

Experience Matters

A Youth Peer Support
Training Guide
in Early Psychosis

Orygen

The National Centre of Excellence
in Youth Mental Health



EPPIC

Early Psychosis
Prevention and
Intervention
Centre

Special thanks are extended to the clinicians from Orygen Youth Health Clinical Program (OYHCP) who made themselves available to contribute to this resource. OYHCP is the specialist youth mental health service located on the Orygen campus in Melbourne. For more than two decades, OYHCP has been a pioneer in the field of early intervention for emerging and severe mental illness. In that time it has become a world-leader in the development and provision of best-practice mental health care for young people: care founded on clinical expertise and the latest evidence. The integration of OYHCP's wealth of skills, experience and knowledge into Orygen's comprehensive range of research, clinical and knowledge transfer services enables Orygen to sustain a comprehensive academic health sciences centre at the forefront of innovation in youth mental health care.

The EPPIC National Support Program of Orygen, The National Centre of Excellence in Youth Mental Health has produced this document as part of its work to support the implementation of the EPPIC model within headspace, the National Youth Mental Health Foundation, in Australia.

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Orygen, The National Centre of Excellence in Youth Mental Health

Locked Bag 10
Parkville Vic 3052
Australia

www.orygen.org.au

**Experience
Matters**



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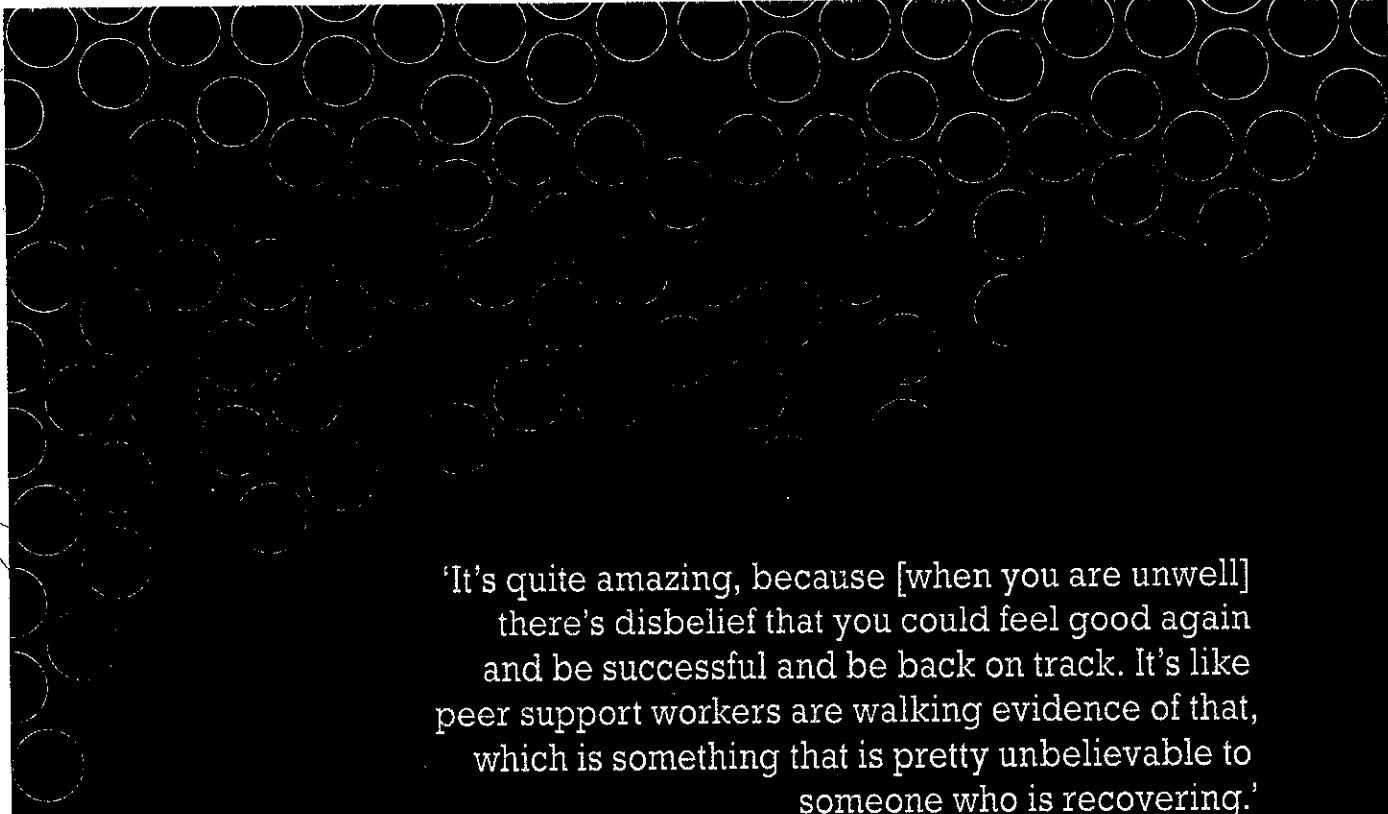
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'It's quite amazing, because [when you are unwell] there's disbelief that you could feel good again and be successful and be back on track. It's like peer support workers are walking evidence of that, which is something that is pretty unbelievable to someone who is recovering.'

Peer support worker,
Orygen Youth Health

Introduction

Young people who have experienced a first episode of psychosis provide an insight and level of understanding that most health service providers cannot – as such, they have the distinct position of being experts in the lived experience of the phenomenon. The use of peer support programs in early psychosis services recognises that young people with lived experience are in an ideal place to provide valued support to other young people experiencing similar issues. Hearing another's lived experience of psychosis can reduce the sense of isolation and alienation often felt by young people experiencing early psychosis, and can instil hope for recovery. By sharing their experience of a psychotic episode and their involvement with an early psychosis service, peer support workers help enable optimism for other young people and their families.

The effective training of peer support workers is an essential part of a successful peer support program. Peer support workers are the greatest asset of the program and need to be given the resources, skills and support to contribute to it in a meaningful way for them and other young people in the service.

About this manual

Experience matters: a youth peer support training guide in early psychosis is aimed at mental health professionals working with young people with early psychosis. This is a facilitator's training guide and is particularly aimed at mental health workers who are training young people to become peer support workers within an early psychosis service. This manual is also aimed at service level managers who want to develop and implement a peer support program within their service. The content of this manual has been developed in collaboration with the staff responsible for developing and implementing the peer support program at Orygen Youth Health Clinical Program and the young people working as peer support workers in this program.

This manual has been developed as part of an overall training program delivered by the EPPIC National Support Program (ENSP) that also includes face-to-face training and online learning modules. It should be read in conjunction with the other manuals in this series. The ENSP is assisting with the implementation of the Early Psychosis Prevention and Intervention Centre (EPPIC) Model in early psychosis services. The EPPIC Model has been developed from many years' clinical experience within the Orygen Youth Health Clinical Program and has been further informed by the Early Psychosis Feasibility Study Report written and published by the National Advisory Council on Mental Health in 2011, which sought international consensus from early psychosis experts from around the world.¹ It is based on current evidence, the experience of other early psychosis programs internationally and shaped by real world considerations. The EPPIC Model aims to provide early detection and developmentally appropriate, effective, evidence-based care for young people (aged 12–25 years) at risk of or experiencing a first episode of psychosis.

There are a number of core values and principles of practice that inform the EPPIC model of care. Ideally, an early psychosis service should incorporate:²

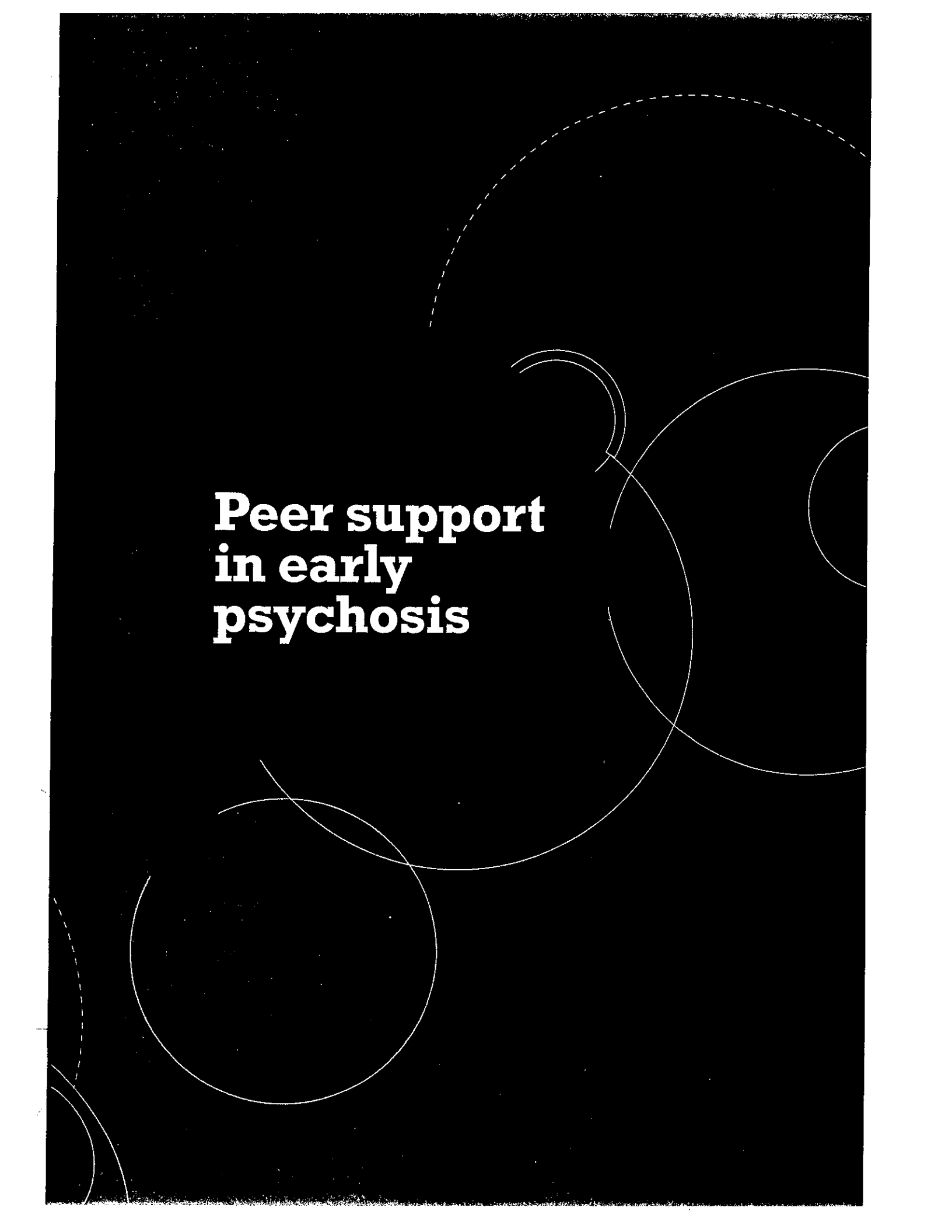
- easily accessible expert care
- a holistic, biopsychosocial approach to clinical interventions
- a comprehensive and integrated service approach
- evidence-based clinical practice that promotes recovery
- the presence of youth-friendly culture throughout the service (reflected in staff behaviour, clinical skills and attitudes and decor)
- a spirit of hope and optimism that is pervasive throughout the service
- a family-friendly ethos contained in all aspects of the service
- a service culture that facilitates culturally sensitive care to all young people and their families and friends
- a high level of partnerships with local service providers.

Peer support is considered an important element of youth participation, which is one of the 16 core components of the EPPIC Model. This manual should be read in conjunction with the ENSP manual *Youth participation in early psychosis*. It is important to understand that this manual describes peer support work that a young person provides to another young person currently receiving treatment and care from the service. This manual should not be confused with the family peer support manual *Training family peer support workers in an early intervention mental health service: facilitator's training guide (first edition)* published by Orygen, The National Centre of Excellence.

