportunities for networking and support; skill development, support structures (e.g. mentoring, supervision, promoting peer work, career pathways, resources; leadership considerations, workforce planning,	RC S&D Conf Train Sup
3	Health Workforce Australia (2014)	Mental Health Peer Workforce Literature Scan	To identify issues relating to the mental health peer workforce from recent academic and grey literature drawing on national and international perspectives.	Identifying definitions, identification of benefits of using peer workers (for consumers, for peer workers, for carers, for mental health services and systems), issues related to the employment of peer workers including key workforce challenges and barriers (e.g. unclear roles and responsibilities, possibility of peer workers becoming unwell, negative attitudes from non-peer worker staff, role conflict and confusion,	RC Health S&D MO

			Most literature is from the US and UK	confidentiality concerns, limited opportunities for networking and support. Offers a series of workplace recommendations to overcome the barriers affecting peer integration. Explores (in brief) international utilization of peer workforce.	
4	Phillips, Geoff, Gallagher, Charmaine & Streater, Mark (2011) Peers Australia	A national association for the promotion of peer work	National, Australian consultations including online survey to explore the interest and potential to form a professional association of peer workers plus a literature review of national and international literature and policy documents.	Development of draft Association rules, definitions, purpose and objectives as a result of the consultation and literature review.	MO
5	Bell, Tori., Panther, Graham & Pollock, Sarah (2014) Mind Australia	Establishing an effective peer workforce: A literature review	Literature review to explore best practice for integrating peer support work into existing mental health services with a focus on the Frankston Mornington Peninsula Catchment Area in Victoria Australia.	Explores the evidence base for peer work, benefits for peer support workers, values base, models of peer work, peer worker roles, skills required, service integration (e.g. engaging stakeholders, training for colleagues, stages of integration), challenges (e.g. role clarity, recruitment, training, supervision and support, career pathways and leadership).	Ed NP Sup RC Recr Train
6	Paton, Nicola & Sanders, Frances, ARAFEMI Mental Health, WA (2011)	Best Models for Carer Workforce Development: Carer Peer Support Workers, Carer Consultants, Carer Advocates and Carer Advisors	Literature review and stakeholder consultations to identify best practice models for mental health peer workers and identifying opportunities for increasing carer support, participation and advocacy via implementation models.	Explores the experiences and needs of families and carers of people with a mental illness, the consumer and carer peer workforce (including in a policy context), identifying peer workforce around Australia. Establishing an evidence base for consumer and carer peer work in varying service delivery models, the roles of peer workers and key skills required, exploring factors that may impact on the integrity of peer support including issues faced (e.g. culture, stigma, attitudes, service concerns) and the impact of these. Identifies 'ingredients for success' and recommendations to support and develop the mental health peer workforce with details on how each of these could be undertaken.	S&D OC RO Train RC Sup MO
7	Mental Illness Fellowship (2011)	Peer workforce framework	Staff questionnaire undertaken with Mental Illness Fellowship with approximately 90 staff responses from peer workers,	Identifies challenges experienced by peer workers and what the MI Fellowship could do to improve support and training. Brief look at the international experience in Scotland. Identifies a proposed 'peer workforce development cycle' for introducing peer workforce into an	RC Train Health

			non-peer workers and volunteers)	organisation and potential quality assurance and support systems to be considered by an organisation.	Bound Conf Disc Cert Plan
8	Bryne, Louise, Dr., Roenfeldt, Helena., & O'Shea, Peter (June 2017).	Summary – Barriers and enablers to lived experience workforce development https://www.qmhc.qld.gov.au/documents/qmhcssummarybarriersandenablerstolivedexperienceworkforcedevelopmentpdf	A summary of the 2017 report "Identifying the Barriers to Change"	Explores the key findings from the reporting including organisational culture and the need for senior management buy-in, the need for role clarity, support and supervision and building career pathways for peer workers. Links with the implementation of the 'Connecting Care to Recovery 2016-2021: A Plan for Queensland's State-Funded mental health alcohol and other drug services.	OC RC Sup Train
9	Byrne, Louise, Dr., Roenfeldt, Helena., & O'Shea, Peter (June 2017).	Final Report – Identifying barriers to change: the lived experience worker as a valued member of the mental health team	Aim is to understand the perspectives of senior managers of mental health services regarding barriers and enablers for lived experience workers (Australia).	Executive/senior management commitment is critical to the success of lived experience roles, this influences organisational factors and the evolution and growth of the roles. A lack of commitment or leadership from executive/senior staff is one of the most significant barriers to the development of a lived experience workforce. Proactive approaches that support integration of peer workers includes planning, laying the structural foundation, developing frameworks, consultation and establishing processes of communication, clear position descriptions, equitable structures, access to training, consistent theoretical underpinning for the work, appropriate recruitment, flexibility and accommodations, organisational culture including the influence of other staff, tackling prejudicial attitudes, challenging attitudes, addressing discrimination, having an underpinning recovery framework as a foundation for the culture of the organisation. Provides a set of recommendations for successful peer work integration.	RC IF Plan Sup S&D Cert Train Bound Disc OC Recr ED NP RO Power

