CONSUMER PERSPECTIVE SUPERVISION

An annotated summary of resources



Background

In 2018, The Consumer Perspective Supervision Project (a partnership between the Victorian Mental Illness Awareness Council, Centre for Psychiatric Nursing, University of Melbourne and the Department of Health and Human Services) co-produced a framework on consumer perspective supervision: Consumer Perspective Supervision: A framework for supporting the consumer workforce. This innovative framework provides a strong foundation for the development of consumer perspective supervision in Victoria. At two consultations conducted in 2018 by inside out & associates australia, participants were invited to bring favourite resources that they used in their work. Where applicable, these resources are incorporated into the annotated summary.

The next stage of the Consumer Perspective Supervision Project had a focus on the training development needs of consumer perspective supervisors, supervisees, and non-peer workers such as managers and team leaders. The Consumer Perspective Supervision Training Development Project (a partnership between the Victorian Mental Illness Awareness Council, Centre for Psychiatric Nursing, University of Melbourne, Centre for Mental Health Learning, and the Department of Health and Human Services) was tasked with creating a summary of resources, as part of the project. Consumer perspective supervision is an emerging field of practice in peer work, and consequently, there is a limited body of literature on the subject. With an extensive body of literature on peer support, it is to be expected that the literature and research in support of consumer perspective supervision, its values, principles, practices and approaches, will evolve over time. The annotated summary of resources is a first step in collating literature and current research on the subjects of consumer perspective supervision, peer workforce needs and issues, and consumer workforce supervision issues more generally. This resource is useful to anyone interested in the development of the consumer workforce, and the emerging approaches and practices of consumer perspective supervision.

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ARAFEMI Victoria, 2013, *Considerations when Operating a Peer Support Service,* Accessed 11 June 2019, <https://pydio.calyx.net.au/data/public/edc291>

This resource focusses on three key areas: Governance, Evaluation and Personnel. It provides recommended considerations to support organisations to enhance their support of the peer workforce. In terms of best practice in peer support, the guide recommends access to peer-led co-supervision, and if not available, that external peer supervision is sought. A useful resource for service providers interested in the operational aspects of supporting a peer workforce.

Byrne, L, Happell, B & Reid-Searl, K, 2015, 'Lived experience practitioners and the medical model: world's colliding?' *Journal of Mental Health, Early Online,* pp. 1-7. DOI: 10.3109/09638237.2015.1101428, Accessed 10th June 2019, <https://www.tandfonline.com/doi/abs/10.3109/09638237.2015.1101428>

In this article Byrne et al. aim to enhance understanding of the perspectives of individuals working in lived experience roles. 13 Australian interviews were conducted with Lived Experience Practitioners, using a grounded theory approach. Results indicate that the medical model was a significant concern to Lived Experience Practitioners, the culture imposing limitations on the implementation, effectiveness and development of lived experience roles. The article discusses resistance from non-lived experience colleagues, power differentials, and the critical need for workforce development including appropriate training, supervision and support. The limitations of this study relate to the small sample size. This article is valuable for exploring the contextual challenges and conflicts experienced by the peer workforce when working in services driven by the medical model.

Byrne, L, Roennfeldt, H & O'Shea, P, 2017, Final Report – *Identifying barriers to change: the lived experience worker as a valued member of the mental health team,* CQ University, Australia. <https://www.qmhc.qld.gov.au/sites/default/files/identifying_barriers_to_change_final_report.pdf>

The aim of this study was to understand the perspectives of senior managers of mental health services in relation to barriers and enablers for lived experience workers (Queensland). In-depth, semi-structured interviews and focus groups were held with a total of 29 participants. The key finding showed that the degree to which executive/senior management value and understand lived experience roles, directly correlates to the commitment shown in developing and supporting the lived experience workforce within organisations. In relation to supervision and support, most participants did not see that there were any differences or specific challenges in supervising and supporting lived experience workers in comparison to people in traditional roles. The report provides a set of recommendations for successful peer work integration and is relevant for the exploration of employer perspectives about barriers and enablers for development and support of the mental health peer workforce.

Byrne, L, Roennfeldt, H, Wang, Y & O'Shea, P, 2019, 'You don't know what you don't know': The essential role of management exposure, understanding and commitment in peer workforce development, *International Journal of Mental Health Nursing,* 28, pp – 572-581.