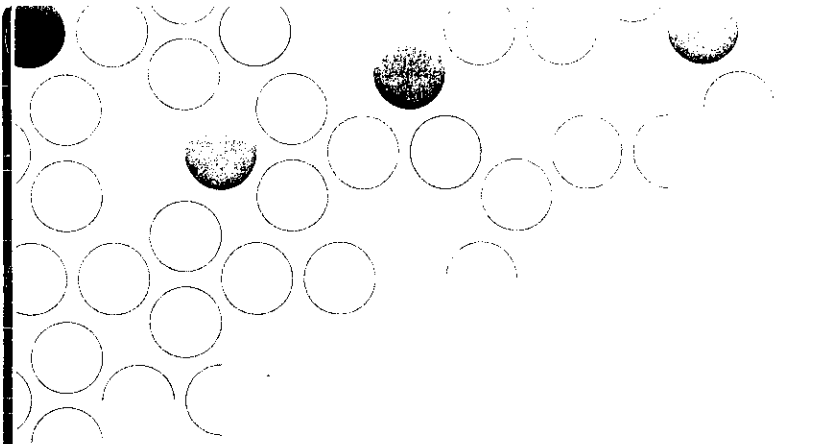
How to use this manual

This manual is divided into three parts: part 1, 'Peer support in early psychosis', provides the rationale and history behind peer support and its development in mental health services; part 2 'Establishing peer support in a service' describes the different components required to effectively establish peer support; part 3, 'Training peer support workers', is the training component of the manual and can be used as a resource to help train young people to become peer support workers.

Although this manual provides a model and framework for delivering training to peer support workers in an early psychosis service, early psychosis services are encouraged to creatively adapt these resources to meet the needs of the service and its particular environment and context. The examples provided and training topics described have been adapted from existing material used for training peer support workers in the Orygen Youth Health Clinical Program. Each service and program will need to determine for themselves the suitability and transferability of the training topics and suggested methods. However it is most important for a peer support program to be implemented effectively which means it must be accepted and valued by both the young people and staff within an early psychosis service.

The background is a solid black field. It features several overlapping circles of varying sizes and positions. One circle is in the upper right, another in the lower left, and a large one in the lower right. A dashed white line forms a large arc in the upper right quadrant. The text is positioned in the middle-left area of the page.

**Peer support
in early
psychosis**



Peer support in early psychosis

What is peer support?

Peer support is considered an important part of youth participation. Communicating the lived experience of a young person who has had a first episode of psychosis helps other young people and families receiving treatment and care from a youth mental health service by providing a validated and unique level of understanding. A peer support program allows young people to use their experience of treatment, care, diagnosis, common challenges and recovery to provide a message of hope to other young people and their families.

Peer support is described as 'a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful'.³ The fundamental principle of peer support assumes that individuals with similar lived experiences can provide genuine empathy, support and hope to each other.

Traditionally, mutual support, where individuals voluntarily come together to help each other to address shared problems or concerns, has been the primary driver for the creation of peer support in mental health services; however, peer support has evolved to include peer-run programs and peers with lived experiences being employed by services. Some mental health services have a formalised approach to peer support, which might be understood as 'intentional peer support.' This involves a formalised relationship, where an individual with a lived experience of mental health issues is paired with one who is currently receiving treatment and care from the service, so that each can provide help to the other.⁴

Why have peer support?

The recovery concept and peer support

Traditionally, mental health services have had an illness focus with an emphasis on symptom amelioration. However, recent progress, not least led by those with a lived experience of psychotic episodes, has seen a movement towards a model that is person-centred, community-orientated and recovery-focused. The recovery concept in mental health now underpins services globally, particularly in Canada, New Zealand, the United Kingdom, the United States and Australia, with policies to reflect this approach.

Recovery can be defined in various ways, but the recovery approach to mental health services emphasises the importance of optimism, self-determination and active citizenship in mental health.⁵ The recovery concept has been described by many authors, and the main themes generally include finding and maintaining hope and optimism, establishing or re-establishing positive identity, building a meaningful life and connecting with personal roles and responsibilities. The concept emphasises the importance of developing personal responsibility and control, which are particularly relevant for young people when they are first starting to develop their sense of identity and self-efficacy.⁶ Furthermore, the recovery concept acknowledges the unique expertise of individuals with lived experiences, and challenges the traditional viewpoints of professional power and expertise by helping to breakdown the demarcation between consumers and staff members.⁶

People with experiences of mental health issues have the same aspirations as all members of the community, including sustaining meaningful relationships, having an occupation and having respect in their lives. Therefore, it is important to focus on personal experiences and needs, as opposed to service priorities, when helping individuals recover from mental health issues. The national framework for recovery-orientated mental health services provides an important policy direction to improve mental health delivery in Australia. The framework was developed as people with lived experience, families and supports advocated for greater control over their experience in mental health services. It defines personal recovery as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues.'⁷ At the centre of the framework is the 'lived experience and insight' of individuals that is valued by family, friends, the community, services, practitioners and peer support specialists, including peer support workers.

The Fourth National Mental Health Plan 2009–2014 identified two actions required that are directly related to the peer workforce within mental health. These are:

- to develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas; and
- to increase consumer and carer employment in clinical and community support settings.

Consumers are engaged in range of roles within mental health services, such as advocacy, consultation roles, focus groups, participation in research, mental health promotion, resource development and training and education (please refer to the ENSP manual *Youth participation in early psychosis*). Direct peer support is one way of engaging consumers with lived experience. Employing peer support workers is frequently viewed as a crucial element in transforming mental health services to a recovery-orientated approach.⁸ As the recovery-orientated movement gained momentum, so did the growth in the employment of peer support workers within mental health services.⁵

Peer support is best practice care

The Charter of Peer Support was developed and launched in 2011 by the Centre of Excellence in Peer Support, in collaboration with seven specialised peer support organisations of Victoria, Australia, collectively known as the Mutual Support and Self Help Consortium.⁹ The fundamental principle of the Charter of Peer Support is that 'peer support is intrinsic to mental health and total wellbeing'.⁹

The Charter of Peer Support states that 'every person living with or experiencing a mental health issue has the right to access avenues to share their lived experience in a confidential, safe environment, where they are heard, respected, honoured and understood'. Peer support provides people with opportunities:⁹

- for collective wisdom
- to destigmatise mental health issues
- to belong to a caring and understanding community
- to rediscover or activate their own personal resources
- to receive hope and inspiration for recovery
- to help others as equals
- to access a unique pathway to help.

The Charter of Peer Support encourages the individuals responsible for policy and practice to educate all healthcare professionals about the benefits of peer support in mental health services, thereby increasing awareness of the importance of shared lived experiences. The Charter also encourages services to provide people experiencing mental health issues with full access to peer support services.⁹

Benefits of peer support

There are many benefits associated with providing peer support services within mental health services. Providing young people with access to peer support within an early psychosis service improves mental health and wellbeing, challenges the stigma associated with mental health and promotes recovery. Sharing life experiences with other individuals can help a person's understanding of their situation and reduce social isolation through increasing their social networks.

A metasynthesis of qualitative research that examined 27 published studies of peer support in mental health services in the United States, United Kingdom, Canada and Australia found that recipients experienced increased social networks and wellness.¹⁰ Repper and Carter conducted a review of both published and grey literature of peer support in mental health services in 2011. They found that peer support was associated with a reduction in hospital admission rates and length of admission. Additionally, it was shown that peer support improved social empowerment and increased independence in the studies that were examined. Other studies that were reviewed found that peer support resulted in improvements in self-esteem and confidence, and social support and social functioning.¹¹

Peer support also challenges self-stigma and fosters hope in the individuals who are recipients of peer support.^{11, 12} Furthermore, some studies reported that peer support promotes hope and belief in recovery, empowerment, increase self-efficacy and social networks better than professional staff within mental health services¹¹.

In addition to helping the people receiving peer support services, peer support can also benefit the individuals who are providing the peer support service, as this can increase self-esteem and help with their ongoing recovery because peer support workers identify value in gaining skills, which can help develop their personal growth.^{12, 13}

'Young people don't know
much about mental illness ...
I didn't know about psychosis
so how would I know that
I could recover from it?
It sounds pretty scary...
the word itself.'

Peer support worker,
Orygen Youth Health Clinical Program

Additionally, the perspectives on peer support in mental health services in the UK were reviewed through a literature review and consultation with peer support groups by Faulkner and Basset in 2012. They reported that the benefits of peer support included: being with people with similar experiences, that is, shared identity, gaining self-confidence through peer involvement, helping others, developing and sharing skills through peer support work, consequently having a positive effect on mental health and wellbeing, and reducing stigma associated with ill mental health.⁴ The authors also identified a number of challenges associated with peer support work, which included training, support and supervision of peer support workers and employment issues such as role conflict and boundaries (see section entitled 'Barriers and enablers of implementing a peer support program' on page 15. Peer support has also been associated with a decrease in hospital admissions and crisis events; individuals receiving peer support reported improved quality of life and emotional wellbeing.¹⁴

Models of peer support

Peer support is about finding a connection with others who share similar experiences. It can be provided in a number of ways: for example, in one-on-one or group sessions, by volunteers or paid employees (as reviewed by Repper and Carter).¹⁴ Services often develop their models of peer support in collaboration with their consumers, based on their identified needs. There are a number of different models of peer support described in the literature. In an article by Davidson and colleagues, three broad categories of peer support were identified: naturally-occurring (informal) peer support, peer or consumer-run programs and the employment of consumers as providers of services within traditional clinical services.¹⁵ Solomon (2004) splits peer support into four groups: self-help groups, peer-run services, peer partnerships and peer employees.¹⁶ Peer partnership occurs when peers and mental health workers or other staff members share management responsibility. Solomon also described peer employees as individuals who were hired to fill designated unique peer roles and those who were hired into traditional positions in mental health services.¹⁶

What does peer support look like in early psychosis?

Peer support programs are run in Canada, the United States, the United Kingdom, New Zealand and Australia, and each program is run differently. Early psychosis services are encouraged to base their peer support program on the identified needs of their young people and their service goals. For example, the peer support program at Orygen Youth Health Clinical Program was developed as a result of feedback from young people at the service saying that they found value in hearing about the lived experience of other young people with mental ill health. The model of peer support used provides a number of ways young people can access peer support, including:¹⁷

- regular support provided to those young people admitted into an inpatient facility
- referral-based one-to-one peer support between a young person and a peer support worker, either face-to-face or via the telephone
- group information sessions such as orientation and discharge from the service led by peer support workers.

These services are described in more detail in Box 1 on the following page.

‘There’s nothing more empowering than having a young person tell another young person what it’s really like in their own words... about their experiences.’

Clinical specialist,
Orygen, The National Centre of Excellence
in Youth Mental Health

‘I think just getting to know the young people and letting them know that it’s okay and that I’ve been through it and I’ve come out the other end okay. I think that, that was something that really helped me and to sort of be able to pass on that message to others feels quite good.’

Peer support worker,
Orygen Youth Health Clinical Program

BOX 4 PEER SUPPORT SERVICES PROVIDED AT ORYGEN YOUTH HEALTH CLINICAL PROGRAM

Inpatient peer support

Peer support workers provide opportunities for social connection and informal support to young people during hospital admission.

Peer support workers work closely with the allied health team at the inpatient unit to engage and support young people.

One-to-one peer support

Young people, or case managers or doctors on their behalf, are able to book one-to-one appointments with a peer support worker to talk about a range of topics.

Peer support workers and young people with similar experiences are matched to ensure they can relate to each other.

The session is organised at a time that is convenient for both the young person and the peer support worker; young people are able to arrange follow-up sessions if they would like further support from a peer support worker.

Phone-based peer support is also available for young people who face barriers in travelling to or attending face-to-face session.

Peer support group information sessions

Peer support workers regularly lead open group discussions that are accessible by all young people currently receiving treatment from the service.

Two sessions are offered:

- Orientation to Orygen Youth Health Clinical Program
 - For young people new to the service or young people who may benefit from hearing more about what is on offer
 - Session provides information about case managers and doctors, crisis teams, inpatient units, group program, youth participation and a tour of the service
- What's Next — Discharge from Orygen Youth Health Clinical Program
 - For young people who are nearing the end of their time with the service
 - Session provides information on the discharge process, community group options, follow-up services, self-care, continued recovery, vocational and educational options, and youth participation¹⁷

Additional outpatient peer support functions

These include:

- supporting young people of the service to access information about their consumer rights and responsibilities, as well as to make a complaint, suggestion or provide feedback to the service
- supporting young people to participate in the Annual Experience of Care Survey, which seeks feedback from young people on a range of topics regarding service delivery and service settings.

