QUEENSLAND
LIVED EXPERIENCE WORKFORCE NETWORK

2018 SURVEY

BROOK red recovery empowerment development PEER SUPPORT

phn BRISBANE NORTH
An Australian Government Initiative

Acknowledgements

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We acknowledge and pay respect to Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land and waters on which we live, work and play.

We would also like to acknowledge and thank the members of the Lived Experience Leadership Roundtable for their ongoing support in working towards ensuring that Lived Experience workers drive workforce development for the Lived Experience sector and for their contributions in designing and distributing this survey.

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Executive Summary

Background

In October 2017, Brook RED and Brisbane North PHN invited Lived Experience leaders from across Queensland to a roundtable discussion about Lived Experience workforce development needs and how to progress recommendations from the *Identifying barriers to change: The lived experience worker as a valued member of the mental health team report* funded by the Queensland Mental Health Commission (QMHC). This group subsequently formalised as the Lived Experience Leadership Roundtable and determined that a Lived Experience Workforce peak body (*owned by and driven by Lived Experience workers) was needed.*

At the request of the Roundtable, Brook RED and Brisbane North PHN held the *Building Foundations Forum* in May 2018 to engage the Lived Experience workforce more broadly. The *Forum* was attended by over 70 Lived Experience workers from across Queensland and confirmed the need for sector leadership; support; professional development; and collective systems advocacy to address Lived Experience workforce issues. Forum participants voiced strong support for creating a focused state-wide peak body led by, with and for the Lived Experience workforce.

Subsequently, the Roundtable resolved to undertake further consultation with the sector, to inform the focus and direction for establishing the Queensland Lived Experience Workforce Network as an independent peak body. This was undertaken through circulating the *Queensland Lived Experience Workforce Network 2018 Survey* and holding a strategic planning forum in November 2018. Outcomes of the strategic planning forum are documented separately.

Survey Results

Survey Monkey was used to create an online, anonymous survey, which was distributed electronically (to Lived Experience workers across Queensland) by members of the Roundtable through formal and informal networks. 151 responses were received between the 1st and the 23rd November, 2018.

Focus and direction for proposed peak body

Respondents confirmed that Lived Experience workers want to decide and drive policy about workforce development for their sector.

Respondents identified that a peak body led by, with and for Lived Experience workers needs to

- Advocate for people working in both consumer and carer focused roles
- Be inclusive of rural and remote regions
- Be managed by a board of Lived Experience workers
- Be transparent and accountable to its members
- Enhance the interconnectedness of Lived Experience workers

Respondents also commented a peak body needs to create and promote a culture that

- Ensures acceptance of and respect for diverse views
- Promotes equality and equity
- Promotes inclusive language and recovery focused practices

The top five priority areas for a Lived Experience Peak body were identified by respondents as

1. Education and training
2. Supervision and mentoring
3. Treatment in the workplace
4. Systemic advocacy and lobbying
5. Workforce advocacy

Additional comments identifying systemic issues impacting Lived Experience workers were themed as

- Workforce recognition and validation
- Professional development
- Working conditions
- Integrating the Lived Experience workforce
- Growing the Lived Experience workforce

Respondent Demographics

Age and Gender

72% of respondents identified as female, 26% male, and 2% non-binary. Three quarters of all respondents identified as being between 25 and 54 years old. 19% (almost one in five) were aged 55 or more and only 5% (or one in twenty) were 24 years old or younger.

Location

150 respondents identified working in 13 Hospital and Health Services (HHS) districts. No responses were received from Lived Experience workers in the North West or Central West HHS districts. Eight out of ten respondents worked across the South East region (ie Wide Bay; Sunshine Coast; Metro North; West Moreton; Metro South and Gold Coast). 7% of respondents identified working across 2 or more HHS districts.

Roles

46% of respondents worked in consumer roles; 41% in combined consumer/carer roles and 13% in carer only roles. 41% of respondents worked for not for profit services, in addition to 21% working in peer-operated services (which are predominantly not for profit services); 26% worked for public health services and 7% worked in private practice (including as self employed consultants). The remaining respondents identified as working in academia (2%); or were students (2%) or volunteers (2%). Almost one third of respondents identified working full time and half of respondents had been in the their current role for more than two years.