This study aims to further explore management understanding and attitudes towards peer work to gain insight into how these key decision makers view the growing peer workforce. The paper explores the workplace cultural considerations that impact on peer roles and the critical role of management in setting the cultural tone. The qualitative study uses a grounded theory methodology. 29 executive level staff from 24 mental health organisations, in Queensland, participated in the study, which comprised in depth interviews and one focus group. Management exposure to peer work was particularly important as management 'buy-in' determined whether employment of peers was meaningfully supported or actioned. Participants raised the value of peers managing and mentoring peer workers, reinforcing the need for peer supervision of peer workers. Limitations of the study pertain to its small sample size, only one key stakeholder group was included. This study suggests that there are a number of ways in which peer workforce development can be enacted by people in executive roles: advocacy in the form of championing, development of peer management positions and organisational cultural change and acceptance, leading to increased support and development of peer roles. This study is relevant in contextualising peer management, supervision and mentoring alongside other key mechanisms, for strengthening peer workforce development.

Chinman, M, McInnes, K, Eisen, S, Ellison, M, Farkas, M, Armstrong, M, & Resnick, S, 2017, 'Establishing a research agenda for understanding the role and impact of mental health peer specialists', *Psychiatric Services,* 68:9, pp. 955 – 957.

This Open Forum discusses the current state of research into peer specialists, outlining gaps in the literature, and recommending strategies to address the gaps. Many studies demonstrate that peer specialists face implementation challenges, but it is not known empirically what impact these challenges have on peer specialist services or on outcomes. Discussion focusses on concerns that peer specialists may abandon their role as advocates and change agents, when engaging others in traditional mental health services. The article is useful in describing the current state of research into peer specialist work, highlighting the need for a more synthesised research approach.

Clossey, L, Gillen, J, Frankel, H & Hernandez, J, 2016, 'The experience of certified peer specialists in mental health', *Social Work in Mental Health*, Vol. 14, No. 4. pp. 408 – 427.

This qualitative study explored the Certified Peer Specialist experience from the perspective of the workers, using an action research approach, as well as deploying a CPS co-principal investigator. Focus groups and interviews were conducted in one geographic area with a sample size of 13 respondents across eight different organisations. Major barriers include professional providers not understanding the role; power imbalances between Certified Peer Specialists and professionals; mental health organisations needing to be more recovery oriented, and professionals not taking Certified Peer Specialists roles seriously. Major facilitating factors include supportive organisations and having a Certified Peer

Specialist supervisor. This study is relevant for anyone interested in Certified Peer Specialists perspectives on their work.

Davis, J, 2015, 'Supervision of Peer Specialists in Community Mental Health Centers: Practices that predict role clarity', *Social Work in Mental Health,* 13:2, pp. 145-158, DOI: 10.1080/15332985.2013.801390

This study identifies supervisory practices that predict role clarity for peer specialists employed on treatment teams in community mental health centres in America. The study investigated four types of supervision: structured, unstructured, individual and group. The sample was purposively selected from the membership of the National Association of Peer Specialists, which includes peer specialists, potential peer specialists and supportive non peers. 381 completed a survey of which 100 were peer specialists working in community mental health centres. Multiple data analyses methods were used. Findings showed that the availability of supervision to peer specialists was the strongest predictor of role clarity, with the availability of scheduled and unscheduled supervision in tandem as the most predictive indicator. Frequency of scheduled supervision also predicted role clarity, findings suggesting that weekly scheduled supervision is most predictive of role clarity. Limitations include sample size, and the lack of representativeness of the sample. This study does not address any questions as to who delivers the supervision: as to whether the supervision is clinical, management or peer supervision. The study is useful in that it focusses specifically on supervision, role clarity, and the peer specialist workforce.

Deegan, P, 2004, *Mentalism, Micro-Aggression and the Peer Practitioner,* Blog, Accessed 4 June 2019, <https://allison-stiles.mykajabi.com/blog/mentalism-micro-aggression-and-the-peer-practitioner>

This article explores the impacts on peer practitioners of mentalism, a form of oppression occurring at systemic, interpersonal, and personal levels. Peer practitioners can experience mentalism in all aspects of their work. Mentalism is explored at both macro and micro levels. The article provides a meaningful analysis of oppressions commonly experienced by peer practitioners in workplaces and is useful for creating a deeper recognition of the impacts of mentalism on peer practitioners, both personally and professionally.