This facilitator's training guide is based on some of the model used at Orygen Youth Health Clinical Program, but focuses heavily on equipping the facilitators to train peer support workers with skills to provide recovery-orientated support.

Young people have been known to access the peer support program for a number of reasons, usually because they wish to connect with a peer they can relate to in terms of mental health issues and recovery. Equally, interacting with their peers is particularly important for young people during this developmental stage; therefore it makes sense that they would like to meet other young people who may have had similar experiences. Some frequently discussed topics within the peer support program are:¹⁷

- medication and other treatments
- friendships and relationships
- coping strategies
- discharge from the service
- family relationships
- alcohol and other drugs
- returning to, or maintaining, work or study
- activities outside the service
- youth participation program
- complaints/feedback process.

'It's hard work ... talking about it [my experiences]... at the same time it's so meaningful and that's why it works.'

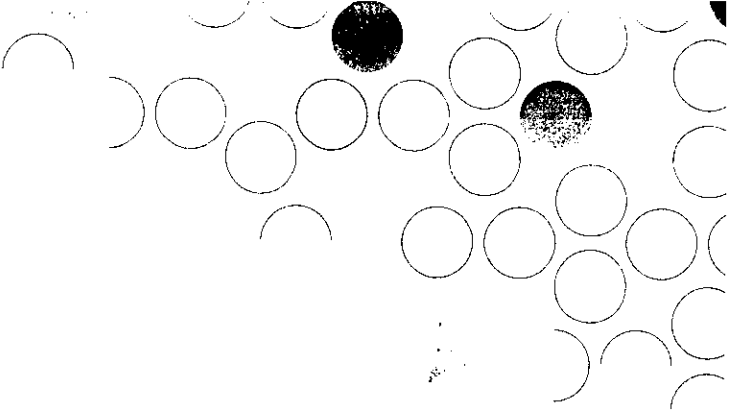
Peer support worker,
Orygen Youth Health

'Coming from someone else who's been there, it feels a little bit more true. Rather than your mum and dad, or your case manager sort of saying you're going to get through this, you're going to be fine just do the therapy and take the medication. Someone who sort of has been there and done that, you sort of believe it a little bit more. It motivates you a little bit.'

Peer support worker,
Orygen Youth Health Clinical Program

The image features a black background with several overlapping circles. A large, textured, semi-circular shape is positioned in the center-left, containing the main text. To its right, a large circle overlaps it, and another smaller circle overlaps that one. A dashed line forms a large, irregular shape on the right side of the page. The overall aesthetic is minimalist and geometric.

**Establishing
peer support
within a
service**



Establishing peer support within a service

This section will describe the service-level considerations, planning, setting up and implementing a peer support program and the barriers and enablers associated with a peer support program within an early psychosis service.

Leadership, culture, governance and resources

For a peer support program to be implemented effectively, it must be accepted and valued by both the young people and staff within an early psychosis service. It is therefore essential that a service culture is created that emphasises the importance of providing peer support to its young people. Strong governance and leadership that supports peer support roles within a service are required to achieve this. Governance refers to reporting lines, policy frameworks and ensuring that the organisation supports the program objectives of peer support.

As peer support is considered an important part of the youth participation program in the EPPIC Model, it is essential that each service considers how the program can be best integrated into the organisational infrastructure. Among other things, this will depend upon the type of peer support that is provided. For instance, if peer support workers co-facilitate the psychosocial recovery group program, it may be best for the program to sit under the psychosocial recovery coordinator. If peer support workers are providing individual face-to-face intervention, the clinical coordinator may be a more appropriate line of reporting.

The role of the manager will be to facilitate the success of the program and support it regardless of the chosen structure, particularly during the planning and establishment phases.¹⁸

Barriers and enablers of implementing a peer support program

There are number of barriers that can have a significant impact on the planning, setting up and implementing a peer support program within an early psychosis service. Equally, there are a number of factors that can help early psychosis services with developing and implementing a peer support program.

Challenges and barriers

Lack of role clarity¹⁹ or poorly defined jobs²⁰ are often cited by both peer support workers and clinical staff as issues that impact on the planning and setting up of peer support services. Simpson argued that mental health professionals may be concerned that peer support services are being introduced to replace traditional clinical roles.²¹ Those employed in peer support worker roles have also raised concerns about lack of role clarity, identifying that it is difficult to maintain role-related boundaries with other professionals when the role/job is poorly defined.^{22,23} Like any position, peer support workers need a clear role or position description to enable them to work effectively.

Negative attitudes of non-peer workers have been cited as a challenge to setting up peer support programs.²⁰ Basset and colleagues (2012), for example, described that clinicians were concerned about boundaries, confidentiality and accuracy of the notes that were being written by peer support workers.²⁴ In addition, risk to professional integrity, safety and professionalism of peer workers has also been raised as a concern by non-peer workers.²² It is important that peer support workers and peer support services are understood and valued throughout all levels of the organisation.

Other literature has highlighted **stress** as a major concern for both peer support workers and other clinical staff members.^{15, 22, 23} The common concerns were that peer support workers might be too 'fragile' to handle the stress of the job or wouldn't be able to handle administrative tasks associated with the role.²⁵ It is important that peer support workers are able to take time out when they require it, and have support to monitor their workloads and the demands of their job.^{22, 26} Services and managers need to recognise and value the expertise that peer support workers have, but also understand that they may need to have a greater degree of flexibility in their roles.

Working within appropriate boundaries has been raised as a challenge by peer support workers.¹⁹ Some of the literature has described uncertainty around the boundaries of being both a consumer and an employee of a health service, as well as boundary confusion between being a fellow consumer or friend and a service provider.¹⁹ Peer support workers may find themselves working with clinical teams who they have previously received treatment and care from.¹⁵ This may pose unique challenges for both clinical staff and peer support workers and may be of particular relevance when considering issues of self-disclosure to both peer support recipients and other professionals.²²

Enablers

Clear roles and clear position descriptions are essential for peer support workers.² Peer support workers are not clinicians within a service, but valued team members who are also working towards the best possible outcomes for young people of the service. Clear position descriptions do not only assist with recruitment and training; they also clearly define the role for the peer support worker, addressing many of the challenges that stem from role confusion. Clear role descriptions, including lines of reporting and supervision, are also necessary for other staff

working within the peer support program. Like any position description, a good position description for a peer support worker role will outline key responsibilities, lines of accountability and key tasks and responsibilities (please see Appendix 1 for an example of a position description). The role of peer support worker within the organisation also needs to be clearly defined,²² so that other professionals have a clear understanding of what peer support workers do.

Staff education will help address many of the barriers that may be encountered to implementing peer support within a service.² Educating staff is important to address any lack of clarity around what peer support workers do²² and to highlight the benefits of peer support work for young people, for peer support workers and for the organisation more widely. Education may focus on providing information about the services that peer support workers offer, or the goals of the peer support program more broadly, to help clinicians understand how they can work effectively with peer support workers. This can be achieved by holding professional development sessions for all staff across the service. This includes communicating effectively with non-peer workers about peer support worker roles and responsibilities, to enable other workers to interface appropriately with those in peer work roles.

Ensuring that peer support workers are **adequately supported** by clinical staff members of the program and by the service is essential. This may particularly be the case with young people who are peer support workers, as developmentally, their lives are in great flux with work, study and family commitments. Supervision and debriefing processes for peer support workers should be instituted in the same way as for any other professional in the organisation.²² In addition, regular peer support team meetings are important so that peer support workers are able to raise and discuss relevant issues that are impacting on their work. This also provides an opportunity for peer support workers to be involved in continuing evaluation and improvement of the program and training.

Wellness plans are one way in which peer support workers can have an individualised support plan with their program manager or supervisor, if needed.²² Self-care strategies are important to highlight when training peer support workers to help deal with stress. In addition, role-modelling from other peer support workers and discussion during group supervision sessions should highlight the importance of looking after oneself. It is

important that peer support workers are allowed to choose their work hours to suit their situation as much as possible,²⁴ even if this means that their availability fluctuates from time-to-time.

Training should be provided to all peer support workers before they commence in the peer support role. This training should focus on developing the skills necessary to comfortably work in the role and enabling peer support workers to share their personal experiences within the boundaries of what they feel comfortable sharing, and in a way that is appropriate and feels safe.²⁴ Training should be reviewed each year to respond to the changing needs of peer support workers and the organisation.

Planning a peer support program

It is important that an early psychosis service also develops a specific set of clearly defined, achievable objectives for the peer support program. The objectives should be developed in consultation with young people of the service and other staff members.

Developing clear objectives enables services to consider what and who they would need for the program to run effectively. For example, who may be involved in the program? Do services only involve young people who have previously used the service, or do they include young people who have a lived experience of early psychosis who may not have accessed their service? In this case, each service will need to determine who they will involve based on local factors. It may not be possible to involve young people who have had both an experience of being treated by the service and an experience of psychosis, especially in the early stages of operation. The types of experiences that young people bring to the role will impact the kind of training and support that will be required.

Having clear objectives will ensure that the peer support program will be able to attract young people as recruits, effectively support and train their peer support workers and engage staff members. Specifying objectives ensures that the program is structured and not viewed as a 'warm and fuzzy' add-on to a service. Additionally, clear program objectives allow the program to be evaluated and its design and delivery to be reviewed.

For example, the key objectives of the peer support program at Orygen Youth Health Clinical Program are to:

- instil hope in young people experiencing mental illness
- support young people to engage in their recovery
- access the programs offered at the service
- provide access to information and resources
- provide advocacy
- provide a positive, recovery-orientated avenue of social interaction.

During the planning stage, services will need to identify and clearly describe the model of peer support they will be providing, that is, whether peer support services will be delivered as one-to-one sessions, group sessions, in the inpatient setting or in the community. This is also the stage where service managers and program staff members will be defining new roles, including position descriptions, line management and supervision structures. Whether peer support workers will be employees of the service or reimbursed volunteers will also need to be decided during this stage – please see page 18. Service managers may need to think about preparing the service for the peer support program. This should include staff education and should address any concerns associated with implementing the peer support program.¹⁹

'When first setting up the peer support program, we had formal meetings with staff to think through the different elements of setting up a peer support program within the service. These meetings allowed staff to consider the practical issues [associated with peer support work] such as peer support workers visiting the inpatient unit if they had been recently discharged from the service.'

Program manager,
 Orygen Youth Health Clinical Program

Setting up a peer support program

When setting up a peer support program, service leaders, managers and youth participation program staff need to address key development areas to ensure the program is successfully implemented. The key development areas include the following.

Creating organisational policies and procedures

These need to reflect the peer support program as an integrated part of the early psychosis service. Although not all policies and procedures will be relevant to peer support workers, services need to ensure that documents are reviewed and amended as necessary to support the inclusion of the peer support role.¹⁸

Creating a service culture

Leadership and management that supports the peer support program will help embed a service culture that includes peer support as an integral component of the service.

Developing peer support worker position descriptions

Position descriptions or activity agreements are crucial to the success of a peer support program. They will assist services to recruit, train, appoint and support peer support workers in the program. Services will need to decide what relationship the peer support worker has with the service: that is, whether the peer support worker is an employee or a reimbursed volunteer (see below). Information about reimbursement and remuneration of peer support workers has been provided as an addendum to the ENSP manual *Youth participation in early psychosis*. Please see the addendum, *Reimbursing and remunerating young people for youth participation and peer support activities*, for more information.

Establishing line management structures and supervision arrangements

This is essential for all staff employed by the peer support program and will depend upon a number of factors. Consideration needs to be given to the skills and experience of each member of the team and any discipline-specific supervision arrangements that are required. For peer support workers, consideration needs to be given to both task supervision and supervision that will focus on skill development and learning. In particular, peer supervision or peer co-facilitated supervision should be considered to support peer support workers to develop their skills and experience.

