TE POU

Consumer, peer support and lived experience

Mental health and addiction workforce development strategy: 2020–2025

In association with Matua Raki

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The team at Te Pou: Caro Swanson, Rhonda Robertson, Joanne Richdale (PhD), Angela Jury (PhD), Will Ward and Rae Lamb.

Tuia ki runga	Binding above
Tuia ki raro	Binding below
Tuia ki te whai ao	Binding the glimmer of dawn
Ki te ao-mārama	To the bright light of day
Tīhei mauri-ora!	There is life!

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Foreword

Kia ora

This strategy has been many years in the making. It is written by and for the mental health and addiction consumer, peer support and lived experience workforce. The strategy will also have use and value for many health, social and government sectors and for those who work alongside us.

Our workforce is a workforce of courage and generosity.

- It takes courage and strength to own your lived experiences and be "out" in a world that still sees us as different, potentially dangerous and as lesser people or stereotypes.
- It takes courage to go back into the places where we were forever changed, that have sometimes harmed and traumatised us.
- It takes strength to be with people who are experiencing some of the hardest times of their lives when your core being remembers exactly how that feels.
- It takes courage to say NO, this is not right, and push to inform, challenge and change our world.
- Most of all it takes generosity to turn our hard-won experiences into positive opportunities for people like us, and to support services and organisations to be most effective and responsive to the people they serve.

This is a workforce we are proud to be part of, immersed in, committed to and believe in with all of our hearts. Together Rhonda and I have more than 40 years' experience of working in consumer, peer support and identified lived experience roles. In the early days of our experiences some of the most powerful influences, and belief in hope for the future, came from the people we sat with in waiting rooms, in front of light boxes, in inpatient units and in groups. These are our peers, without whom we would have missed so much wisdom, so many tears and laughs, while living with and making meaning of our experiences.

Ngā mihi

Caro & Rhonda

Caro Swanson, Principal Advisor, Mental Health and Service User Lead

Rhonda Robertson, Principal Advisor, Lived Experience and Peer Project Lead (Addiction)

Our vision

A large, well-resourced, diverse, and self-determined consumer, peer support and lived experience workforce that works across health and other sectors.

Our workforce and work are effective and valued by people who access services and well supported by our co-workers and employers.

We are leaders that direct organisations, management and government to ensure all New Zealanders experiencing mental health and addiction challenges have access to services that realise lives of wellbeing and meaning, that they and their whānau value.

Te rautaki – the strategy

People who have experienced mental health and addiction challenges and gained wellbeing develop many skills, knowledge, talents and attributes through those experiences.

He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction heard substantial evidence that people and whānau want and need their voices to be heard and to be in service design and delivery. The Inquiry recommends the Ministry of Health and District Health Boards strengthen people's voices and experience in services and be accountable for delivering on this goal.[1]

The consumer, peer support and lived experience workforce, shares this view and enlarges on it. We want a future where wellbeing is realisable for all people and where lived experience voices, skills and leadership are at the heart of service and systems design and service delivery. Developing the consumer, peer support and lived experience workforce has been shown to benefit everyone in services – not just the people who access these.[2]

Our workforce comprises people with personal lived experience of mental health or addiction challenges and robust wellbeing. These experiences have significantly impacted our lives. We are trained and employed in specific and identified lived experience roles to support others and inform and lead policy, process and service development using our experience, shared values, competencies[3] and approaches. We may be employed anywhere in mental health, addiction, health and social sectors, where people who are experiencing mental health and addiction needs seek support.

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[1] Government Inquiry into Mental Health and Addiction. (2018). He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction. Wellington: Department of Internal Affairs.

[2] Puschner, B., et al. (2019). Using peer support in developing empowering mental health servcies (UPSIDES): Background, rationale and metholdogy. Annals of Global Health, 85(1), 53, 1-10.

[3] https://www.tepou.co.nz/initiatives/peer-workforce-competencies/23

In our work, we apply our own lived experience to:

- hold, support and nurture hope and personal power for people who are experiencing mental health and addiction needs and work with them towards lives that have meaning and value for them
- lead, partner and inform governance, development and evaluation of services, policies and systems to better reflect people's needs and views[4]
- work in partnership across diverse sectors, services and government to create better outcomes for people.

Our workforce has two main types of roles.

1. Person-to-person roles like peer support workers and peer advocates. We work directly with people and the peer managers, supervisors and mentors who support us.
2. System-based roles like consumer advisors, peer educators, auditors and researchers. We use our lived experience and skills strategically to build services, policies, systems and evidence. This includes being part of continuous quality improvement initiatives that make services more responsive and effective for the people that access them.

At the moment our workforce is small and not well understood in terms of size.[5] Growing our workforce is a long-standing Ministry of Health priority.[6,7,8,9] To further this Te Pou has worked with the sector to compile this workforce development strategy. We are grateful to the many people, workforce leaders, groups and networks who guided its development over a series of forums and meetings from 2017 to 2019.