					Health MO
10	Repper, Julie – Centre for Mental Health (2013)	Peer Support Workers: a practical guide to implementation	Discusses the practical issues of implementation of peer support workers using their experience with the ImROC programme (UK).	Explores four sequential phases of introduction of peer workers. Explores stages of recruitment, employment and ongoing development. Provides sample documents such as adverts for recruitment, job description, sample person specification, framework for CRB assessment, ethical code of conduct	Plan RC Train Ed NP OC RO Sup Cert
11	Gray, Mel., Davies, Kate & Butcher, Luke (2014)	Examining the potential for peer support work to enhance recovery-oriented practice	Seeks to examine the opportunities and challenges for incorporating peer support into community-managed mental health service delivery, emphasizing the importance of organisational change. Reports on the preliminary findings of a collaborative research study of Mission Australia’s efforts to introduce peer support.	Integrating peer support is also a function of service users and the broader policy environment. Effective engagement of peer support workers requires organisational change. Interviews with staff to assess the organisational climate and anticipate barriers and facilitators to embedding peer support in operations. Identified difficulties translating a recovery -oriented framework into practice. Need a better understanding of the complex relationship with recovery to prevent peer support models that are tokenistic.	OC RO
12	Peer work leaders from Queensland, Victoria, New South Wales and colleagues from the USA (2017)	Peer Work Leadership Statement of Intent – A national Professional Association of Mental Health Peer Workers	Creating a statement of intent to communicate their intention to form a national professional association for the Australian mental health consumer peer workforce	Suggests that a National Peer Work Organisation is essential for the growing peer workforce to support and develop them similar to other professional associations (e.g. AASW, Aust College of Nursing). Having professional certification could assist to commission mental health funding through primary health networks. Describes other efforts to demonstrate the need for a professional organisation. Provides an example mission, objectives and first steps to create a national professional association.	Sup Train Cert MO S&D Health OC

					RO
13	Western Australian Association for Mental Health (2014)	Peer Work Strategic Framework	Aim to develop a framework to inform and support organisations to introduce peer work and guidelines for a consistent approach to workforce development by undertaking a project with surveys, cross sector forums, case studies, consultation and review of literature and resources (Australia).	<p>Focuses on supporting a consistent approach to developing and supporting peer work in Western Australia while remaining flexible for specific agency needs and circumstances.</p> <p>Identifies the difficulties in achieving a shared definition and common language for peer work. Proposes peer work values (adopted from the Scottish recovery network). Identifies challenges such as funding, role confusion and conflict boundary issues, recruitment, preparing the organisation, training for peer and non-peer workers, disclosure and confidentiality, attitudes towards peer workers from staff and managers, stigma, supervision and line management. Identifies success factors and qualities for effective peer workers. Offers a checklist for considerations in planning for introduction of peer workers is provided.</p>	IF RC Bound Conf Disc Recr Sup Cert Train Ed NP S&D OC RO Health Plan MO
14	Centre of Excellence in Peer Support (CEPS) Mind Australia	Charter of peer support	Provides an overview of a Charter of Peer Support suggested for organisations implementing peer support programs. The charter aims to help key stakeholders understand the role of peer work, highlight the validity of	Charter includes that peer support provides each person with: <ul style="list-style-type: none"> - Opportunities to benefit from collective wisdom - Opportunities to understand and destigmatize mental health issues - A renewed sense of self respect, understanding and belonging 	OC Train Sup Recr

			peer work, promote consumer and carer involvement.	<ul style="list-style-type: none"> - Opportunities for people to re-discover and activate their own personal, hidden resources - Opportunities to receive hope, inspiration and empowerment for recovery - Opportunities to give help to others, as equal to equal - A unique pathway of help <p>Discusses aims to improve/change service culture</p>	
15	Scottish Recovery Framework (2013)	Experts by Experience: Values Framework	Aims to increase understanding of the peer worker role and to support and promote peer work Scotland	The framework is grounded in 6 core values – Hope, Experience, Authenticity, Responsibility, Mutuality, Empowerment. The values framework can be implemented by a set of identified behaviours, e.g. sharing experiences, encourage self-care, strengths based approaches, acknowledge and discuss power issues, using supervision and training, peer networking, self-care, role modelling, advocacy, challenge non-recovery focused, stigmatizing practices.	RC Ident IF S&D Sup Train Health RO Bound Power
16	ARAFEMI Victoria (2013)	Considerations when setting up a peer support group/service/operating a peer support service	Explores the strategies to consider when setting up and operating a peer support service/group	Explores the strategies to consider when setting up a peer support service/group such as planning, research, funding, integration, management support, recruitment, management structures and supervision, privacy implications, engaging stakeholders, service promotion, evaluation, Management of staff (including supervision), supporting the wellbeing of peer workers,	RC OC Plan Recr Sup Conf