Edan, V & Cadogan, E, 2018, 'Honouring, developing and growing Victoria's lived experience workforce', in J Meagher, A Stratford, F Jackson, E Jayakody & T Fong (eds), *Peer Work in Australia: a new future for mental health,* RichmondPRA and Mind Australia, Sydney, pp. 155-171.

This article details the history, current situation, and vision for the lived experience workforce employed within Victorian mental health services. The article focusses on paid consumer and family/carer lived experience specific roles in public mental health services in Victoria. The article explores the need for discipline specific supervision, providing an overview of the Consumer Perspective Supervision Project and the development of the Consumer Perspective Supervision Framework. It explores what is working well, as well as discussing challenges in relation to discipline specific supervision for peer workers. This article is relevant to anyone interested in consumer perspectives supervision in the Victorian context.

Health Workforce Australia, 2014, *Mental Health Peer Workforce Study,* Adelaide. Accessed 4 June 2019, <http://www.mhcsa.org.au/wp-content/uploads/2018/12/HWA-Mental-health-Peer-Workforce-Study.pdf>

The study provides a national picture of the current mental health peer workforce, opportunities and challenges. The study identifies opportunities for a more structured and strategic approach to peer work development, including mentoring, coaching and supervision, in Australia. The methodology includes information gathering; services' questionnaire; case study interviews; literature scan; and an online survey of peer workers. The scope covers the mental health peer workforce in public, non-government and private mental health services in Australia. It is unknown as to how representative the study is as the mental health peer workforce remains unmeasured; however, the study findings were consistent with the literature scan and case study interviews. The study is useful in clarifying the strategies required to address peer workforce development needs and issues.

Kaine, C, 2018, *Towards professionalization. Exploration of best practice models in mental health peer work to inform the establishment of a national professional organisation. Literature Review.* Private Mental Health Consumer Carer Network (Australia) Ltd for the National Mental Health Commission. Accessed 9 June 2019, <http://pmhccn.com.au/Portals/2/PublicDocuments/CoPP/Literature%20review%20-%20Towards%20Professionalisation.pdf>

This Literature Review identifies and discusses six themes: the importance of recovery oriented practice in peer support, and the organisational culture to support it; discrimination and its impacts; the need for role clarity and support for broader understanding of peer work; boundaries and self-disclosure; supporting ongoing wellbeing of peer workers; training, development, certification and professionalization of peer support workers. The Literature Review focussed on peer-reviewed journals and grey literature between 2011-2017. Supervision is barely touched on, reflecting a lack of literature addressing supervision issues. One study is cited (Davis, 2013) that discusses professional supervision as being key to increasing role clarity for peer workers. This review is useful as it covers the most recent literature on professionalization of the mental health peer workforce.

Kemp, V, & Henderson, A, 2012, 'Challenges faced by mental health peer support workers: peer support from the peer supporter's point of view', *Psychiatric Rehabilitation Journal*, Vol 35, No 4, pp. 337-340.

This study aimed to identify various challenges encountered by peer support workers in Western Australia. The nominal group method was used to collect and analyse the data. Seven participants from four non-government organisations participated. Five major areas of concern were: lack of role clarity; return to work after relapse; conflicting expectations of time; self-disclosure, and finally supervision. Participants indicated a lack of appropriate supervision; lack of mentoring and availability of mentors; and they felt that management supervisors did not clearly understand the peer support role, leading to conflicting and unrealistic role expectations. The study is limited by the small number of participants; however, findings are consistent with research previously reported in the literature. There is no discussion of consumer delivered supervision. This study is useful for identifying critical shortfalls in the delivery of supervision to the peer workforce.

Kuhn, W, Bellinger, J, Stevens-Manser, S & Kaufman, L, 2015, *'Integration of peer specialists working in mental health settings', Community Mental Health Journal, 51: 453-458.* DOI: 10.1007/s10597-015-9841-0

This study explored workplace integration indicators that predict job satisfaction of peer specialists by interviewing Texas Certified Peer Specialists (n=86). Results indicated that the single most important workplace integration indicator influencing peer specialist satisfaction at work was the perception that one's supervisor clearly understands the peer role. The study has limited generalisability due to the small sample size and respondents only representing one state. The study is relevant in identifying the significant influence of supervisors who understand peer work roles, to job satisfaction and integration.