Developing clear information management policies and procedures

Services will need to determine the information management expectations for its peer workforce. Again, this will depend upon a variety of factors, but nonetheless needs to be clearly articulated. For instance, are peer support workers expected to contribute to clinical notes? Are there guidelines for peer support workers around what kind of information to bring to the attention of the clinical team?

Advertising and recruitment

Service managers and youth participation staff members should begin advertising and recruiting peer support workers and collaborating with other staff whose roles may be to support the program operations.

Deciding whether peer support workers are paid employees of the service or reimbursed volunteers

Each early psychosis service needs to carefully consider whether peer support workers are paid employees or reimbursed volunteers. It is important to remember that each of these options have their own advantages and disadvantages and need to be considered in line with the organisation's objectives. Employing peer support workers in ongoing casual, part-time or full-time positions requires dedicated financial resources to cover the costs associated with these roles. Some services may not have the allocated budget to fulfil these roles and may instead choose to reimburse their peer support workers. Information about reimbursement and remuneration of peer support workers has been provided as an addendum to the ENSP manual *Youth participation in early psychosis*. Please see the addendum, *Reimbursing and remunerating young people for youth participation and peer support activities*, for more information. Box 2 describes the experience at Orygen Youth Health Clinical Program.

'Services need to realise that this [peer support work] is not a simple thing to do. There's an assumption that you can just launch peer support workers into their role – but peer support workers are in direct contact with young people at the service, often in an acute environment when working in the inpatient unit, so there needs to be time to carefully consider how things are going to actually work.'

Program manager,
Orygen Youth Health Clinical Program

PEER SUPPORT WORKER REIMBURSEMENT AT ORYGEN YOUTH HEALTH

Rather than directly employing peer support workers, the Orygen Youth Health Clinical Program peer support program reimburses them for the work that they do. Greater flexibility and an emphasis on self-care are the main factors that drive the decision to reimburse rather than pay peer support workers. Reasons for the chosen method include:

- Firstly, peer support workers are encouraged to put their health and wellbeing first, rather than ongoing employment. Peer support workers do not become reliant on their role for income if they are reimbursed, and are in a better position to take leave if they need it, for example due to ill health or other recovery commitments such as school.
- Peer support workers have said that this kind of reimbursed volunteerism makes them feel as though they are valued for the work they do and at the same time enables a level of freedom in the work they do, which would feel different if they were paid employees of the service.
- Thirdly, young people accessing the peer support program have said that they feel encouraged that peer support workers 'choose' to spend time as a volunteer with them, rather than being a paid staff member who is 'forced' to spend time with them.

Peer support workers are reimbursed for the services they provide, their participation in peer support training and their attendance at supervision as peer support workers.

'You can pull the pin
[on a shift] without having to
stress yourself out about it.'

Peer support worker,
Orygen Youth Health

Implementing a peer support program

For a peer support program to be successfully developed, a dedicated level of funded management and coordination is required. This section will describe the program-level considerations in terms of team configuration, the complexities of dual roles for clinicians and considerations for running a program across different sites. It will also describe some of the tasks and responsibilities that need to be carried out to successfully implement a peer support program.

Peer support team configuration

Early psychosis services should consider what training and skills are best required to fulfil the different staffing roles within their program. While it is recommended that a dedicated youth participation coordinator lead and run the peer support program, the configuration of the peer support team needs to be considered and planned for with respect to the team's objectives and activities.

Each service will need to locally determine their peer support team, depending on the size and scope of the peer support program and the youth participation coordinator's skills and experience. A youth participation coordinator may not be able to provide all of the administrative and supervisory tasks that are needed to successfully run the peer support program in addition to the wider youth participation program (for more information on the youth participation program, please see the ENSP manual *Youth participation in early psychosis*). Therefore, it may be necessary for other staff in the early psychosis service to be involved in supporting the functions of the peer support program. For example:

- Recovery program staff members will need to provide task and reflective group supervision when peer support workers co-facilitate groups in the recovery program.
- A senior clinical staff member may be needed to provide supervision to peer support workers if the youth participation coordinator has a non-clinical background or is a junior staff member.
- Evaluation of the program might be carried out in conjunction with the quality and evaluation coordinator role.
- Some administrative tasks, such as payment, may involve the service administrative team and the finance department.

- Recruiting, interviewing and training peer support workers may need a senior staff member to be involved.
- A clear identified line manager will need to be involved.

Where other staff members are involved, it is important that this work is acknowledged as part of the staff member's role, rather than it being seen as an additional 'portfolio' or 'additional work'. Doing this ensures equal weighting of the peer support program with any other program in the service, and serves to avoid the peer support program being treated as 'tokenistic'.

The youth participation coordinator

A dedicated youth participation coordinator role, whose responsibility is to carry out the range of tasks associated with the peer support program, is required. The youth participation coordinator may be an individual from a youth development background and may not necessarily have a clinical background, or the youth participation coordinator could be a clinician whose sole purpose is to coordinate the youth participation program (and peer support program) and not provide clinical services in any capacity within the service. Boundaries may be blurred between clinical and non-clinical work when clinicians have dual roles of clinician and youth participation coordinator.

If appointing a clinician to the role, particularly one already employed by the service, program managers should consider the complexities of the clinician's having been involved in providing treatment and care to young people who may become peer support workers of the service. There may be challenges for clinicians in terms of renegotiating or reconsidering pre-existing relationships when working with young people they have previously provided treatment and care to. Young people may also be deterred from being involved in peer support services if they have a prior relationship with the clinical staff member.

A brief description of the youth participation coordinator role is presented in the Box 3.

THE ROLE OF THE YOUTH PARTICIPATION COORDINATOR

The youth participation coordinator is responsible for developing and implementing the youth participation program within an early psychosis service. This involves recruiting young people, creating avenues for participation, developing supports for participation, and advocating within the organisation for participation. The overall aim of the role is to involve young people in a respectful and meaningful way as partners in service delivery, development and improvement.¹⁷ Additionally, the youth participation coordinator is responsible for the peer support program and its daily operation. For more information about the role of the youth participation coordinator, please see the ENSP manual *Youth participation in early psychosis*.

A peer support project officer may also be recruited to help the youth participation coordinator coordinate the peer support program if the youth participation coordinator is unable to carry out the tasks associated with both the youth participation and peer support program. Ideally, the project officer could be a young person who has previously been involved in the youth participation or peer support program and has a good understanding of the roles.

Day-to-day running of peer support program

There are a number of different tasks associated with effectively implementing a peer support program within an early psychosis service. The responsibility of these tasks may change within each service, but generally the range of tasks are as described below.

Recruiting peer support workers

Recruiting peer support workers into roles within an early psychosis service involves a range of tasks, including:

- developing position descriptions in conjunction with service leads and young people
- advertising positions
- pursuing potential peer support workers (e.g. through regularly talking with case managers about who is being discharged from the service that might be appropriate to apply for peer support worker positions)
- interviewing for positions.

Many of these tasks will involve the youth participation coordinator and may also involve input from service leads or clinical program staff. For more information, please see 'Recruiting peer support workers' on page 24.

Training peer support workers

The youth participation coordinator will be responsible for coordinating the training program for peer support workers. They would also be responsible for evaluating and reviewing the training program to ensure that training meets the needs of the peer support workforce. Please see 'Training and supporting peer support workers' on page 28.

Managing payment or reimbursement

How peer support workers are paid depends on whether peer support workers are reimbursed or employed by the early psychosis service. The youth participation coordinator will help peer support workers with the process of payment or reimbursement by ensuring that timesheets or pay sheets are filled out correctly and submitted.



Managing rosters and shifts

The youth participation coordinator is responsible for planning, creating and circulating rosters for the peer support workers. Peer support workers are contacted regarding their availability for the month ahead, rosters are then prepared and emailed out to the peer support workers. Generally, shifts should be set for an identified period of time (e.g. 2 hours) and conducted during rostered times only. Peer support workers should be encouraged not to show up for shifts outside of their rostered hours. Shifts may not be the same from month-to-month and the peer support program reserves the right to cancel shifts if required, and provides peer support workers with advance notice if this happens. Peer support workers are required to notify a designated staff member if they are unable to attend their rostered shift.

'We do the roster for the next month at supervision, so you sort of put down when you're available and then they'll send out like a trial roster and then everyone says if it's ok or not, and even then you can still swap a shift ... there's still flexibility so it's pretty good in that sense.'

Peer support worker,
Orygen Youth Health Clinical Program

Managing referrals and requests for peer support

Requests and referrals for peer support should be made using a standardised referral or request form to capture essential information required for peer support work. At Orygen Youth Health Clinical Program, requests can be either be made by the young person seeking peer support, or a case manager will suggest peer support for a young person to the youth participation coordinator. The information captured on the referral form is used to assign the appropriate peer support worker (see next task). The referral form can also be used by the peer support workers to collect data about the themes of support provided in the peer support session. This can then be used to inform future sessions and evaluation of the entire peer support program.

Matching peer support requests for one-on-one peer support work

If early psychosis services are offering one-on-one peer support as part of their peer support program, requests for peer support need to be 'matched' with a peer support worker who will be able to provide the service required. This may be related to availability or it may be related to the experiences that the peer support worker is willing to share. Each peer support worker, in collaboration with the youth participation coordinator, might create an individual 'profile' that includes relevant information about them when they first start in the program. This can then be used to match them to a young person requesting one-on-one peer support work. The profile may include information about their availability for peer support work, as well as topics the peer support worker is comfortable talking about, such as symptoms, recovery, self-care strategies, treatment, substance use and other experiences such as work, study, hospitalisation or loss of friendships. The profile is also used to outline the topics or parts of their experience that they do not feel comfortable talking about, and can help avoid placing a peer support worker in situation where they are asked to provide support outside of their personal boundaries. If a peer support worker is also involved in other youth participation activities (please see the ENSP manual *Youth participation in early psychosis*), they will need a different profile for public speaking, as the information they are willing to share in each setting may be different.

'I share everything ...
if I think they want to hear it.
If they are actually listening
to what you've got to say
and if they sort of start
a conversation, or a
conversation starts to
take place you can direct
it that way, if I can see
parallels. Or if I feel like
they're in a spot where
they'd be ... responsive to
listening to me talk about
setting goals for the future
and getting better and stuff,
then maybe I'll talk about
it. If not then I'll talk about
Pokémon or something ...
you know, whatever I think
they're interested in.'

Peer support worker,
Orygen Youth Health Clinical Program

Evaluating the peer support program

Evaluating the peer support program involves collecting and analysing data about the peer support services. The data collected identifies how the peer support services are being used and helps the service identify opportunities for improvement and expansion; the data also helps identify training opportunities for peer support workers.¹⁷ Evaluation data collected via the referral form by peer support workers after they have finished a session with a young person can provide information about:¹⁷

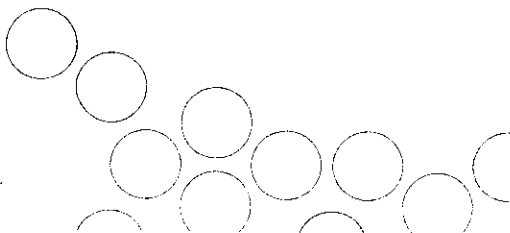
- how many young people have engaged with the peer support worker
- how many first contacts they have made (i.e. with young people new to the peer support program)
- the primary focus of the support, such as sharing personal experiences, provide advocacy, provide resources, fun activities
- the primary reason for the support (e.g. emotional support, to reduce stigma, to support discharge)
- where the support took place (e.g. inpatient or community settings).

Data collection is an important part of the overall review and evaluation process that the program should undertake at regular intervals. Services will need to locally determine the kind of evaluation data they need to collect, based on the objectives of the program and how achieving these objectives is measured.

Planning and improving the peer support program

Planning and improving the peer support program should be based on the data collected during evaluation and the outcomes of the evaluation process. Planning for the peer support program should include careful consideration of the following:

- how well the service was used
- what might be done to improve uptake of peer support services (if necessary)
- opportunities to expand or adapt peer support work to meet the needs of the service
- existing training and resources and how these might need to be changed
- resources that will be needed for the activities that are planned.