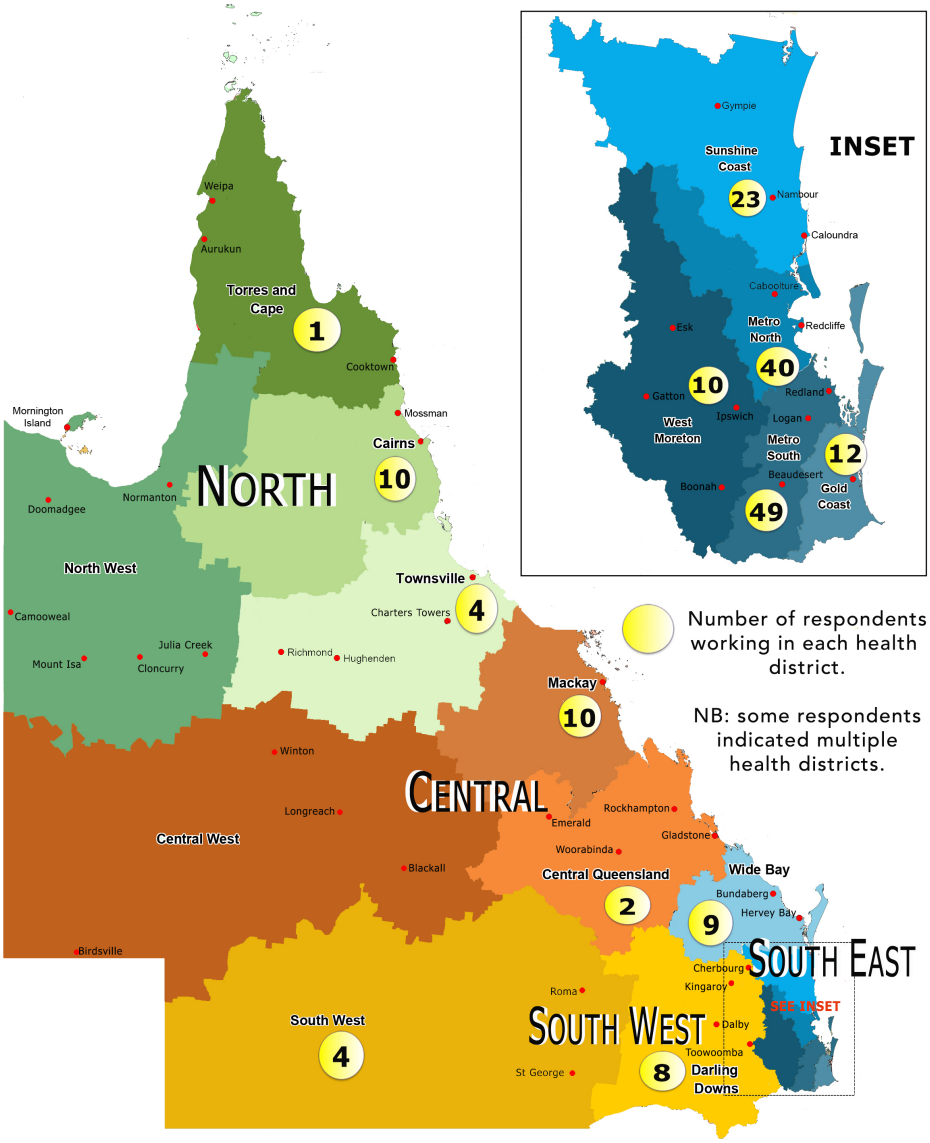
Professional Development and Networking

Almost one third of respondents received no professional development; just under half of respondents received professional development provided by their employers; and 14% received professional development by external providers. Almost half of respondents networked in their local area; one quarter networked at a state level; almost one in five networked at a national level; and almost one in ten respondents networked at an international level. More than half of respondents networked at multiple levels. More than half of respondents networked via phone, email or online. Less than one-third of participants networked through face-to-face meetings.