This strategy will support mental health and addiction consumer, peer support and lived experience workforce development over the next five years to 2025. We intend to lead our own workforce development while robustly partnering with agencies, organisations and government to achieve our goals. This strategy can support and inform many lived

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[4] Te Pou o te Whakaaro Nui. (2014). Competencies for the mental health and addiction service user, consumer and peer workforce. Auckland: Te Pou o te Whakaaro Nui.

[5] NGOs delivering secondary mental health and addiction services employ around 500 full-time equivalent roles. It is unclear how many more roles are located in DHBs and other providers.

[6] Mental Health and Addiction Service Workforce Review Working Group. (2010). *Towards the next wave of mental health & addiction services and capability: Workforce service review report*. Wellington: Ministry of Health.

[7] Minister of Health. (2016). New Zealand Health Strategy: Future direction. Wellington.

[8] Ministry of Health. (2012). Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017. Wellington.

[9] Ministry of Health. (2017). *Mental Health and Addiction Workforce Action Plan 2017-2021*. Wellington: Ministry of Health.

experience communities to develop roles and strategies that are meaningful to them; for example, whānau, physical health conditions and social response groups.

It is time for us to lead and be a vital part of the transformation of services, systems and policy outlined in *He Ara Oranga* through our own self determination and creating effective equitable partnerships.

Te tuāpapa – foundation

Our values and diversity provide the foundations for our strategy. Our values guide the way we work with people.

- Participation: valuing people's right to participate in and lead service delivery and design, including their own treatment.
- Self-determination: valuing and supporting people's right to make their own life choices, free from coercion.
- Equity: the right to be treated fairly with equity, and be free from discrimination.
- Mutuality: authenticity in relationships based on common experiences.
- Experiential knowledge: valuing and sharing the expertise and wisdom developed from our personal experiences.
- Hope and wellbeing: the belief there is always hope, and that resilience and wellbeing are possible for everyone.[10]

Our values of participation, self-determination and equity are rooted in the two spheres of influence of *Te Tiriti o Waitangi*, describing the relationship between the Crown and Māori.

The first sphere is Kāwanatanga, where the Crown partners with Māori in decision making to ensure input and leadership at all levels of the system that can impact future lived experience workforce development initiatives.

The second sphere, Tino rangatiratanga, specifies self-determination where Māori are fully respected to have control of their future and to decide on what matters most. In both spheres, Ōritetanga focuses on achieving equity and the right of Māori as lived experience leaders to have experiences that are meaningful to themselves. The concepts are enveloped by Wairuatanga, to balance the physical and emotional with the spiritual.

We value our workforce diversity as one of our many strengths. We bring our whole selves to our work and recognise the importance of person responsive approaches. Individually, we

[10] Te Pou o te Whakaaro Nui. (2014). Competencies for the mental health and addiction service user, consumer and peer workforce. Auckland: Te Pou o te Whakaaro Nui.

experience our mental health and addiction challenges and achievement of wellbeing differently. How we make meaning of those experiences is shaped by many personal factors. These include experiences of colonisation and intergenerational trauma, our cultures and whānau relationships, our age, genders, sexuality, and spirituality. We are part of and within many communities. These factors, alongside our experience of mental health and addiction challenges, inform how we work and how we respond to each other.

Our workforce is constantly moving. New roles emerge, services and systems change and people require different options of support. This strategy needs to address the needs of our workforce with agility and responsivity. We will strengthen and grow collaborative relationships across health, disability and wellbeing systems.

We have been built with and from our collective experiences of facing mental health and addiction challenges, accessing services and treatments and achieving wellbeing. Our expertise comes from our 'grassroots' experiences through to our leadership. This means collectively our workforce holds the power to decide what workforce development we need and to enthusiastically invite others to partner in its delivery. This is self-determination, participation and equity in action.

Ngā pou arahi – leading the way

There are three goals under this strategy.

Goal 1. A leadership and partnership infrastructure

Our first strategic goal is to develop the infrastructure required to be effective leaders and partners in workforce development. This ensures we will lead our workforce development in the mental health and addiction sector, health services like primary care, and government and non-government sectors.

Self-determination is a core tenet of our work. Many networks and groups across Aotearoa, New Zealand have, over time, pioneered consumer, peer support and lived experience collectives, such as ANOPS.[11] We have our own competencies[12] that inform what we do and how we do it. We will work in partnership with government, agencies, organisations and leaders to further develop our own lived experience service approaches and workforce

[11] In 1990 Mary O'Hagan and Pauline Hinds established the Aotearoa Network of Psychiatric Survivors (ANOPS), which provided a national voice on issues concerning mental health. ANOPS was involved in advocacy work on behalf of mental health consumers at a time when psychiatric hospitals were being shut down and people moved into the general community. It was dissolved in 1998 after the government stopped funding its work.

[12] https://www.tepou.co.nz/initiatives/peer-workforce-competencies/23

development including improving the evidence-base for lived experience involvement in services.

Actions required to build our workforce infrastructure[13] are as follows.

