

Older Persons Peer Worker Project



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Background



- Peer Work is at the heart of national and international mental health reform
- The Australian National Framework for Recovery Orientated Mental Health Services describes peer work as a core strategy in promoting recovery for people with a lived experience of mental illness.
- A peer worker in the mental health setting is defined as;
'a person with a lived experience of mental illness who offers help, based on understanding, respect and mutual empowerment to people in similar situations.'





Background

- Historically consumers and carers of Central Coast SMHSOP have had no access to peer workers.
 - Consumer consultants employed within mental health have focussed on adult and inpatient services only.
 - Peer workers employed by the service have traditionally not been older people.
 - The literature regarding the specific recovery needs of older people in a mental health setting is scant with no literature regarding older peer workers.
 - Our project wanted to explore a lived experience of mental illness and a lived experience of ageing within a peer work context,



Funding

- In December 2015 Central Coast SMHSOP received a grant from Partners in Recovery (PIR) to design, implement and develop an older person's peer worker program for consumers and carers of the SMHSOP service.
- In 2016 We received a further grant of 20K from Central Coast Council to extend the program.
- Ongoing funding source secured from SMHSOP enhancement funds.





Model Development

- In line with action research, the evaluation of the model occurred alongside the development of the model, to ensure implementation is informed by evaluation findings.
 - methods used to capture the experience of stakeholders include; focus groups and individual interviews with the peer workers; consumer surveys to capture their experience of the peer workers; focus groups with the steering committee; field notes; and examination of project documentation.
- All aspects of project design, implementation and evaluation have been co-designed with SMHSOP staff and the Older Persons Peer Workers.





Workforce Processes

- Peer workers are employed by CCPC-PIR to avoid bureaucratic challenges.
- Formal contract process with CCPC-PIR
- Challenges for peer workers and SMHSOP management around roles and responsibilities and project operational management issues.
- Recruitment, staff selection and orientation of peer workers.





Current Model

- Co-facilitation of the Roads of Recovery 4 Week Group Program.
- Individual Recovery Sessions with SMHSOP consumers and carers.
- Provision of community education about Recovery for Older People.
- Systemic advocacy and consultation.



Peer Work Perspectives



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Peer Work Perspectives

- Formed new friendships and a new support network with other peer workers.
- Positive for their own mental health recovery i.e. **sense of purpose, reduced isolation, increased confidence, importance of giving back to the community.**
- Certificate IV in peer work. What training do older peer workers need?
- Bring a wealth of knowledge, patience, understanding and good judgment to the role.





Peer Work Perspectives

‘I’m a changed man since this program, I think it’s life changing.’

‘I think it’s great for us too because I retired in 2006 and I never thought I would work again...I lost my husband in November last year now this is my time to give back what SMHSOP gave to my husband.’



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Peer Work Perspectives

‘I feel like a little stone that’s thrown into a pond and I’d would love to know the ripples it will cause the program for each of us and I’m sort of adding up how many people’s lives we may have affected and how many people I’ve met who would love to be part of it, so it is exciting.’



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Staff Perspectives

- A key challenge to the implementation of peer models reported in the literature is resistance from staff.
- Implementation was faced with some resistance from some staff. Utilisation of a change management process was required.
- Staff attitude and perception shifted over time with increased peer worker contact and staff training having the biggest impact.





Staff Perspectives: Barriers

1. Lack of role clarity.

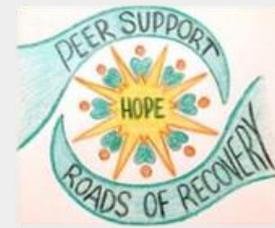
- What will the peer workers do? How is it different from what we do? How is personal recovery different from clinical recovery?

2. Concerns regarding competency and trust

- What training will peer workers have? What if the peer workers cause damage to consumers and I have to pick up the pieces? Are peer workers trained in professional boundaries and confidentiality? What is the content of the certificate four in peer work?



Staff Perspectives



3. Concerns about the mental health of peer workers

- How will peer workers be supported working in a complex and potentially emotionally charged environment. Could peer work make them become unwell?

4. Concerns about policy and procedure

- How will we work with peer workers? How do we refer to them? What clinical information should we provide them? Who will monitor the quantity and quality of their work? Who will supervise them?



Staff Perspectives

- “She (peer Worker) has achieved more with the consumer in a few weeks than I have been able to achieve in 2 years.”
- “I cannot express my appreciation enough for the wonderful support you have given to my clients. In particular, I have visited X this week, myself and the treating team have had a struggle all this year to support X to recover from depression. This week he was so much more animated and making plans for a holiday. His wife is positive your talk with him had a huge impact and she said it pushed him around the corner, he is actually quoting you!!!, and felt your advice and support was fabulous and looks forward to seeing you again.” (SMHSOP clinician)



Staff perspectives

- A peer work program requires a significant investment in time and human resources.
- Project management.
- CNC/CNE-Assistance with certificate IV
- Time for staff training-impact in clinical time
- Clinical staff-mentorship of peer workers.
- Smart recruitment is key





Conclusion

Older peer workers provide a unique and valuable service to older consumers.

- Preliminary findings indicate that older persons are well suited to the provision of peer work. This has been conceptualized as, in part, due to their age, strong sense of identity, previous experience in the workforce and maturity.
- Some of the barriers to implementing peer work models in mental health settings identified in the literature are less prominent for the older peer group population.



2017 and beyond

- 2 manuscripts have been accepted for publication following submitted for peer review. For publication in 2018.
- Peer worker program now incorporated into standard SMHSOP practice.





Conclusion continued

- Older Peer workers are a valuable addition to the mental health setting.
- To the best of our knowledge, the peer work model this project has developed is the first to meet the specific recovery needs of older people who experience mental illness.





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