

BETTER TOGETHER WITH PEER POWER

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LIFT STEPPED CARE MENTAL HEALTH

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ACKNOWLEDGEMENT OF TRADITIONAL CUSTODIANS OF THE LAND & PEOPLE WITH LIVED EXPERIENCE

- I acknowledge the Wurundjeri people of the Kulin Nation as the traditional custodians of the land we are meeting on today. I pay my respects to elders and leaders past, present and emerging. I acknowledge the sorrow of the stolen generations and the enduring impacts of colonisation. I also acknowledge the resilience, strength and pride of the Aboriginal and Torres Strait Islander people.
- I also want to recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them. I celebrate their strengths and resilience in facing the challenges associated with their recovery and acknowledge the important contribution that they make to the development and delivery of health and community services.

WHAT IS LIFT STEPPED CARE FOR MENTAL HEALTH

- LIFT Stepped Care for Mental Health is a new way of providing mental health services in the community. Stepped care means a client is supported to easily access any combination of services that they need at different points in time. Previously, a client was referred to other services as their mental health needs changed. They would have to retell their stories, undergo repeated assessments and navigate new systems with separate criteria and processes. Many people 'fell through the cracks' as they moved across a range of services.
- The LIFT program provides all services in a single system. The team includes 5 psychologists, 3 social workers, 4 mental health nurses, 3 care coordinators, counsellors and **4 peer support workers.**

WHY INCLUDE PEER SUPPORT WORKERS?

There is good evidence that peer support improves personal outcomes as much or better than traditional mental health service delivery

It's about connection, meaning and hope

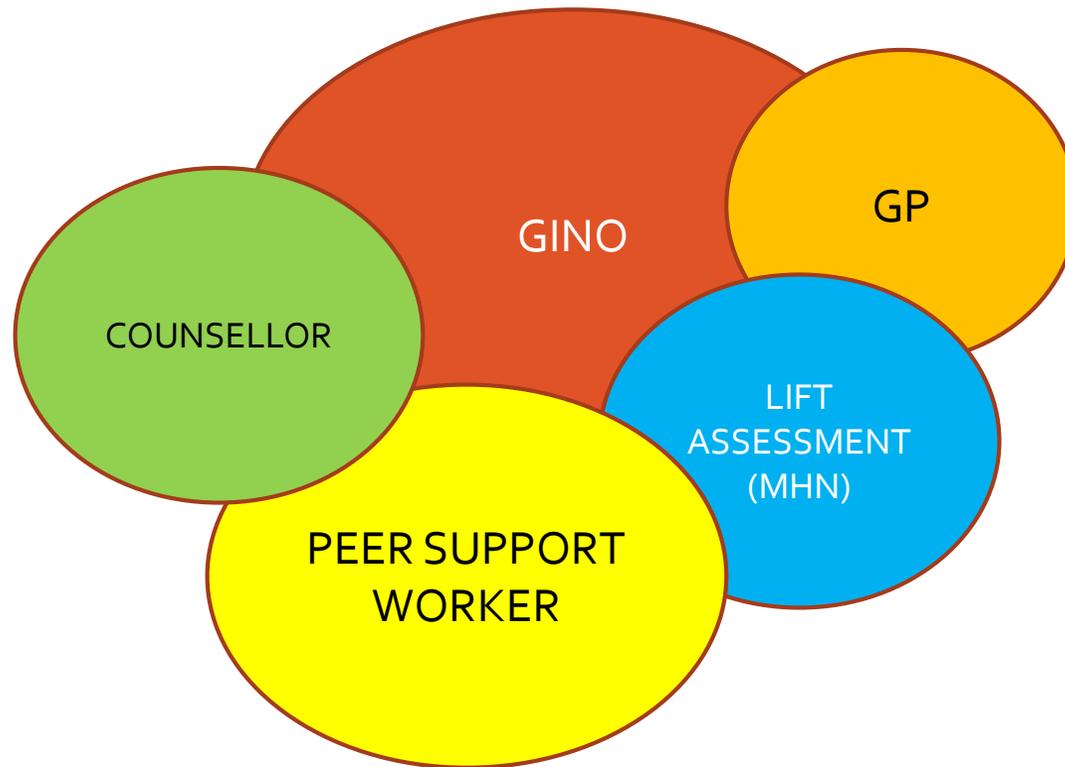
Enable innovation throughout the system

THE POWER OF PEERS WITH INDIVIDUALS: A CASE STUDY FROM LIFT

Gino

- ❖ Single man in his 50's
- ❖ Physical disability and chronic pain following a car accident
- ❖ Unable to work
- ❖ Socially isolated
- ❖ Reliant on his sister for social and practical support
- ❖ Went to his GP feeling chronically tired, in pain, depressed and suicidal

GINO'S STORY



GINO'S STORY- WHAT DUNCAN DID PRACTICALLY

Duncan, the LIFT Peer Support Worker supported Gino:

- ❖ With social connections and physical activity - met at Cafes or Parks, walked Gino's dog
- ❖ To establish routine in his days
- ❖ Link in with the local Mens Shed
- ❖ Start at the Austin Pain Clinic
- ❖ Save money by changing his electricity & gas providers
- ❖ Volunteer to assist Gino with shopping
- ❖ Considering becoming a volunteer himself, to give back to the community

WHAT DUNCAN DID THROUGH HIS RELATIONSHIP WITH GINO

- ❖ Drew on his own lived experience of mental health problems
- ❖ Provided emotional & practical support
- ❖ Establish mutual & reciprocal relationship with Gino
- ❖ Bridged the “them” and “us” divide
- ❖ Hung out with Gino in his distress; listened to him relate his experiences of his situation
- ❖ Kept hopes & aspirations alive
- ❖ Kept life beyond illness alive
- ❖ Supported Gino plan his own recovery
- ❖ Inspired Gino, offering pathways of possibility

THE POWER OF PEERS WITH GROUPS

- LIFT Peer Workers facilitate group programs to develop:
 - ✓ Social connections
 - ✓ Confidence
 - ✓ Resilience
- ❖ Café Connections, Epping
- ❖ Connections Café, Eltham
- ❖ Mens Meet Up, West Heidelberg

THE POWER OF PEERS TO SHAPE THE SERVICE SYSTEM

- **Our LIFT Peer Workers**

- ❖ Use their own Lived Experience of mental health concerns in how they work with people.
"I have had similar experiences to you"
- ❖ **Provide connection, hope and meaning**
- ❖ Valued as equal members of the LIFT workforce. Stepping in, across, out, NOT up & down
- ❖ **The quality of the relationship is the essential therapeutic "tool"**
- ❖ Act as a confidant to people, who often disclose to PSW's matters they have never spoken about before
- ❖ **Help the clinicians in the team change their language from disabling to ENABLING; bridge the divide between "them" and "us"; from alienation to NORMALISATION of mental health problems**

WHAT PEER WORKERS NEED TO THRIVE

- ❖ Peer roles are well defined, with specific Position Descriptions
- ❖ Peer roles are effectively recruited: LE, values & competencies; 3 is the magic number to develop a thriving peer workforce
- ❖ Training & organisational policy match the role expectations: Intentional Peer Support training by SHARC
- ❖ Clinical Supervision provided by a supervisor with their own LE
- ❖ Managers and colleagues understand the role: make opportunities to develop role understanding between team members
- ❖ Peers thrive in their roles and add value to clients:
- ❖ Stakeholders see the value of Peer Workers

PEERS ARE POWERFUL

- Consider how your organisation could incorporate a peer workforce
- OR, if you already have peer workers, how is it going?
- What's working well?
- What needs further work, or effort to be effective?

THANK YOU!