This paper discusses the implementation of a peer support program in a regional mental health service.

**Roles**

The role of the peer support worker is diverse and varied. Some of the roles that have been described include assisting with or conducting new service user orientation, leading groups e.g. illness management, social groups, completing intake, screenings, treatment planning with service users and staff, helping service users find housing, and accompanying service users to community outings. In addition they have been hired to engage in case management, crisis services and in outreach (Chinnman et al., 2006). According to Cleary et al. (2006), the main contribution of peer support workers is their ability to consult with current service users, collect service users' views, and be able to provide support based on their own experiences and knowledge of mental illness and mental health services.

**Issues**

Peer support workers have faced a number of challenges. This includes such things as 
- Stigma and discrimination from non-peer staff with respect to their ability to work, role conflict and 
- Functional dual relationships or boundary issues (Nestor & Galletly, 2008). Peer support workers experience the difficult task of balancing their service user identity and their new vessional identity.

In 2006, it has been suggested that it is necessary for peer support workers to obtain training on the portance of confidentiality and services provide all staff with clear written protocols and training on confidentiality (Carlson et al., 2001). Receiving adequate training and education is an essential issue for peer support workers (Cleary et al., 2006). This can be difficult to arrange when a peer support worker may only be employed for a few hours per week. Mandatory training, for example, fire training, occupational health and safety may be a priority but selective training in other areas will assist in improving the quality of service users' work.

The provision for young people who are adjusting to a work position in mental health settings. Hutchinson et al. (2006) recommends regular supervision to peer support workers to ensure that they are receiving the support and accommodation they need to best meet the job requirements and to work with peer staff to help them to separate work issues from mental health issues.

**Example**

The Gold Coast Health Service District is located in south-east Queensland. The catchment population is approximately 500,000 with a population growth of 3.2% per annum. The services provided include acute inpatient facilities, extended treatment, inpatient rehabilitation, child and youth services, services for older persons, and community based teams such as continuing care teams (case management), Homeless Health Outreach Team, Mobile Intensive Treatment Team, and the Acute Care Team.

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During the first year in this role the consumer consultant felt at times disempowered, embarrassed and experienced a sense of shame when some of the staff who had previously treated her would not acknowledge her (even though this admission had been 11 years previously). During the commencement of the role, the consumer consultant actively became involved in the formation of some consumer facilitated groups. One of which was the Issues and Concerns Group. Some of the issues raised pertained to the environment, maintenance and treatment, while others centred around staff. The consultant had heard from other staff that she had been employed like an undercover cop and that she was there to actively investigate issues. After discussion about the negative interpretation of the role, it was decided that the role needed to appear less intimidating and to be able to actively work with staff to initiate change rather than be seen as working against them. The Issues and Concerns were changed to continue on a one to one request from the consumer to the consultant.

Initially in the role, there was fortnightly supervision provided by the Manager and bi monthly supervision provided by the Executive Director. This was vital in the development and guidance of the role within the district. There is also peer supervision available from the Senior Project Officer in the Mental Health Directorate.

When some funding became available, two peer support workers were employed. It had been identified that there was a need to employ a Peer/Recovery Support Worker that could continue to work on the inpatient wards and support the Consumer Consultant to work more strategically. A large part of their role includes providing hope and empowering consumers on the ward and being able to develop rapport and provide a different perspective to a clinician. Groups that have been facilitated by the Peer Support Workers include Hope and Recovery, Managing Your Illness and Medication and Lifestyle, Mental Health Tribunal Group, and a Pastoral Care Group (run jointly with the pastor).

The Consumer Consultant and Peer Support Workers have had a pivotal role in developing groups and focusing on the consumer perspective within the inpatient wards. The Hope and Recovery group has been very successful and is now facilitated twice per week. This group provides a friendly approach to mental health issues and emphasises and supports each individual’s potential for recovery. The use of this concept/group within mental health settings emerged as the purpose is to support social inclusion resulting in more individuals living in the community that are made aware of recovery and its principles.

The Peer Support Workers reported to the Consumer Consultant that their roles assimilated with the inpatient wards with less issues than the consultant role. There seems to have been a shift in attitude and the staff can recognise the value of the consumer workers and identify the rapport that the consumer workers have due to their lived experience of mental health issues. The Peer Support Workers are able to write in the clinical notes and to utilise CMHA (electronic record), and attend handover meetings.

Just over two years ago, the Gold Coast was selected as one of six sites to run a Consumer Companion Program. The Consumer Companion Program was developed due to an increase in the feelings of loneliness, boredom and lack of support as reported by inpatients. Consumer Companions are people who have a lived experience of mental illness and provide interaction and support for service users within the acute inpatient units or extended care facilities.

They work for three hour shifts per week and 7 Consumer Companions are employed at both hospital sites, Robina and Southport. They do not do the same role as the Peer Support Workers. Their role is on an individual basis and they provide support to the consumers on the inpatient wards. The role of the Consumer Companions involves providing and engaging in activities, sharing their lived experience with service users, providing a positive role model and promote hope and recovery, show empathy and understanding, provide companionship, and provide guidance on the wards and for life outside the hospital. They have a pivotal role in supporting other consumers with mental health issues.

The Consumer Companions receive monthly group supervision that is provided by the Consumer Companion Program Coordinator. These sessions address communication, strategies, role plays, scenarios with service users on the wards, Ethics of Conduct, assertiveness, and team work. The Companions are also provided with debriefing as required by the Consumer Consultant.

With service development, it was decided that the Peer Support roles be integrated into the community clinics to provide transition for patients from inpatient to the community. It has been challenging at times in the community for the Peer Support Workers, as both the community and Peer Support have not previously had much involvement with consumer participation. The transition has been challenging due to working in a well supported team (psychiatric rehabilitation) to an environment where the Peer Support Workers had not previously worked. Also the change from inpatient to community has been a large change to work practice. They have been supported by the Consumer Consultant during the transition. The supervision is also important to support the consumer not only in work practice but also emotionally. There is also supervision available by telephone from the Consumer Peer Supervisor from the Directorate.

There have been no issues to date with the Peer Support Workers becoming unwieldy although, it has been an issue with the Consumer Companions. There is an understanding that people may become unwieldy and have taken an absence of leave and returned to work after a negotiated period of time.

It is compulsory for all new consumer employees of the district to attend Code of Conduct, orientation, Aboriginal and Torres Strait Islander Cultural Awareness Workshop, Emergency Procedures, and ABM. A number of the consumer workforce are working towards the Certificate IV in Mental Health. This has been a good opportunity for the team of consumer workers to increase their knowledge, upskill and gain confidence within themselves and their roles.

CONCLUSION

The Consumer Consultant continues to advocate for more consumer roles within the district. In the time that the district has employed consumers, the consumer program has continued to expand, and it is hope that this program will continue to grow due to its success.

REFERENCES