Respondent Demographics

Location

In response to the question "what regional areas do you work in?" 11 respondents (7%) identified working across 2 or more Hospital and Health Services (HHS). One respondent identified working across thirteen out of fifteen HHS districts (excluding Central West and North West). One respondent identified working across six HHS districts (Metro North; Metro South; Darling Downs; West Moreton; Sunshine Coast and Wide Bay). 4 respondents (2.6%) identified working across Metro North and Metro South; 4 respondents (2.6%) worked across Metro South and Gold Coast; 1 respondent worked across Metro South and South West; and 1 respondent worked across Metro North and Sunshine Coast. 1 survey respondent didn't identify any region.

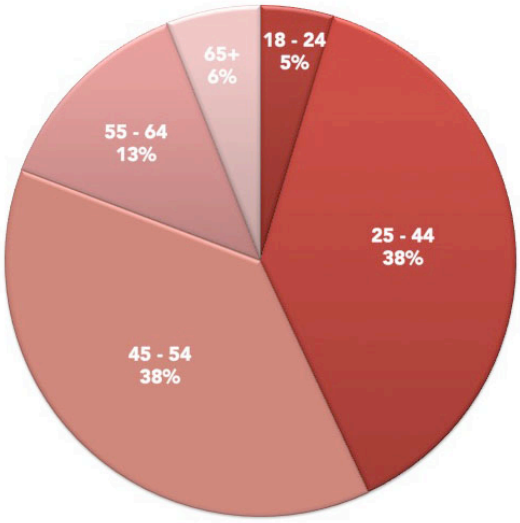


Adapted from *Hospital and Health Services, Queensland Health by Recognised Public Hospitals and Primay Health Centres* (2017)
Statistical Reporting and Coordination, Statitical Services Branch

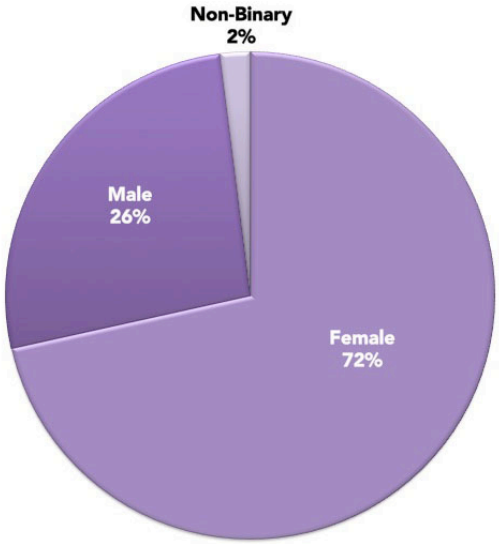
Age and Gender

151 survey respondents answered questions identifying age and gender.

Age



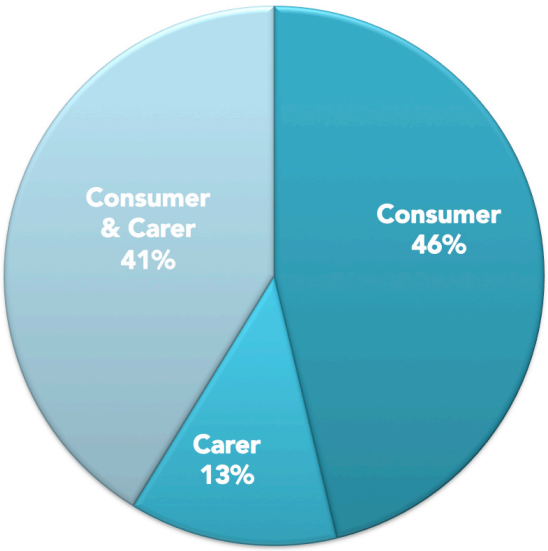
Gender



Professional Characteristics

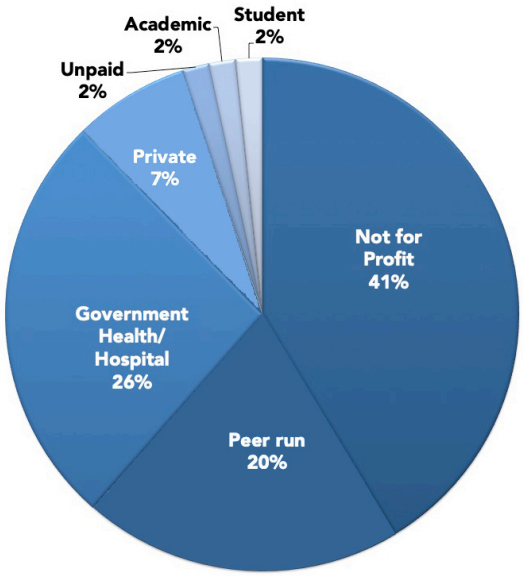
Current Lived Experience Role

149 respondents answered the question "*How do you identify your Lived Experience role?*"