					Health
17	Peer Work Hub (2016)	Employer's Guide to implementing a peer workforce	Outlines why consider peer support work, planning toolkit and language guides (NSW Australia)	<p>Proposed three main practices at the heart of achieving peer work – recovery orientated practice, person-centered approaches and trauma-informed care. Brief description of peer work internationally – New Zealand, USA, Canada, UK and Hong Kong.</p> <p>Provides a toolkit with key steps and templates in implementing peer work. Provides values and principles for peer work such as recovery orientation, strengths based, trauma-informed, mentally health workplaces for all, carer aware workplaces. Language guide defines common terms in peer work.</p>	RO Cert Train Plan OC Recr RC Train Ed NP Conf Sup IF
18	Repper, Julie (2013)	5. Peer Support Workers: Theory and Practice (Briefing)		Proposes core principles including mutuality, reciprocity, a 'non-directive' approach, being recovery-focused, strengths-based, inclusive, progressive and safe. Explores professionalization and identifies risks of over-controlling the natural and spontaneous relationship that is at the heart of the helping process. Identifies organisational challenges.	IF RO Recr Train Sup Ed NP Health Disc
19	FNQ Peer Workforce (2016)	Valuing lived experience: Framework (Queensland, Australia)	Development of a framework for peer workforce in far north Queensland.	Proposes principles and values including recovery orientation; person-centered; optional (peer choice); relationship focused; trauma-	RO Power

				informed. Explores person centered Vs illness centered approaches. Provides ethical guidelines for practice.	RC OC Plan Train Ed NP Recr Sup
20	Faulkner, Alison & Kalathil, Jayasree (2012)	The freedom to be, the chance to dream: preserving user-led peer support in mental health	Explores peer support, its values and ethos, evidence of the need for peer support, people's concerns and interests (UK).	Identifies personal, practical and social benefits of peer support work and benefits for peer workers, staff and services. Challenges included boundaries and role clarity, professionalization challenges. Good practice guidelines are identified. Explores the impact of professionalization and identifies the need for effective professionalized training pathways.	RC IF Sup OC RO Train MO
21	International Association of Peer Supporters -iNAPS (2011)	National Practice Guidelines for Peer Supporters (USA)	Advocates for the need for a set of national practice standards in peer support – undertook focus groups and surveys across the US	Practice standards generally include practice guidelines; identification and description of core competencies; and ethical guidelines or a code of ethics. Practice guidelines were developed following consultation with over 1,000 peer supporters in the US. The practice guidelines are linked to ethical guidelines and include: right of choice in peer support, sharing hope, withholding judgements, listening, curiosity and embracing diversity, educating and advocating, addressing difficulties with care and compassion, encourage the reciprocity of peer support, embody equality, strengths based, setting clear expectations, person centered.	RC S&D RO
22	Bennetts, Wanda (2009)	Real Lives, Real Jobs: Developing good practice	Study to understand the consumer	Identifies challenges such as inadequate remuneration, the need for education, training, supervision and support, the need for a supportive	IF MO

		<p>guidelines for a sustainable consumer workforce in the mental health sector through participatory research</p>	<p>workforce; including issues with recruitment, retention and contributions of consumers in mental health; and to identify recommendations for systematic planning, support and career development of the consumer workforce. Literature review, focus groups and interviews (Australia)</p>	<p>environment, the need for leadership from within the consumer workforce.</p> <p>Identifies the barriers within the workforce including stigma and discrimination among health professionals, issues of power, health issues. Identifies five key themes including the essence of consumer work, money, career pathways, the workplace and leadership and offers recommendations including training, funding, supervision, establishing consumer advisory groups, providing well defined job descriptions and opportunities for reflective practice with other peers.</p>	<p>S&D Train Sup Power Health Ed NP RC</p>
23	Basset, Thurstine, Faulkner, Alison., Repper, Julie & Stamou, Elina (2010)	Lived Experience Leading the Way: Peer Support in Mental Health (UK)	Explores core principles of peer support and suggestions for practice.	<p>Explores core principles of peer support</p> <p>Importance of not losing the essence of peer support, therefore recommend against 'professionalising' it. Identifies the need for training non-peer workers and for certification/training of peer workers.</p>	<p>IF Train Cert Ed NP</p>
24	Peters, Janet (2010)	Walk the walk, talk the talk: A summary of some peer support activities in IIMHL countries	Examples of international peer support programs and training.	Identifies international examples of peer support programs in Australia, Canada, England, Ireland, New Zealand, Scotland, USA.	Train
25	Tolhurst, Penny & Craze, Leanne (2013)	Mental Health Peer Workforce Project	Provides a series of recommendations following analysis of an online survey (305 responses) in Australia	<p>Provides recommendations including:</p> <ul style="list-style-type: none"> - Establish a national mental health peer workforce development framework guidelines, - Promoting training/certification for peer work - Develop guidelines for supervision and mentoring of peer workers - Developing career pathways - Training resources for non-peer workers - Building awareness of the value of peer work for organisations 	<p>Ed NP Train Sup Cert</p>