Mead, S. 2014, *Intentional Peer Support Co-Reflection Guide.* Accessed June 10, 2019, <http://www.intentionalpeersupport.org/wp-content/uploads/2015/07/IPS-CoReflection-Guide-2015.pdf>

Co-Reflection is a feature of Intentional Peer Support, developed as an alternative to the practice of supervision, whilst maintaining what is essential in supervision in order to ensure quality, improve skills and to provide accountability. Co-Reflection is organised around four tasks: Connection, Worldview; Mutuality and Moving Towards. The guide includes a structure for giving and receiving feedback. This resource is relevant to anyone interested in authentic approaches to peer workforce development since it is consumer developed around peer support principles.

Meagher, J, Stratford, A, Jackson, F, Jayakody, E, & Fong T, (eds), 2018, *Peer Work in Australia: a new future for mental health.* RichmondPRA and Mind Australia, Sydney.

This is a co-produced book on mental health peer work in Australia. It documents the growth of the peer workforce, along with new developments in peer work practices and engagement in Australia. Authors are predominantly experts by experience, with seventeen articles in total covering a broad range of topics including historical developments in peer work, supervision issues and challenges, state based peer services, peer worker support needs, and lived experience critiques. This book is very relevant to anyone interested in current and future developments within and across the mental health peer workforce throughout Australia.

Mental Health Commission NSW, 2016, *Peer Workforce Planning Toolkit – an employer's guide to implementing and developing a peer workforce,* Peer Work Hub, Gladesville, NSW. Accessed 6 June 2019, <http://peerworkhub.com.au/wp-content/uploads/2016/05/Toolkit.pdf>

The Toolkit is a practical guide to assist employers in the development and implementation of a Peer Workforce Plan. It explains what needs to be considered in the planning process, as well as providing a series of customisable worksheets, checklists, information sheets, resources and tips to accompany each step. There is a useful discussion about peer workforce supervision issues and needs. The Toolkit is a valuable resource for employers.

National Mental Health Consumer & Carer Forum, 2010, *The mental health consumer and carer identified workforce – a strategic approach to recovery,* NMHCCF, Canberra. Accessed 5 June 2019, <https://nmhccf.org.au/sites/default/files/docs/mhca_carewf_layout_16-9_0.pdf>

This Position Statement recognises the opportunities that arise from developing and supporting the mental health consumer and carer workforce in Australia. The statement proposes that consumer and carer expertise can only be provided by people with lived experience and other relevant skills. This statement describes and discusses the current peer workforce context in Australia including many issues and challenges faced by peer workers; discusses national policy and strategic policy drivers and makes a number of recommendations in support of peer workforce development. There is a discussion about training and supervision needs, with a recommendation that employers conduct a training needs analysis in relation to training and supervision needs of consumer and carer peer workers. The statement is valuable as an exploration of core issues affecting the consumer and carer workforce, as well as making strategic recommendations for action.

Nisbet, G, McAllister, L, & Heydon, M. 2014, *A Peer Group Mentoring Framework for the Development of Student Supervisors.* MHCC, Sydney. Accessed 11 June 2019, <https://cmhdaresearchnetwork.com.au/wp-content/uploads/2016/11/Mentorship20Peer20group-Framework-FINAL20151.pdf>

A resource on group supervision. Whilst not developed with mental health peer workers in mind, it provides some useful guides and resources in support of peer group reflection, as well as clarifying differences between supervision, mentoring and coaching.

Repper, J, 2010, *Peer Support Workers: A Practical Guide to Implementation,* Centre for Mental Health, UK. Accessed 11 June 2019, <https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/7---Peer-Support-Workers---a-practical-guide-to-implementation-web.pdf>

The guide discusses the practical issues of implementation, support and development of peer support work, based on the experiences of the ImROC programme. The guide explores stages of recruitment, employment and ongoing peer workforce development. Included is a discussion about supervision and support, 'professional' supervision referring to supervision provided by senior peers or through contact with a group of peer workers. A valuable guide for service providers, and anyone interested in exploring implementation aspects of peer workforce development.