Employing Organisations by Type

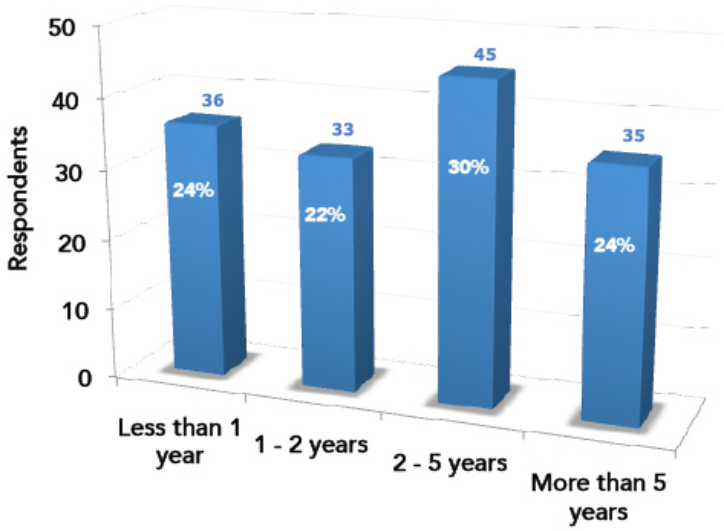
150 respondents answered the question "*What type of organisation are you working for?*" Listed options included non-for profit; peer run; government health/hospital; or other with an option to provide details. Respondents could select multiple options. 13% of respondents identified two or more organisational types. Each descriptor selected by a respondent was counted separately.



However, it is noted that the survey design was such that it is unclear if selecting multiple options was intended to identify working simultaneously for two or more organisations as opposed to using multiple descriptors for a single organisation. For example, indicating both "non for profit" and "peer run" could be referring to two separate organisations. But given that peer run services in Queensland are predominantly non-profit organisations, it could also be intended to describe different aspects of a single organisation.

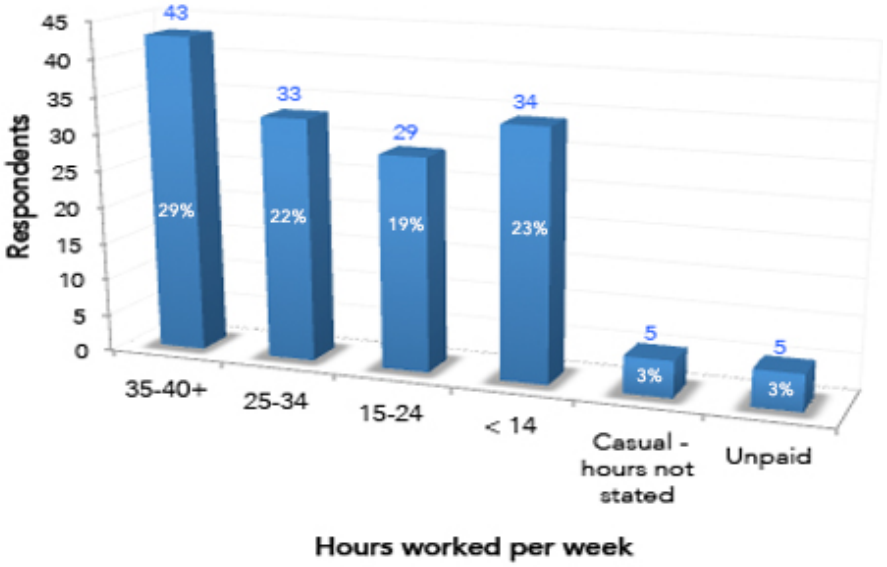
Length of Service in Role

149 respondents answered the question "*How long have you worked in this role?*" This does not capture the length of time someone has been employed (potentially across multiple roles) as a member of the Lived Experience workforce. So someone could have been in employed their current role for less than one year, but have fifteen years experience working as a Lived Experience worker.