Supervising peer support workers

Supervising peer support workers should be seen as an essential part of the peer support program, like the supervision of any volunteer or employee within an organisation. Supervision provides opportunities for organisations to support paid or voluntary staff members to fulfil their roles. It also provides opportunities for peer support workers to seek guidance and information on different issues that may arise. Some supervisors may feel that supervision of peer workers requires a different skillset than supervision of professionals. In particular, because there may be a lack of clarity about the paradigm that the peer worker draws on, where the same should not be true of social workers, occupational therapists, nurses or psychologists. In this respect, the role description and objectives of the peer support program underpin supervision, and can be used to guide the supervisor's work with their supervisee.

It may be useful to differentiate between task and reflective supervision. A task supervisor, who may sometimes be the line supervisor, is able to allocate work and oversee and troubleshoot specific duties as the peer support worker performs their role. A reflective supervisor provides a scheduled space where a peer support worker can think and talk about their role and consider how they may develop in their role.

Peer support workers use their lived experience in a more explicit way than other members of the health workforce. Health Workforce Australia (2014) reports that peer support workers may feel more comfortable discussing lived experience with other peer support workers than with professional colleagues, and suggests that peer group supervision is one way to help with this.²⁰ The peer support workers at Orygen Youth Health Clinical Program participate in group supervision with two clinical staff members. This supervision is different to the task supervision that occurs during their rostered shifts. It is essential that there are clear supervision structures and processes in place and that peer support workers and members of the non-peer workforce are aware of these.

Confidentiality

Peer support workers should be expected to follow the same confidentiality policies as other staff members of early psychosis service. Peer support workers need to be supported to understand what confidentiality means in their role, through training and regular supervision. Supervision is the optimal avenue for peer support workers to discuss the various aspects of their role and issues that arise during their work. Information that is discussed in peer support ideally should not be shared with the peer support recipient's treating team unless risk issues are specifically discussed. If risk issues are discussed then the peer support workers should follow the process of informing their supervising clinician or a nominated staff member immediately after the session.

Creating and managing wellness plans

Wellness plans are documents used as a reference for the youth participation coordinator to support young people in their role as a peer support worker. These documents are developed collaboratively with the peer support worker before they begin in the role, as an initial plan. They are then reviewed regularly. For more information, see 'Managing wellness plans' on page 29.

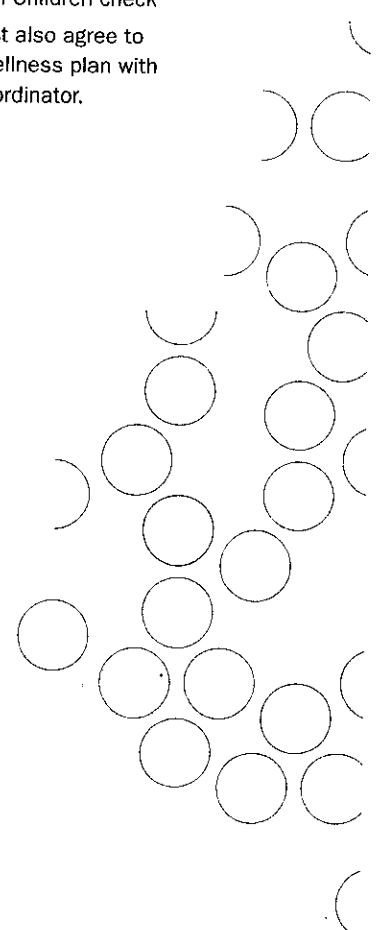
Recruiting peer support workers

Recruiting young people to become peer support workers should involve a number of strategies, including recruitment campaigns that target potential peer support workers directly and campaigns that encourage case managers to recommend young people for the program upon being discharged from the service. Early psychosis services are encouraged to use a range of marketing materials, such as posters, website advertising or fliers, which may be distributed in areas used by young people. They may also choose to run marketing campaigns at regular intervals during the year to maintain an adequate level of peer support workers. Promoting the program to clinicians working with young people approaching discharge is also useful. Peer support program staff do not usually approach young people directly to become peer support workers as it should be something young people want to do for themselves. The peer support program may decide only to recruit, interview and train potential peer support workers at a set number of times per year; however, applications should be open all year to build a pool of potential candidates.

Eligibility criteria for peer support workers

Early psychosis services are encouraged to think about who they would like to become peer support workers within their peer support program and develop eligibility criteria that matches the objectives for their peer support service. Below is a description of the eligibility criteria for a peer support worker at Orygen Youth Health Clinical Program. The description below is unique to Orygen Youth Health Clinical Program and serves as a prompt for early psychosis services to think about who is eligible to apply, what application processes they should follow and what documentation or checks they need before they apply to become peer support workers at the service.

- Applicants must be discharged from the service for a minimum of 4 weeks and maximum of 4 years at the time of interviewing for the role. As services may evolve rapidly a maximum of 4 years ensures that the young person's experience remains relevant.
- Applicants are required to submit an application and eligibility criteria form to be considered for an interview.
- Applicants must attend an interview to assess their suitability for the role.
- Successful applicants are required to complete the full training package to start in a peer support role.
- Applicants must:
 - consider their current state of wellness and anticipate that joining the peer support program will not adversely affect their own wellness at this stage of their recovery
 - agree to act as a role model for other young people accessing the service, and uphold the recovery and wellbeing principles of the program
 - be reliable about attending the peer support sessions they have nominated/are rostered on to complete and must agree to follow the process for advising staff and colleagues if they cannot attend.
- Applicants should understand that:
 - peer support workers are recruited as reimbursed volunteers, and should understand that they are not employed by the organisation
 - peer support shifts are not regular or guaranteed
 - the peer support program is not a social group or an avenue to seek support for themselves
 - if a peer support worker becomes unwell they must request time out from the program, and/or they will be supported to take time out from the program
 - if a peer support worker becomes unwell during their time in the role and wishes to return to peer support, they are required to take a 3-month break from re-joining the program to focus on their own recovery; re-entry into the program is at the youth participation coordinator and clinical supervisor's discretion
 - peer support workers are required to hold or apply for a Working With Children check
 - peer support workers must also agree to develop and maintain a wellness plan with the youth participation coordinator.



The information package and application process

An information package about peer support work and how to apply to become a peer support worker within early psychosis services should be created and distributed to young people who are interested in becoming peer support workers. This package should also be made available online and made available to case managers to distribute to young people who are close to being discharged from the service. This information pack should clearly outline what peer support work is, the steps involved in becoming a peer support worker and the eligibility criteria for the role. Contact details for the youth participation coordinator or a staff member responsible for the program should be clearly listed in the information pack.

The application process involves young people filling out an application and eligibility form and submitting the form to the youth participation coordinator, or the staff responsible for the peer support program, to review. Applicants are also informed about the types of support that is offered to help them fulfil their roles. It is important to encourage applicants to ask questions about this.

The interview process

The interview process is an opportunity to provide the background to young people about the degree of professionalism required within the peer support worker role. It is also an opportunity for prospective peer support workers to articulate why they are interested in becoming a peer support worker and ask any questions they may have about the role. Furthermore, it allows clinical staff members and prospective peer support workers to reflect on what the prospective peer support worker would hope to achieve within this role, to ask questions and to express any concerns they may have.

There should be an emphasis on ensuring prospective peer support workers have several opportunities during the interview process to consider the stressors and challenges associated with the work they may have to do. The interview should be a supportive process that includes a section where prospective peer support workers are allowed to identify these potential stressors and any strategies they would use to help cope with any challenging situations. The interview should be

a positive experience for the young person wanting to become a peer support worker where the interview panel creates a supportive environment for the prospective peer support worker.

Early psychosis services are encouraged to carefully consider the composition of the interview panel when interviewing prospective peer support workers; the composition will depend on the service's rationale for interviewing peer support workers. Typically, this would be the youth participation coordinator, an existing peer support worker and a clinical staff member. Staff members within the peer support program need to ensure that the clinician on the interview panel has not had an ongoing, direct role with the prospective peer support worker.

It is important to assess whether there is a 'match' between the young person's reasons for becoming a peer support worker and the organisation's objectives for the peer support program (see case scenario across the page). Peer support worker candidates are asked a range of questions to assess their suitability, understanding of the role and ability to manage their own wellness while supporting young people. Early psychosis services need to determine what key characteristics they are looking for when interviewing young people for peer support.

Peer support workers are selected based on whether their hopes for the peer support worker role 'fit' with the organisation's objectives and their ability to commit to the program: that is, complete training, maintain a wellness plan and attend shifts and supervision. It is also preferable that peer support workers are able and willing to describe a recovery-focused explanatory model of illness and factors that influence recovery.

For tips when interviewing young people for the peer support worker role, please see Box 4.

TIPS FOR INTERVIEWING YOUNG PEOPLE FOR PEER SUPPORT

Key characteristics to look for when interviewing young people for peer support include young people who:

- have good insight into their experience of early psychosis
- are hopeful about recovery
- are able to work effectively with the service to support young people
- are able to provide their peers with information about their rights
- are able to provide examples of wellness and recovery tools or strategies that have been helpful.

Example interview questions for potential peer support workers may include:

- Why are you interested in joining the peer support team?
- Can you list five things that you have learned that have helped you on your recovery journey, such as self-care strategies or coping strategies?
- Can you think of aspects of the role that might be stressful or confronting?
- When talking about your own experience, there may be things you may not want to talk about – how would you let someone know that you don't want to talk about something they've asked you about?
- Can you think of some examples of what you would do to manage stress, unwind or look after yourself?
- Can you describe a potential situation where you would ask a supervisor for help?
- Why do you think a peer support program is important in a youth mental health service?
- Why is it important for young people to be involved?



MAX

CASE SCENARIO

Max had recently finished his episode of care with an early psychosis service when he applied to become a peer support worker. During the interview, Max said he 'really enjoyed' his time at the early psychosis service, particularly his participation in groups. When asked about his main reasons for becoming a peer support worker, Max said he hoped to 'meet new people and make more friends'. He didn't describe his hopes to share his lived experience with others to support their recovery. As the interview panel explained and described aspects of the role, Max reiterated 'I just really want to meet new people and make some new friends'. The members of the interview panel explained to Max that this was not the primary function of the peer support program and they would support him to find other ways for him to socialise with people. The interview panel helped Max to get involved with a recreational program run by a local youth service and he started to attend youth advisory group meetings at the service.

Training and supporting peer support workers

Once recruited, peer support workers require support to help them to undertake their roles in a safe and effective manner. An initial orientation to the service and their role is essential, as it allows peer support workers to be familiar and comfortable in a new working environment. Please see 'Orientation to peer support in an early psychosis service' on page 35 in the training section of this manual. Other crucial elements of supporting peer support workers are discussed within this section.

Training peer support workers

Peer support training focuses heavily on equipping peer support workers with skills to provide capable, recovery-orientated support. Young people who want to become peer support workers should undergo a comprehensive training program to support them to develop the appropriate knowledge, skills and attitudes to deliver valuable peer support work. How to train peer support workers and plan for training sessions is covered in the 'Training peer support workers' section in the third part of this manual on page 31.

Ongoing support for peer support workers

An important aspect of peer support program is providing ongoing support to peer support workers. At Orygen Youth Health Clinical Program, all peer support workers are required to attend group

supervision, which typically occurs on a monthly basis, but which can be adapted to meet the needs of the service and individual peer support workers. This supervision can be provided regularly by a clinician, who works closely with the peer support team and the youth participation program. For those peer support workers who visit an inpatient unit, a clinician from the inpatient unit would supervise the peer support workers, as this will provide a greater level of contextual understanding and support for that environment.

It is important that supervisors are not only skilled clinicians, but also people who value and understand peer support work, and who are trained in providing reflective supervision. Supervision is an opportunity for peer support workers to reflect on their role, discuss how the team functions, debrief, discuss difficulties and share strategies. It is also an opportunity to explore the interface between peer support and other parts of the service, discuss the direction of the peer support program and identify training needs. In addition to undergoing regular group supervision, peer support workers should be encouraged to contact nominated staff members from the youth participation program for additional support as needed. Early psychosis services should have policies and procedures in place for debriefing of staff following critical incidents. Peer support worker access to formal debriefing from specialised clinical staff members following any critical incidents is also essential and should easily be made available.