- Further and equitably develop consumer, peer support and lived experience workforce collectives, advisory groups, and communities of practice at local, regional, national and international levels.
- Form strong alliances with each other to achieve self-determination.
- Determine our priorities for consumer, peer support and lived experience workforce development.
- Establish workforce development plans and partner with key people and agencies in workforce development, including commissioners, planners and funders, workforce development centres and the Ministry of Health.
- Have robust relationships with other agencies, such as workforce development agencies, to facilitate authentic partnership in workforce development.
- Explore how we can form a national professional body for our workforce.
- Define and describe effective co-design and co-development practices for engaging with us, to inform our partner agencies.
- Develop and describe diverse approaches, models and relevant training; for example, developing approaches by Māori for Māori.
- Define and develop outcome measures that are relevant to us and our work and describe what safety and quality mean in our work.
- Regularly evaluate progress towards meeting the goals of this strategy.

To do this effectively, we require support and action from other agencies, as follows.

- Ministry of Health commitment to work collaboratively with us to develop and deliver an Action Plan for the strategy.
- The use of co-development and co-design practices with agencies involved in workforce development to engage and partner with our infrastructure groups and collectives.
- Workforce development centres to provide infrastructure administration, coordination and support.
- Commissioners, planners and funders to allocate resource to consumer, peer support and lived experience workers participation in infrastructure activities.

[13] Workforce infrastructure includes identified approaches, systems and networks that serve the needs of the workforce to be effective.

- Employers to free up time for employees to attend relevant meetings and participate in partnership arrangements.

Goal 2. Grow our workforce

Our second goal is to grow and develop the consumer, peer support and lived experience workforce.

Growth must be real and sustainable, and enhance our workforce diversity ensuring people can access our workforce wherever we are needed. How we grow our workforce matters. As our leadership and partnership infrastructure develops this will determine the nature of our workforce development. There has to be robust partnering approaches that include bringing our experiential knowledge into relationships with relevant allies, agencies, communities and groups.

Real and sustainable growth for our workforce means we will have more peer-run and peer-led services, as well as more positions, new roles, and greater diversity in our workforce.

We cannot do this alone. Partnerships that provide workforce development opportunities and activities are pivotal.

The following actions are required.

- Commissioners, planners and funders providing:
    - realistic funding for all mental health and addiction organisations to employ multiple consumer, peer support and lived experience workers
    - increased funding for developing and sustaining peer-run and peer-led organisations.
- Workforce development centres to co-develop and co-design:
    - scopes of practice and other standards for our workforce
    - scholarships, grants and other developments that increase pathways into our workforce, grow its diversity and build leadership potential
    - collection of meaningful information about the consumer, peer support and lived experience workforce to support evaluation of impact and strategy progress.

Goal 3. Develop skills and employment environments

Our third goal is for our workforce to have the skills and environments we need to be effective. We must be well trained, skilled, well resourced, have clear roles and accountabilities.

We will partner with employers and others to develop the optimal conditions for our work. This includes building support structures including peer supervision, realistic employment conditions, role descriptions and fair pay. We want people in other workforce roles to understand our roles and work, as we work together to provide all people with the best possible service experience and outcomes. As we progress into wider health and social sectors, we must ensure all members of our workforce have what they need to be able to work well in a variety of settings and emerging roles.

To achieve this we will partner in workforce development activities to produce the training, professional development, resources and employment conditions necessary to be effective.

The following actions are required.

- Commissioners, planners and funders partner to provide:
    - job sizing that informs funding rates revised to meet recommended pay scales
    - service contracts that ensure access to peer supervision and ongoing professional development.
- Workforce development to co-develop and co-design:
    - training and professional development activities
    - peer supervision training and guides
    - guidelines for managers and leaders employing consumer, peer support and lived experience workers
    - information for people accessing services, whānau and the wider community about our workforce, what we do and how we work
    - guidelines for planners and funders to inform commissioning and contracting for our workforce
    - workforce development activities to support organisations to develop their staff and culture to work alongside our workforce.
- Education providers, partner to deliver:
    - qualifications and training that meet our needs, delivered in ways that suit our learning styles and needs
    - research and evaluation projects led by people with lived experience of mental health and addiction challenges
    - grow the evidence-base for our work.
- Employers to co-develop and co-design:
    - Multi-employer collective agreements and job descriptions
    - consumer, peer support and lived experience career pathways and plans

- leadership development opportunities for consumer, peer support and lived experience workers
- recruitment and retention activities.

Closing comment

This strategy is written by and for the mental health and addiction consumer, peer support and lived experience workforce. We are passionate about our roles, work and workforce. We are committed to using our experiences and skills to support people as they face their own mental health and addiction challenges. We choose to be part of creating other options and choices for people and whanau, and we choose to support services to deliver effective care and treatment.

The *Mental health and addiction consumer, peer support and lived experience strategy* is relevant wherever our workforce is employed and is not limited to the mental health and addiction sector.

Other lived experience workforces in health, social, justice and other sectors may find the content of this strategy useful as well. We keenly encourage others to engage with and adapt these ideas to fit their context.

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