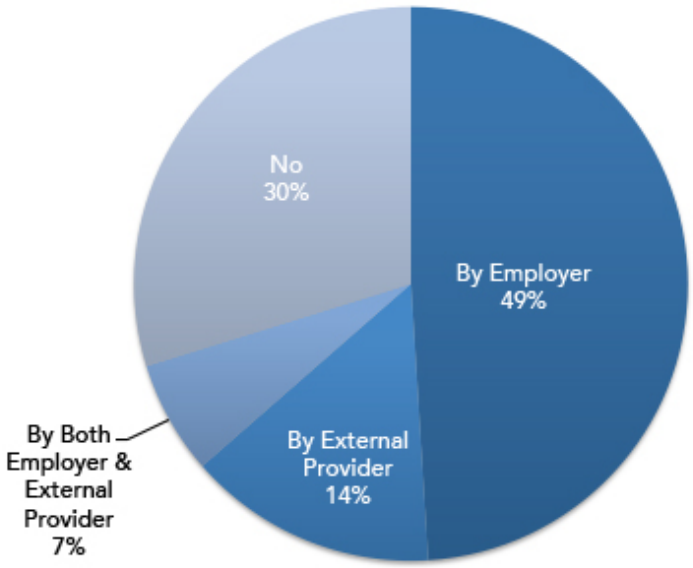
Hours Worked per Week

150 respondents answered the questions "*How many hours a week do you work in this role?*"



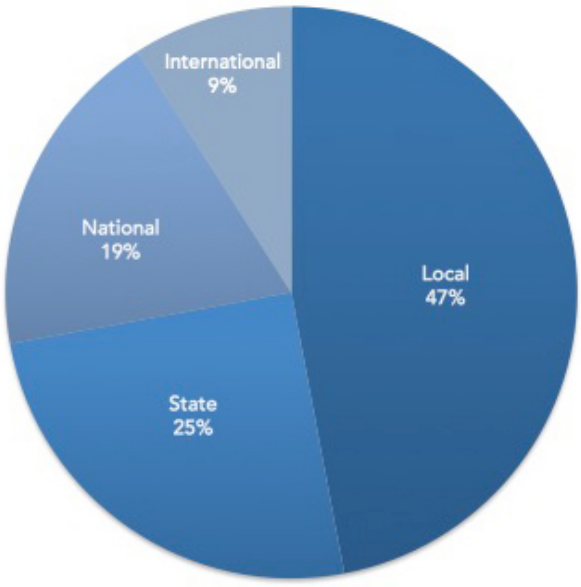
Professional Development and Training

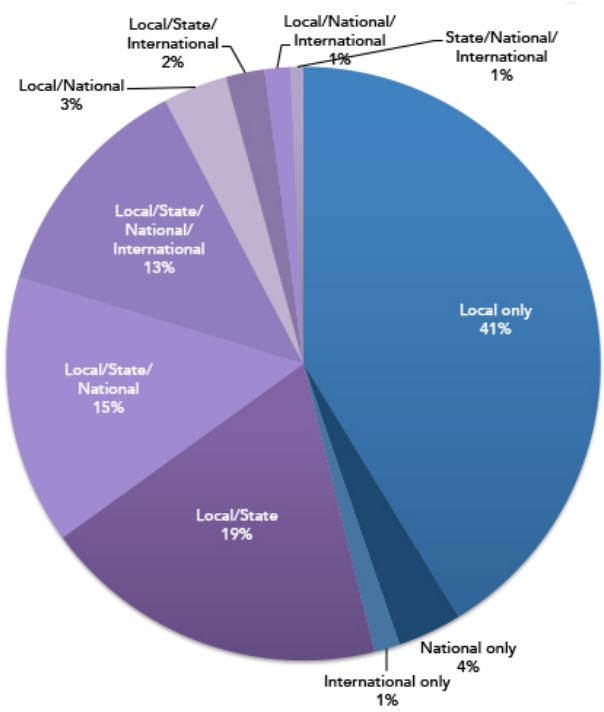
151 respondents selected from listed options "*Yes – My organisations provides it*'; '*Yes, by an external provider*"; or "*No*" to answer the question "*Do you receive ongoing professional development/training specific to your Lived Experience skillset*?" Respondents could choose multiple options.