ALICIA

CASE SCENARIO

Alicia applied to become a peer support worker 12 months after completing her time with an early psychosis service. During the interview, Alicia stated that her primary hope for being involved in the peer support program was to support other people to understand the harms associated with psychotropic medication and the importance of meditation in recovery. She said she had found hope in the anti-psychiatry movement she had discovered online and she said she would like to help others 'get there quicker than I did'. The interview panel explained the organisation's objectives for peer support and Alicia decided that she did not want to provide the kind of peer support that the organisation was hoping to provide. Alicia was asked whether she wanted to be involved in other ways such as the youth advisory group at the service or to be linked into external consumer-run organisations.



BASE SCENARIO

Laura was about to finish her episode of care with an early psychosis service when she applied to become a peer support worker. She had been involved with the youth advisory group for several months and had career aspirations to become a social worker. Laura said that she felt that becoming a peer support worker would be a good pathway towards her future studies in social work. She hoped that she could use some of her positive and negative experiences to support others, and during her interview used specific examples of how she might do this.

Laura was accepted into the peer support training and was well engaged during the training. During the onsite orientation to the inpatient unit, Laura approached the youth participation coordinator who was coordinating the training about feeling 'sad and stressed out' about visiting the inpatient unit again. She said that her last stay on the inpatient unit was too recent for her to feel confident about delivering peer support on the unit. Laura then asked the youth participation coordinator whether she was able to delay her starting peer support shifts until she felt more confident about being on the inpatient unit. The youth participation coordinator agreed, and Laura was able to engage in the peer support training for a second time and start shifts 12 months earlier than initially anticipated.

Managing wellness plans

Wellness plans are documents created by young people in collaboration with the youth participation coordinator, or the staff member responsible for the peer support program, to support their engagement in the peer support program at the service. They are developed to acknowledge and manage the ways being a peer support worker could positively or negatively affect the wellbeing of the young person. These documents are used as a reference to support young people during their role as a peer support worker.

A young person's wellness plan is developed during a one-to-one discussion between the young person and the youth participation coordinator, or the staff member responsible for the peer support program, with the aim of establishing a shared understanding of the young person's mental health, what the potential stressors are from the role of being a peer support worker, early warning signs of deterioration, self-help coping strategies and the

young person's personal or professional supports. The wellness plan is complemented by the young person's goals for becoming a peer support worker – what they might hope to achieve from participating in the peer support program. Wellness plans outline the following information:

- self-care strategies
- signs and symptoms that may indicate that the young person is unwell or becoming unwell
- additional support the young person requires to be a peer support worker
- the young person's emergency contact details.

For more information on wellness plans please see 'Managing wellness plans' on page 46 in the ENSP manual *Youth participation in early psychosis*. A sample of a wellness plan used at Orygen Youth Health Clinical Program appears in Appendix 2 of this manual.

The background is a solid black field. On the right side, there is a complex geometric composition of white lines. It includes several overlapping circles of varying sizes. One circle is solid and located in the upper left quadrant. Another solid circle overlaps it from the right. A large dashed circle is positioned in the lower right quadrant, overlapping with the solid circles. A small solid circle is also present within the dashed circle's area. The overall effect is a minimalist, abstract graphic design.

**Training
peer support
workers**



Training peer support workers

Overview

This section of the manual will provide an initial plan for training peer support workers. The first part of this section describes the planning, resources and considerations training facilitators will need to take into account before each training session. The second part describes the training sessions in more detail. Each training session has specific aims and learning objectives along with activities and worksheets that can be used to support the training.

The 'training facilitator' is the individual supporting the training participants (in this case peer support workers) in their learning. The language used within this section is deliberate, as it reflects the role of the facilitator in supporting, or facilitating, the learning and development of the training participants. The role of the training facilitator is to assist training participants to use their existing skills and knowledge and to develop new skills and knowledge in the peer support worker role. Training facilitators are encouraged to consider how the aims and learning objectives of the training sessions fit with the context of their services and modify the activities to meet the needs of the training participants of their program.

It is important that training participants are encouraged to consider how their experiences can contribute to a young person's sense of hope for recovery, recovery goals and tools during the training sessions; self-care is also strongly emphasised during training. This training package highlights the importance of developing self-care strategies and support networks, recognising early warning signs and taking time out from providing peer support during periods of stress

or fluctuations in wellness. Additionally, the training should also highlight the value and importance of peer support work to the recipients and the wider organisation.

Planning training sessions

Before beginning the training sessions, training facilitators will need to consider what materials will be required to conduct the training. Creating a training plan will help training facilitators clearly understand what materials and resources will be used during the training sessions. An example of a training plan can be found in Appendix 3; this training plan outlines the training topics, objectives, materials, resources and methods for training for the rest of this section.

Using a training plan, facilitators will need to:

- Consider the tools and resources they will need to run these training sessions or activities. Providing training participants with name badges, pens, paper, worksheets or other materials that are needed is essential.
- Consider spending some time with potential training participants prior to the training sessions to describe and discuss how the training will run, expectations, and answer any questions that the peer support training participants may have prior to commencement of training.

The training environment

The training environment is an important aspect to consider when planning training sessions. The training environment refers to both the physical space of the room and the emotional tone of the training facilitator and the group. In terms of the physical space, things to consider include:

- **Size of the room:** this is essential, as a room that is too big can be as unsuitable as a room that is too small. The rooms should comfortably fit the number of participants and allow for both small and large group activities. It is important to remember that small group activities can often require more space than initially anticipated, and whiteboards or other presentation materials should also be accounted for in terms of space requirements.
- **Training requirements:** training facilitators should consider whether the room facilitates the training activities they have planned. For instance if work in pairs is required, is there enough space for this to occur? Is the room fitted with audio-visual equipment?
- **Accessibility:** ensure the room is accessible for all training participants. Consider the needs of participants who may have limited mobility or other physical limitations, such as visual or hearing impairment.
- **Location:** if participants need to travel to the session, the location should be easy to find and have proximity to public transport and parking.
- **Distractions:** choose a space that will promote learning. Being in a space where there are interruptions, noises coming from outside or other intrusions will disrupt the training and experience for participants. It is important to remind participants that mobile phones and other devices can be distracting and the use of these devices should be kept to a minimum.
- **Seating and furniture:** ensure that the seating is comfortable and moveable to allow for flexibility should you need to change the learning environment. The way in which furniture is placed in a room can affect how comfortable participants feel sharing experiences or discussing topics. When training participants have an opportunity to see others' expressions, this can promote participants' sharing and expressing their views, experiences and knowledge. For example, a small circle of chairs would be more appropriate than rows if you were trying to promote discussion among participants.

- **Lighting:** consider natural and unnatural light, and how much control you have over the amount of light in the room. Can you dim the room for a presentation if necessary? Is there enough light to promote energy in the room? Consider the activities you have planned for the training sessions and whether the lights need to be dimmed or brightened.
- **Climate:** it is important to consider if it is too hot or too cold in the room, as either of these can be problematic. If participants are thinking about how hot or cold it is in the room, then they are not as engaged in the topic as they could be.

Breaks

Planning breaks during the training is another part to consider. Estimating how long each activity or topic will take is helpful when planning breaks. Generally, most people only concentrate for a maximum of 90 minutes. For training participants who may still be experiencing symptoms, or side effects such as sedation, it is particularly important to pay attention to breaks. Training facilitators may consider 'chunking', that is, organising the content into meaningful units to make it easy for participants to understand and allow natural breaks during training sessions; this will also allow facilitators to introduce more breaks if required. Often, training facilitators will be able to judge whether a break is needed or if they feel that the 'energy' is low; however, it is good practice to ask participants whether a break is required.

Refreshments

Providing food or beverages for training participants in the room is optional and depends on the training facilitator's access to funds; however, it is usually a good idea to provide water or other cold drinks and coffee and tea. Facilitators could potentially provide light snacks such as fruit or biscuits for training participants. It is important to let the training participants know what will be provided on the day and whether they will need to bring or buy their own food and drinks.

It may be useful to consider all the different environmental factors well before you begin planning training sessions. Having a good understanding of the training environment will help determine how successful the training will be.

The emotional training environment also requires careful consideration when planning for different types of training. Meeting with training participants

1 or 2 weeks before the training session will help the facilitator understand each trainee individually. This will also help each training participant feel more comfortable with the training facilitator during the sessions and allows the training facilitator and training participant to develop some rapport. It is important to prepare training participants for the likelihood that they may have emotional responses during the training, due to the nature of the topics that may arise. It is essential that training participants feel that they will be supported if this does occur, and are informed about how this might be dealt with in the training. Reminding training participants of this information at the start of the training is also good practice.

Other essential considerations in training include:

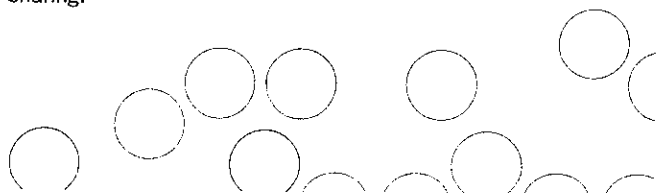
- **Age:** working with young people can pose challenges during group training sessions. Understanding each young person's developmental age and maturity level and then tailoring the training to suit this is central when delivering the training package.
- **Temperament/personality:** Understanding that some training participants may feel shy about working in groups with people they have never met before, while others may be very confident and talkative, is a vital element of training. It is a good idea to have a sense of the personalities of the training participants before the training session so that the facilitator can prepare different techniques to ensure that all participants have equal opportunity to contribute to group-based activities and discussions.
- **Educational experiences and learning style:** engaging in training can be daunting, especially if participants have not engaged in formal training previously, or have negative past experiences. Understanding each participant's experiences, and talking about what works for them and their style of learning so that the necessary adaptations can be made, should be a key focus of the training. Training facilitators are encouraged to favour a model of training that focuses more on incorporating games as part of their activities and that uses plain language. The training topics within this manual can be adapted to suit all participants.
- **Needs and expectations of training:** it is important for participants to have an opportunity to discuss what their expectations are of the training. Not only will this enable them to feel more prepared, it may also highlight to the facilitator any areas that may need to be covered in more detail or changed to suit the needs of training participants.

Box 5 provides some potential tips for warming up during training.

TIPS FOR WARMING UP

Each training session should begin with some warm-up activities. The first training session should include some 'getting to know you' activities, such as name activities. Depending on the size of the group you may want to ask participants to wear name stickers.

- **Name games** – these games are an easy and effective way to get participants comfortable with each other. Suggestions include: introducing oneself and say three facts about yourself that others would not know. Prompts may be given, such as favourite food, dream holiday destination, or favourite movie.
- **Energisers** – these activities help participants feel energised and engaged for the training. Generally they are quick and help with training participation. These activities can be used to open a particular part of a session or as a bridge between activities.
- **Group rules** – this is an essential part of setting the scene for training, particularly where you are trying to encourage participants to share their opinions. As a group you may want to discuss the 'rules'. Often participants will suggest rules like: one person talking at a time; being respectful of others; confidentiality of experiences shared; allowing each person an opportunity to talk. This kind of activity fosters group cohesion, but also enables the facilitator to create a safe and optimal space for learning and sharing.



Training topics

The training topics presented in this section of the manual are suggestions for the training facilitator on how to effectively train young people wishing to become peer support workers; the topics are not considered to be an exhaustive training package. Early psychosis services are encouraged to determine the needs of their young people and modify the training sessions and activities to suit their service context and their local legislation.

This section is deliberately structured so that each training session begins with its aims, objectives, learning activities, introduction and warm-up, followed by a review and wrap-up. The following summarises the three topics that make up the suggested training package and the key objectives of each part. The objectives provide both an overview and a structure for each topic:

Topic 1 – Orientation to peer support in an early psychosis service

- Objective 1:** Describe the organisation that you are working in as a peer support worker.
- Objective 2:** Identify the goals of peer support and explain how they are achieved in an early psychosis service.
- Objective 3:** Explain the term 'early psychosis' and identify the signs and symptoms of mental health problems.
- Objective 4:** Explore and describe definitions of recovery and identify factors that assist with recovery.
- Objective 5:** Explain what it means to share stories and experiences and to practise telling parts of your own story.
- Objective 6:** Describe the boundaries of the peer support worker role and how to work within these boundaries.