Sinclair, A, 2018, 'Peer Supervision: stumbling blocks and ways forward', in J Meagher, A Stratford, F Jackson, E Jayakody & T Fong (eds), *Peer Work in Australia: a new future for mental health,* RichmondPRA and Mind Australia, Sydney, pp. 280-294.

The author explores the meaning of and role of peer supervision, with a specific focus on a Western Australia context, whilst drawing on Australian and international literature. Sinclair argues that supervision for peer support workers is key to sustaining the peer workforce, but also in ensuring its original mandate of resisting, and/or providing alternatives to biomedical

approaches and coercive practices. The article discusses emerging concerns about the formalisation and co-option of peer support and peer supervision and argues that the peer support workforce needs to develop its own forms of supervision separate from clinical models. The author proposes that peer supervision may act as a 'third space', facilitating the development of self-identity, confidence and the means to unsettle oppressive practices, whilst sustaining peer work principles and practices. The article is an essential resource for exploring issues and concepts pertaining to the development of authentic peer supervision practices in Australia.

Sinclair, A, n.d. *Peer Supervision: Ideas and Resources,* WA Peer Supporters' Network website, Accessed 10 June 2019, <http://www.comhwa.org.au/wp-content/uploads/2019/05/WAPSN-May-Meeting_peer-supervision-handout.pdf>

A brief reflective guide for peer workers to use as a reflective tool, structured as a series of questions and statements addressing key elements of peer supervision including the premise of peer supervision, what peer supervision is not, supervision principles, supervision formats and what to look for in supervision. A useful reflective tool for peer workers and services.

Stratford, A, Halpin, M, Phillips, K, Skerritt, F, Beales, A, Cheng, V, Hammond, M, O'Hagan, M, Loreto, C, Tiengtom, Kobe, B, Harrington, S, Fisher, D & Davidson, L, 2017, 'The growth of peer support: An international charter.' *Journal of Mental Health.* Online 6 July, pp.1-6. DOI: 10.1080/09638237.2017.1340593, Accessed 10 June 2019, <https://www.ncbi.nlm.nih.gov/pubmed/28682640>

This article integrates into the Charter for Peer Support, the results from convening an international consortium of peer leaders from six continents to develop a common, core set of guiding principles, values and practices for the development of peer support. Peer leaders are encouraged to develop and deliver peer support both with integrity to its founding values in a civil rights and social justice framework, and with responsiveness to local cultural worldviews. This charter is important for consolidating internationally recognised, peer developed principles, values and practices integral to authentic peer work.

Watson, S, 2013, Peer Workforce Development, Keynote Address at the Centre of Excellence in Peer Support Conference, 31 October 2013, Accessed 19 June 2019, <https://insideoutconversations.com.au/2019/06/18/peer-workforce-development/>

The author argues there are two distinct disciplines within the mental health peer workforce: the discipline of consumer engagement and leadership, and the discipline of recovery based peer work. These disciplines rely on knowledges, skills and practices that ought to be clearly differentiated. Watson alludes to many confusions in workplaces for consumer and peer workers as well as for managers, struggling with problems of role hybridisation and lack of role clarity. This article is useful for exploring common challenges faced by peer workers, managers and service providers in supporting an authentic consumer and peer workforce.

Victorian Mental Illness Awareness Council (VMIAC) and Centre for Psychiatric Nursing, 2018, *Consumer Perspective Supervision, a framework for supporting the consumer workforce,* Melbourne. Accessed 6 June 2019, <https://cmhl.org.au/sites/default/files/resources-pdfs/FINAL CPS framework 18.pdf>

The Framework is intended to guide supervisees, supervisors and organisations in undertaking the processes necessary to support consumer perspective supervision by outlining the specific functions, importance and benefits of consumer perspective supervision. It explains the rationale behind consumer perspectives supervision clarifies the unique values and principles of consumer work and explores the nature of the role and of the consumer perspective relationship. The Framework is co-produced. It is rich with examples and discussion, reflective of current issues and challenges for the practice of consumer perspective supervision. The Framework is useful for anyone involved in or with an interest in consumer perspective work, whether that be consumer perspective employees or their employers.