Networking

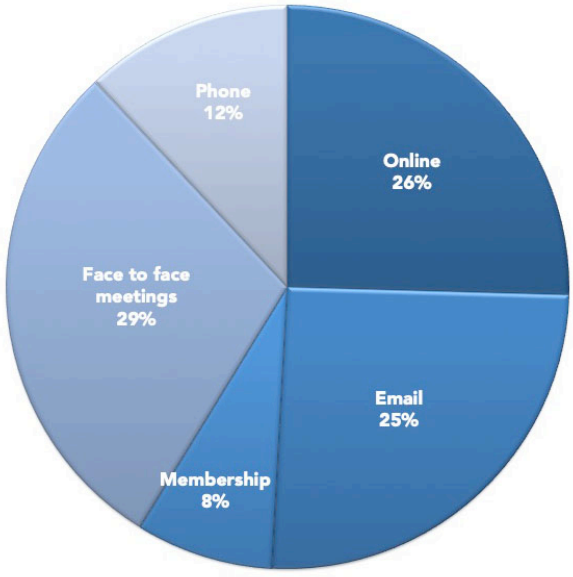
146 respondents answered the question "What existing networks or supports do you engage with?" 47% of respondents selected only one item from the listed options (local; state; national or international); 21% selected two options; 19% selected three options; and 13% selected all options.





32 respondents answered the component of the question that asked "*If possible, please name the networks.*" The survey didn't provide a definition of "networks". Consequently the answers included organisations, programs and networks.

Method of Engaging



145 respondents selected from listed options (email; online; membership; face to face; and phone) to answer the question "*How do you normally connect to Lived Experience networks*?"

Networks

Local

- Gold Coast Peer Workers Network
- Peer Skills Community of Practice (convened by Brook RED)
- Peer Participation in Mental Health Services (PPIMS) Network (Brisbane)
- Mountains of Hope Peer Support Network (Toowoomba)
- Wide Bay Peer Support Workers Network
- Peer Alliance Sunshine Coast (convened by Community Focus)
- Lived Experience Academics Program (LEAP) (convened by Sunshine Coast Mind & Neuroscience Thompson Institute)
- Logan Beaudesert Mental Health Professionals Network
- Nanango women's group

State

- Queensland Injectors Voice for Advocacy and Action
- Psych Action/Activism & Training (PAT) group convened by Cath Roper in Victoria
- Mental Health Lived Experience Engagement Network (MHLEAN) (PHN)
- Peer Supported Open Dialogue Community of Practice
- Lived Experience Leaders' Roundtable (Q-LEWN working group)
- Hearing Voices Queensland

National

- Australian Hearing Voices Network
- Peer Workers Network (Facebook)
- Clubhouse Australia
- Consumers of Mental Health Western Australia
- Victorian Mental Illness Awareness Council
- Recovery Rocks Community (Western Australia)
- NEAMI National networks
- Australian branch, International Society for *Psychological* and Social Approaches to Psychosis
- Mental Health Coalition of South Australia
- GROW
- Arafmi
- Narcotics Anonymous
- The Australian Injecting and Illicit Drug Users League
- Perinatal Anxiety & Depression Australia