Topic 2 – Knowledge and core skills of peer support work

- Objective 7:** Acquire and apply core skills in communication that are required for peer support work.
- Objective 8:** Explain the meaning of confidentiality and duty of care.
- Objective 9:** Describe how advocacy forms part of the peer support work role.
- Objective 10:** Explain the importance of self-care and looking after one's own wellbeing.
- Objective 11:** Identify the formal supports that are available within the organisation.

Topic 3 – How does this work on the ground?

- Objective 12:** Describe the environments where peer support work occurs.
- Objective 13:** Identify how to seek further opportunities and additional training in the peer support worker role.
- Objective 14:** Describe how administration and documentation are managed and recorded within the program.
- Objective 15:** Describe the relevant occupational health and safety policies and reporting procedures.
- Objective 16:** Describe the requisite professional behaviour and actions followed if behaviour is inappropriate.
- Objective 17:** Getting started in your new peer support worker role.

Topic 1 – Orientation to peer support in an early psychosis service

Overall aim

Participants understand what peer support work is and how it is provided within the early psychosis service.

Topic overview

This topic is an introduction to training and is designed to provide training participants with an understanding of the structure of the organisation, the key concepts of early psychosis and recovery and what it means to provide peer support in an early psychosis service. The aim is for training participants to develop a basic understanding of the fundamental aspects of peer support in an early psychosis service. The session describes the overall goals of the peer support program in an early psychosis service and encourages participants to think about how their goals for providing peer support fit with the peer support program's goals. This topic discusses early psychosis and the range of symptomatic experiences that people may have and links this to individual experiences of recovery. Finally, this topic explores how (the activities and resources) and where (the settings) peer support services are to be provided within the service.

Why do we teach peer support workers about this?

Peer support workers need to understand how the organisation works so that they are able to provide information to the young people who are currently receiving treatment and care in the early psychosis service. Training participants also need a good understanding of the current structures and resources for peer support to be provided within the service.

Some training participants will have an understanding of the organisation through first-hand experience and some participants may have received treatment and care from other early psychosis services. Although it is preferable to have peer support workers who had previously received treatment and care from the service, this is not always possible, especially during the initial stages of a service. However, training facilitators need to be aware that even training participants who do have experience of the service may not have received treatment and care from different programs of the service and may not understand how these programs interact with each other.

It would be ideal for peer support workers to have a good understanding of their goals for peer support work and how these goals align with the peer support program's goals. This training topic can be a great opportunity to understand each participant's motivations and hopes for the peer support worker role. This understanding will help the program coordinator support peer support workers in this role. This doesn't necessarily mean that the peer support workers goals must be exactly the same as the organisational goals, however it does mean that there needs to be some congruence between the two.

This training topic also introduces the concept of recovery and the benefits of sharing experiences as part of the recovery journey. It encourages training participants to consider their own recovery, to begin to explore how their recovery stories can help others and to begin develop the skills they need to share their recovery stories.

SHARING EXPERIENCES

How young people share their stories in the context of peer support work inevitably varies with each individual. Some peer support workers may not want to talk openly about their experiences of a psychotic episode and being acutely unwell. This doesn't affect their empathy and therefore their ability to deliver peer support to other young people. Consequently, this manual has deliberately chosen activities that do not focus on the experience of illness and symptoms, or ask participants to discuss their experience of early psychosis. These themes may emerge during the training activities; however, it is the individual's choice how much they would like to share. Training participants are encouraged to share what they feel comfortable with rather than feeling pressured to share particular parts of their illness and recovery. Furthermore, hearing others' recovery stories assists training participants to understand the heterogeneity of experience and to draw on this as they provide peer support.

Each peer support worker should be encouraged to develop boundaries around what they share and don't share with others in their role; this is something that is regularly reviewed during supervision.

Learning objectives

Objective 1: Describe the organisation that you are working in as a peer support worker

Peer support workers need to understand the organisation they are working in so that they are able to describe the 'how the organisation works' and provide guidance and support to young people they are working with. Most of the peer support workers may have gained some of this knowledge through their experience with the service; however, each peer support worker should understand how the organisation works so they are able to impart this objectively to others. The training facilitator will need to consider the different ways in which people learn about organisations and incorporate this into the training. The roles of each program within the service, including the youth participation and peer support program, and how they interact with each other to deliver treatment and care to young people, should be carefully explained to the training participants.



Presentation: Services and programs of an early psychosis service

The training facilitator presents information about the services and programs in the early psychosis service. This would include acute and continuing care and psychosocial recovery programs, but may also include other services that work in partnership with the early psychosis services. This could be done by PowerPoint or other presentation software, and may include guest presentations from staff members working in various roles across the organisation and worksheets provided to participants for future reference.

It is also useful to provide a written description and a simple organisational chart to training participants to explain the organisational structure and how different parts of the organisation are related or interact with each other.

This presentation should clearly show the links between the peer support program and other parts of the service, so that peer support training participants can make sense of how the peer support program fits into the broader service.

Objective 2: Identify the goals of peer support and explain how they are achieved in an early psychosis service

Peer support workers need to understand how their individual goals for peer support and the goals of the peer support program work together. The first part allows training participants to think about their own goals before discussing with the group how these goals support the goals of the peer support program.



Activity: Goals of peer support workers

Pose the question: 'Why do you want to be a peer support worker?' to facilitate discussion among participants about their own goals. This activity can be run as a small group activity by asking each participant to share their goals with the group. Peer support workers should have been asked this question as part of their interview process, and so should be able to share some of their goals. There is no wrong answer to this question: the aim is to get a range of responses and for training participants to see that there can be a variety for reasons for becoming a peer support worker.

The training facilitator may like to ask participants to write down some ideas in response to the questions on the worksheet, allowing 5–10 minutes for this depending on the size of the group. The training facilitator should then ask each participant to share what they have written down. The facilitator's role is to help participants explore the range of reasons for being involved with peer support and to acknowledge the similarities and differences between various responses among participants. These responses can be recorded on a whiteboard and linked back to the goals of the peer support program during the next activity. The training facilitator should encourage training participants to make notes for themselves on Worksheet 1. Why do you want to be a peer support worker?



Presentation: Objectives of the peer support program

The training facilitator presents the objectives of the peer support program in their early psychosis service. The facilitator should explain the rationale behind having program objectives and how the program objectives were developed. This should be linked with the next presentation on the kinds of activities that work to achieve these objectives, so that training participants have a clear sense

of the link between the two. It is important to use plain language when describing the program objectives and to make sure that each peer support trainee understands what these objectives mean. It may be helpful to provide some written information or PowerPoint handouts for each participant to make notes for themselves.



Presentation:
How do peer support workers achieve these goals?

This could be a short presentation on the ways in which peer support workers achieve the goals of the program or could be a co-facilitated discussion with an existing peer support worker. It may be useful to provide training participants with written material for future reference. An example of the kind of information that may be useful can be found in Information sheet 2. How do peer support workers achieve the objectives of the peer support program? The information sheet links each program objective with concrete examples of how peer support workers achieve these in the service. The training facilitator will need to develop their own worksheet based on their program objectives and service structure.



Presentation:
Overview of where and how peer support is provided

The training facilitator provides information to training participants about the ways in which peer support is provided in the service. This may be done as a short PowerPoint presentation. The presentation should include descriptions of each type of peer support that is provided, where it is provided, how often and who else may be involved. It should give enough information about peer support services for peer support training participants to start thinking about how they would like to be involved.

The training facilitator would then prompt participants to talk about and write down their own thoughts about which of these they might be interested in. Additionally, they could ask training participants to describe why they are interested in those particular methods of peer support.

Objective 3: Explain the term 'early psychosis' and identify the signs and symptoms of mental health problems

This activity focuses on the training participants' understanding of the stress–vulnerability model of mental illness. The model should be used in a way that normalises the experience of stress and coping. It is important for peer support workers to understand the heterogeneity of psychosis and experiences of symptoms.



Activity:
The stress–vulnerability model of mental illness

Presentation: the training facilitator describes the stress–vulnerability model to training participants and provides Worksheet 3 for future reference. This can be done with presentation software, or as a brainstorm discussion with a whiteboard or butchers paper. It is important to consider using visual aids for this activity, as the metaphor makes more sense when used with visual aids.

The training facilitator describes the 'bucket' analogy of stress–vulnerability see Worksheet 3. The stress–vulnerability bucket. The facilitator explains that every person has a bucket (capacity or threshold for stress) and that once this bucket is filled with stressors that it overflows, and this is when symptoms of mental ill health occur. It is important for the facilitator to explain that all people have a vulnerability for developing psychosis and that the amount or type of stress that 'fills' their bucket will differ from person to person. The training facilitator should also provide examples of the kinds of stressors that might go into the bucket (e.g. family history, school stress, bullying, drug and alcohol use).

The training facilitator will demonstrate how this model is used to explain how mental health and symptoms interact with the person's vulnerabilities and strengths. Strengths should be emphasised as part of the bucket metaphor – examples of family and friends support, safe coping strategies, meaningful activity, education, medication and other supports should be highlighted as things that can let water out of the bucket, or stop it from overflowing. The training facilitator should emphasise that each person is different and that each person's stress–vulnerability bucket will be different as well. This activity works well as a whole group discussion. Each training participant can be encouraged to add to the bucket the helpful strengths and resources that they feel supports recovery, and add to the stressors of what might contribute to the development of symptoms of mental illness.



**Presentation and activity:
What is early psychosis?**

This activity focuses on helping training participants develop a broader understanding of early psychosis than just their own experiences. This activity is not designed for participants to share their experiences of symptoms. A broad explanation of the signs and symptoms of early psychosis can be presented. It may be helpful for the facilitator to describe the various symptoms of early psychosis in terms of changes to thinking, emotions and behaviour. This is important because not all participants will have experienced or heard about all symptoms, and it is helpful for training participants to have an understanding of what might be occurring symptomatically for the young people they may work with, particularly if they begin working with people in the acute phase. Participants are encouraged to make notes for themselves on Worksheet 4. What is psychosis?



**Discussion and activity:
Signs and symptoms
of mental health problems**

This activity is focused on prompting participants to think about the broad range of symptoms that the peers they will be working with might experience. The training facilitator can remind training participants that although some young people might only have symptoms of psychosis, it is common for young people to have symptoms of other mental health problems as well, such as depression or anxiety.

Participants are asked to think of and discuss as many signs and symptoms of mental health problems that they can think of in terms of thinking, emotions and behaviours. They might be able to use their own personal experience as well as their general knowledge of common mental health problems such as depression and anxiety. The facilitator should emphasise the importance of training participants' understanding that experiences are unique, and, although there may be some similarities, there will also be differences between their experiences and those of the people they are working with.

The training facilitator should collate all responses on a whiteboard or butchers paper in a similar fashion to the table on Worksheet 4 – grouping them in terms of changes to thinking, emotions and behaviours.

**Objective 4: Explore and describe
definitions of recovery and identify
factors that assist with recovery**

Peer support workers need to be able to understand that definitions and ideas of recovery may be different for different individuals and to be able to adapt to definitions of recovery that may not fit with their own personal views. The following activities are designed to get training participants to talk about recovery and to understand the similarities and differences between their and others' experiences of recovery.



**Activity:
What does recovery
mean to you?**

Discuss the concept of recovery and introduce some quotes or descriptions of personal recovery from the literature. Ask participants to take 10 minutes to reflect and write down (using Worksheet 5. What does recovery mean to you?) what recovery means to them. Facilitate a discussion with the group using the participants' responses. The facilitator should highlight the similarities and differences between what each participant has shared, validating that each training participant's meaning is important. This activity should highlight the variability in responses and acknowledge the meaning and definition of each person's recovery as important. This activity is designed to get participants to think about different ideas of recovery and consider how they may relate to their own goals.



**Presentation and activity:
Definitions of recovery**

Using PowerPoint or other presentation software (or just a whiteboard) write up some descriptions, quotes or ideas about recovery. Facilitate a group discussion around the following questions:

- Do these definitions fit with your idea of recovery?
- Are there similarities or differences when compared with your ideas?
- Why do you think there are so many different ways of describing and talking about recovery?
- What does recovery look like? Is it being able to go out with friends, get back to school, or manage symptoms? Any other suggestions?
- Encourage discussion about the individual nature of recovery and experiences, focusing on the importance of acknowledging different experiences and understanding that each experience of recovery is unique.