				- Supporting Australian research into peer work	
26	Hayes, Jan & Cahill, Mary (2017)	Best Practice Framework in Peer Support	Aims to set out some of the guiding principles behind developing and operating peer support programs.	Explores the benefits and challenges of different types of peer support, recruitment and selection of peer support workers, training, exploring boundaries, supervision, clear position descriptions, evaluation.	Recr Train Bound Sup RC
27	Mental Health Commission of Canada (2013-2016)	Guidelines for the Practice and Training of Peer Support	This resource provides guidelines for the practice of peer support, identifies the skills, attributes and abilities of peer support workers and provides considerations for peer support training.	Describes peer support as recovery focused and refers to a recovery-oriented, person-centred approach. Proposes values e.g. hope and recovery; self-determination; empathetic and equal relationships; dignity, respect and social inclusion; integrity, authenticity and trust; health and wellness; lifelong learning and personal growth. Advocates for the importance of communities of practice (COPs) and the importance of using trauma-informed practice.	RO Train S&D Bound
28	Mental Health Commission of NSW (2014)	Living Well: A Strategic Plan for Mental Health in NSW 2014-2024	This Plan sets out directions for reform of the mental health system in NSW over the next 10 years. It sets a 10-year vision and describes the initial set of actions required to lay the groundwork for change within the mental health sector and their approach to mental health and wellbeing.	Identifies a core set of values underpinning the plan and the importance of the peer workforce in promoting the principles of recovery within mental health services and the community	
29	NSW Consumer Advisory Group – Mental Health Inc (2013)	Consumer Workers’ Project Framework for the NSW Public Mental Health Consumer Workforce	A framework to support the consumer workforce in New South Wales.	The Framework provides guidance on issues of employment, line management, training, supervision and reasonable workplace adjustments, with the objective of increasing and supporting peer workforce as part of a recovery orientated approach to service delivery	

30	Queensland Health (2010)	Mental Health Consumer and Carer Workforce Pathway, Part B: Implementation Framework	Provides priority areas to develop the consumer and carer workforce in Queensland.	This framework outlines the strategic intent of Queensland Health for mental health consumer, carer and family participation and offers a range of implementation strategies to strengthen participation at all levels	
31	Peer Workforce Reference Group Partners in Recovery (2015)	Mental Health Peer Workforce Development Plan Gold Coast 2015-20	An example strategic plan that can be adapted for organisations seeking to develop the mental health peer workforce.	This document is designed to be a strategic plan that acknowledges the variety of peer work models that exist yet does not support one model over another, allowing for organisational fluidity in the operationalisation of the plan. The intent is that the document will be used by senior management as a reference guide for best practice peer workforce engagement and is designed to be adapted as needed. Provides an overview of peer worker roles, guiding principles, ethics, recruitment, retention, training, organisational development and sector development.	
32	Mental Health Community Coalition ACT (2012)	A Real Career: A Workforce Development Strategy for the Community Mental Health Sector	Provides an overview for structured career development in the ACT Community Mental Health Sector.	Explores key actions such as establishing a sector-wide mentoring scheme, developing a well-trained and supported peer workforce, embedding cultural diversity training, and developing a sector qualification strategy.	
33	SA Health (2014)	Mental Health Services Pathways to Care Policy Guideline	The Mental Health Services Pathways to Care Policy Guideline articulates an integrated way of working and service delivery	Explores implementation of a structured mental health peer workforce, including provision of policies, procedures, training and support for mental health peer workers.	
34	Mental Illness Fellowship of South Australia & Baptist Care (SA) Inc (2009)	Employer Toolkit: Employing Peer Workers in your Organisation	A toolkit for employers looking to establish peer support initiatives.	Provides an overview of the benefits of peer support work, processes for successful implementation that include prepare, train and support, and explores workplace mentoring.	