International

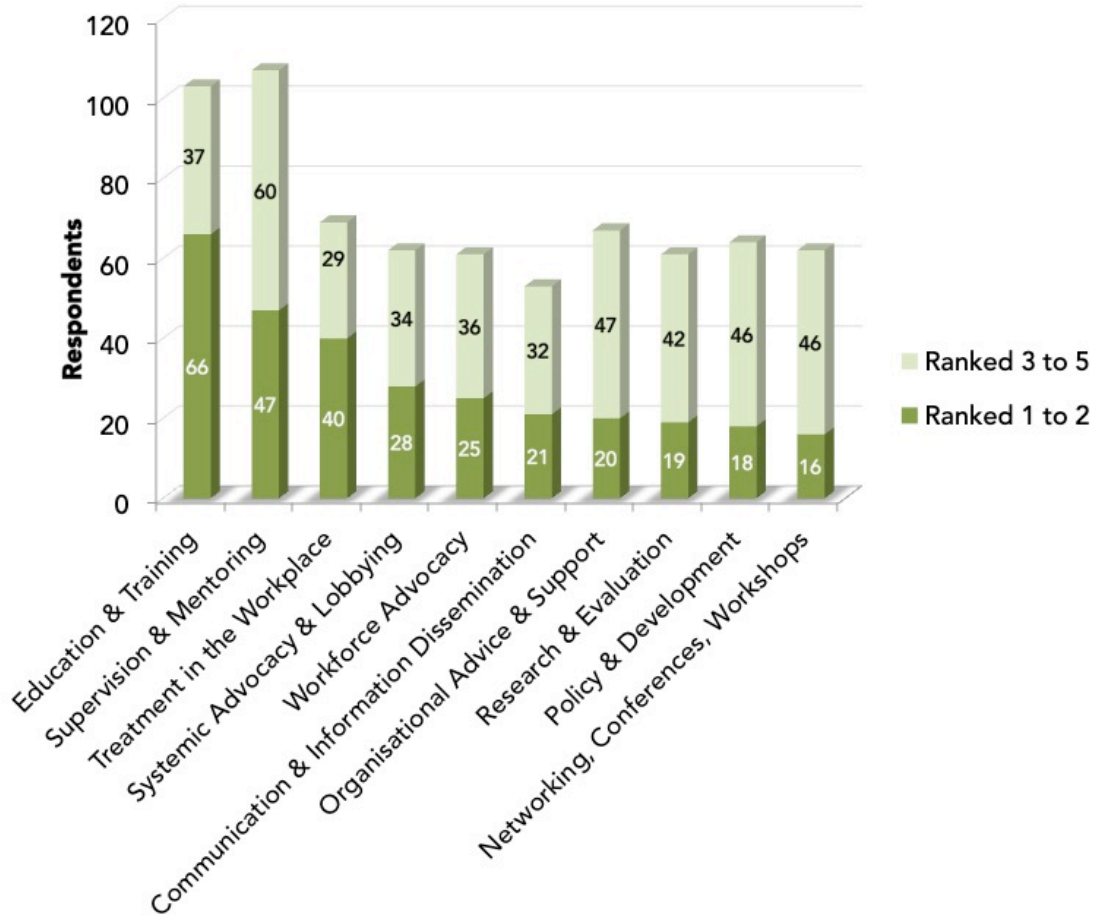
- Clubhouse International
- Intervoice International Hearing Voices Movement
- International Network of People Who Use Drugs
- International: Around the Dinner Table and F.E.A.S.T.
- International Positive Psychology Association
- European Positive Psychology Network
- PeerZone - New Zealand
- Peer Respite - USA
- Icarus Project - USA

Programs and Organisations

- Brisbane North PHN
- Metro South Health Addiction and Mental Health
- Queensland Alliance for Mental Health
- Health Consumers Qld
- Harmony Place
- Logan Central Community Mental Health
- Save The Children
- The Park Centre for Mental Health
- Wesley Mission
- Mt Gravatt Community Centre
- Psychiatric Revolution
- Police Liaison Officers
- Centre of Perinatal Excellence (COPE)
- Partners In Recovery
- Acts 2 Alliance

Priority Roles for a Peak Body

To enable Q-LEWN to identify priority areas for the next 2-3 years, respondents were asked to rate ten potential action areas in order of importance (with a rating of 1 being the most important and 10 being the least important). 150 respondents answered this question.



Other Key Areas

54 respondents answered the question "Are there any other key areas that you would like to tell us about that should be on the list?" Comments are listed below and themed into

- Peak body operational considerations
- Workforce development issues
- Other systemic advocacy issues

Peak body operational considerations

Lived Experience workers need to decide and drive policy about workforce development for their sector.

A peak body led by, with and for Lived Experience workers needs to

- Advocate for people working in both consumer and carer focused roles
- Be inclusive of rural and remote regions
- Be managed by a board of Lived Experience workers
- Be transparent and accountable to its members
- Enhance the interconnectedness of Peer Workers

The peak body needs to create and promote a culture that

- Ensures acceptance of and respect for diverse views
- Promotes equality and equity
- Promotes inclusive language and recovery focused practices

"regular opportunities to offer each other a form of, essentially, professional mutual aid would be useful. It's easy to get isolated as a token peer practitioner, or to fumble through processes (e.g. how do we manage 'outing' ourselves to non-peer managers, co-workers etc)"

The peak body should enhance the interconnectedness between and with the Lived Experience workforce. Suggestions included

- Website and events calendar
- An online library/clearing house/document repository
- An online forum for peer workers
- Opportunities to complete surveys
- Link in with other non-mental health specific services (teaching, police, etc)
- Link with mental health consumer/carer peak bodies
- Connect GP & professionals to peer worker networks

Systemic advocacy issues

- State and federal government dealing with the distribution of drugs (prescription and recreational) and alcohol
- Human Rights act in Queensland

Workforce development issues

Systemic issues impacting Lived Experience workers were themed as

- Workforce recognition and validation
- Professional development
- Working conditions
- Integrating the Lived Experience workforce
- Growing the Lived Experience workforce

Workforce Recognition and Validation

- Professional recognition of and respect for Lived Experience expertise
  - Distinguishing between different Lived Experience specialist areas (Mental Health, Alcohol and Other Drugs, and Disability)
  - Ensuring equal recognition and respect for Lived Experienced Workers from different specialities – including AOD workers and/or workers with a combined mental health and disability background
- Valuing and supporting volunteers
  - Ensuring volunteer out of pocket expenses are reimbursed)
  - More volunteer interaction and support

Professional Development

- Access to opportunities for ongoing professional development
  - Effective external supervision
  - Cert IV Mental Health Peer Support Work
  - Creation of qualifications higher than Cert IV level
  - Lived Experience educators in academia
- Professional development topics
  - Emotional wellbeing and self care
  - Case studies and stories of peer work
  - Staying well at work
  - Having difficult recovery conversations with staff and management
  - Home safety
  - Personal development or public speaking

Working Conditions

- Equity for people with various disabilities
- Role clarity and role descriptions
- Career pathways including progression to leadership and management positions
- Increased opportunities to gain employment – especially in regional, rural and remote areas
- Higher pay levels
- Increased job security
- Individual advocacy for peer workers experiencing workplace harassment

Integrating the Lived Experience workforce

- Implementing recovery in business and health/clinical models
- Education for employers around developing and maintaining a Lived Experience workforce
- Addressing the ongoing prejudice and discrimination experienced in the workplace
- Encouragement of workers in non-Lived Experience roles to draw upon their own Lived Experience to inform their practice
- Staff Co-Reflection
- Sharing with other staff
- Dedicate time for team discussions, relating to work, improving or changing groups, new ideas etc
- QLD Health / Clinical Health in-service delivery and information
- Team building
- Inclusion in groups
- More resources for peer workers to undertake activities with consumers
- Funding for local support groups
- Funding to help support, activities, no funding other than paper and colour pencils and textures
- Addressing Vicarious Trauma in these roles in the work place
- Support for Lived Experience workers in the workplace
    - Lived experience support
    - Leniency for Peer workers and residents who work within a clinical environment

Growing the Lived Experience workforce

- Getting Peer Workers into hospitals
- Prison release support
- Post partum support
- Mackay Services that provide NDIS don't hire peer workers and Mackay needs to develop a workforce
- 'Lobbing for Inpatient Safe Wards' to be ongoing, and to include consumer companions feedback concerning the issue.
- Change of name from 'Consumers Companions' to 'Inpatient Peer Support Workers' (Mental Health Inpatient Hospital Workers). As naming them Peer Support Workers (name under consideration-Confuses inpatients, as the automatically link the name to what Peer Workers do in the external community, and their work description does not fit with what consumer companions do, as we work in a crisis setting, with inpatients in crisis.
- Consumer Companion Role Description updated State wide, with consumer companion involvement.

- END -