The following activity gets training participants to start thinking about what helped their recovery and consider how this might be similar or different to others' experiences.



Activity:
Exploring your recovery –
what helped you?

Participants are asked to write down as many things as they can think of that assisted their recovery. Participants are then asked to share their ideas with other group members. The facilitator's role here is to encourage participants to describe their unique experiences, and to also discuss how sharing what works can be really helpful for other young people who are experiencing similar issues. The format of this activity can include 'things I did', 'things clinicians did', 'things family and friends did' and 'other' (refer to Worksheet 6). This will help training participants consider that there are a range of things that helped their recovery and a range of people that helped to support their recovery.

Alternative activity: My bucket

Training participants are invited to annotate a stress–vulnerability 'bucket' of their own. In the bucket, participants write factors which they believed influenced the development of psychosis (i.e. stressors and vulnerabilities from the stress–vulnerability model). In the 'overflow' of the bucket, training participants are invited to write the symptoms of mental ill health that they experienced. Beneath the bucket, training participants should write factors that reduced 'stress' in the bucket and reduced the likelihood of 'overflow' in future. See Worksheet 3. The stress–vulnerability bucket.

This activity might be done sequentially over a number of parts of the training. The focus at this stage is on identifying stress reduction/recovery factors. Training participants should be invited to write down at least one each of: self-help strategies they learned or tried; professional-help strategies introduced or provided by staff; and social support strategies offered by family or friends.

Objective 5: Explain what it means to share stories and experiences and to practise telling parts of your own story

This activity asks participants to reflect on how sharing experiences can be helpful for other young people who have had similar experiences, and to discuss how they can use their stories and experiences in the peer support worker role.



Activity:
How to use your story

The training facilitator should lead a discussion around the elements of sharing stories and experiences of recovery, highlighting the issues that peer support workers need to consider when they are sharing their recovery experiences. Worksheet 7 provides a helpful summary of some of the things that facilitators will need to consider in this part of the training.

The facilitator should encourage discussion about how to share stories and experiences in a helpful, positive and recovery-focused way. Prompt training participants to make some notes for themselves on the worksheet about what they might share with others, or what feels important for them to remember when sharing their experiences.

The facilitator can also include more in-depth discussion about the kinds of things that are helpful when sharing experiences. Some examples are provided on Worksheet 7. This activity gets peer support training participants to reflect on a particular experience they had as part of their involvement with the service. Again, the idea is to get training participants to practise talking about their experiences in a helpful, positive and recovery-focused way and on helping training participants to practise the skills involved in sharing their stories with others.



Discussion and activity:
What was it like getting
to know my case manager?

This activity encourages training participants to practise discussing their experience. Using a whiteboard or PowerPoint slide, pose the question: **What was it like getting to know my case manager?** Ask participants to spend 10 minutes individually noting down their experiences. Include prompts or reminders on the slide/whiteboard about recovery-focused, helpful, positive statements. The facilitator may wish to give an example, such as 'I felt really nervous when we first met, but it got easier to talk about things as we got to know each other'. Once each participant has finished making notes, the training facilitator needs to encourage each person to share at least one statement. The facilitator could also ask other training participants to reflect on the statement and feedback how the statement could be helpful to someone who is just getting to know their case manager. (See Worksheet 8)

Objective 6: Describe the boundaries of the peer support role and how to work within these boundaries



Discussion and activity:
What are boundaries?

The focus of this activity is for peer support workers to understand their personal and professional boundaries around what they feel comfortable with or what is appropriate within the peer support worker role, and to feel comfortable revealing these boundaries. It is fundamental for training participants to understand the difference between personal and professional boundaries, and how both influence their work as peer support workers.

To begin with, the general concept of boundaries should be described with emphasis on the difference between professional and personal boundaries. A discussion that describes professional and personal boundaries can be facilitated using Worksheet 9. Boundaries. The responses from the discussion should be compiled and recorded on a whiteboard, and training participants should be encouraged to make notes on the worksheet throughout.



Activity:
Staying within boundaries

This activity focuses on the participants developing ways to identify and stick to their own boundaries in their peer support role. It emphasises the idea that peer support workers should only share those experiences that they feel comfortable with.

The training facilitator can raise the idea that there may be times in the peer support worker role where training participants feel challenged in terms of staying within boundaries in situations where the peer support worker is 'on the spot'.

In pairs, training participants are asked to consider possible scenarios where their personal or professional boundaries might be challenged. If this is difficult, the facilitator might consider providing some short scenarios to prompt discussion among the pairs. The pairs are encouraged to problem solve and consider possible responses to the scenario that challenges their personal or professional boundaries. Participants are asked to record these on their worksheet and then share back with the rest of the group Worksheet 10. Staying within boundaries.



Discussion and activity:
Boundary confusion

The aim of this activity is for training participants to recognise that the boundaries between what is okay and not okay in their role can be unclear at times, but there are ways for them to work this out with support.

Facilitate discussion about boundary confusion (refer to Worksheet 11. Boundary confusion) and the challenges of being in a peer support worker role. Discuss what training participants might consider to be actions or requests that might border on crossing boundaries. Use these examples to brainstorm ways that they might be able to resolve the confusion or challenges they might experience.

Complete Worksheet 12. The dos and don'ts of peer support. Explore with the training participants the 'dos' and 'don'ts' and encourage them to articulate what kinds of things are and aren't a part of their role as a peer support worker. Encourage participants to consider including their own personal dos and don'ts to reflect their personal boundaries of what they are comfortable sharing with others.

Training session review and wrap up

At the end of each session it would be preferable to spend some time reviewing and reflecting on what the training participants have learned during the training session. Usually, this part of the session would take about 30 minutes, depending on the size of the group. As the training facilitator, you may choose to 'recap' the key points that have been covered during the training session. There are a range of ways that this might be done; commonly, however, the facilitator might use PowerPoint or a whiteboard to remind training participants about the 'take-home' points to remember.

It is also a good opportunity for training participants to reflect on what they have learned in the first session. The training facilitator may ask training participants to reflect on:

- the key things they learned in the session
- what they found most interesting
- what they would like to talk about in the following training sessions (if this is asked, then facilitators need to be prepared to include this material in the following training, or at least be able to support the trainee to engage with material to support their learning).

Topic 2 – Knowledge and core skills of peer support work

Overall aims

Participants develop the core skills needed to begin in the peer support worker role.

Participants develop an understanding of the core components of the peer support worker role.

Participants are able to describe strategies for self-care and support in their role.

Topic overview

This topic covers a range of core skills and knowledge that training participants will need to develop to become effective peer support workers. The session will focus on communication skills, issues of confidentiality and duty of care, advocacy and supports.

Why do we teach peer support workers about this?

Knowledge of early psychosis is an essential element of the training, as peer support workers may all have different understandings of psychosis. Encouraging a way of talking about psychosis that is positive and hopeful and that acknowledges personal strengths and resilience is important for peer support workers who may be sharing this knowledge with others. In addition, training peer support workers in some basic skills will equip them to begin in their peer support worker role, though it is important to acknowledge that these skills will develop further with experience and supervision. Lastly, knowledge about boundaries, advocacy, self-care and supports will enable peer support workers to develop practices that will help them to build sustainable work practices.

Learning objectives

Objective 7: Acquire and apply core skills in communication that are required for peer support work



Activity:
Getting conversations started

The aim of this activity is for training participants to develop skills in initiating conversation or connections with people they do not know. The training facilitator can use Worksheet 13 to assist with this activity. The facilitator might also consider using short, humorous videos from the internet as a way of showing what not to do and as a way of introducing the topic. Very obvious social gaffs can be used as a way to stimulate conversation about what doesn't work when trying to engage someone in a conversation. This can in turn help young people to consider what does work in these situations.

Ask training participants to read through the worksheet, or alternatively, suggest some ideas to the group and then encourage discussion about various ways that as a peer support worker they might go about engaging peer support recipients. Highlighting that different things will work for different people and there is no absolute right or wrong is important. Emphasise the importance of finding something genuine to connect about. The facilitator might consider asking the group the following question to stimulate discussion:

- What are some things that are easy to talk about with someone you don't know well?
- What are some things that you might do to make others feel comfortable talking to you?

The training facilitator can also use this discussion as an opportunity for peer support workers to describe how they might know that a young person is not interested in talking or connecting. Ask training participants to make notes on Worksheet 13 about opening statements or ways they might feel comfortable talking or initiating a conversation with others. The training facilitator might consider collating suggestions and responses on a whiteboard so that participants can note down the responses that they like best.



**Activity and role play:
Using open- and closed-ended
questions**

The aim of this activity is for training facilitators to understand the difference between open-ended questions and to practise asking open-ended questions to facilitate discussion and connection with others.

Initially, it is useful for the training facilitator to explain the difference and give some examples. This can be demonstrated by facilitators in a short role play demonstrating open versus closed questions. The training facilitator and a co-facilitator (possibly a current peer support worker) can demonstrate how conversations might work differently using open or closed questions. This can then be used as a point of discussion with the group – ask training participants to describe what worked well or didn't work well in each scenario. Collating these responses on the whiteboard, the training facilitator should use this opportunity to emphasise what open-ended questions are and why they might be a good way to start a conversation with someone.

Following the initial activity, ask training participants to generate their own ideas of open-ended questions they might use in their peer support worker role. This can be done as a whole group, in smaller groups or in pairs depending on how well the individuals are working together and how comfortable they feel. Ask the training participants to make notes for themselves on Worksheet 14. Open- and closed-ended questions. If the activity has been conducted in pairs, ask each pair to share their ideas with the rest of the group. This activity could also be run as a whole group activity.



**Activity:
Active listening**

The aim of this activity is for training participants to develop some active listening skills. The activity should explain what active listening is and why it is an essential aspect of the peer support worker role.

In a small group, ask the training participants to brainstorm (with the training facilitator's help) some ways that they would recognise if a person was listening and understood what they were saying. Use a whiteboard or butchers paper to capture the brainstorming activity. The training facilitator can then spend some time describing particular active listening techniques and ask participants to think of and share some examples along the way. Examples of potential prompt questions might include:

- How do you know that someone is listening to you when they are talking?
- What body language tells you that someone is listening or understanding what you are saying?
- How do you know if someone is interested in what you are talking about?

Link these responses with the techniques of paraphrasing, minimal responders and body language on Worksheet 15. Active listening.



**Activity and role play:
Role play practice**

Ask training participants to pair up with the person next to them for this activity. If there is an uneven number of participants, the facilitator or co-facilitator can participate. The participants are then asked to consider what they would say when meeting a peer support recipient for the first time. This role play would run for about 10 minutes, but training facilitators need to judge the energy and engagement in the room. If the participants are very engaged in the activity then it may be worthwhile letting the activity go for longer. If the participants are struggling, then the facilitator may consider cutting the activity short and switching to a group discussion format.

If working in pairs, each training participant should take a turn at asking the open-ended questions and then being the recipient of those questions. Remind participants that they should be asking open questions or 'getting to know you' type questions that are not intrusive. The training facilitator can provide some examples of topics that are recommended.

The aim of the activity is for training participants to practise initiating and developing a conversation with peer support recipients. Remind participants that the conversation can be about anything – it doesn't have to focus on experiences of health or symptoms. Training participants are encouraged to practise using open-ended questions and active listening skills in role play. Participants could use the worksheets to remind themselves of particular techniques during the role play.

Alternatively, if the group is not suited to role play, the training facilitator could run this activity as a small group discussion about the different active listening techniques and asking participants to talk about techniques that they might feel comfortable using. The training facilitator should encourage the training participants to make notes for themselves during the discussion.

If running the role play activity, it is beneficial to come together as a group following the role play for a short reflection and to discuss the activity. The facilitator could focus on:

- What worked well? What did not work well?
- What strategies did the training participants try?
- How did it feel to be on the giving and receiving end of the strategies?
- Which strategies do they feel like they would use in their work?



Discussion and activity:
 Empathy

The aim of this exercise is for training participants to understand the importance of showing empathy in their peer support worker role and ways in which they can convey empathy to others.

The activity focuses on the training facilitator and training participants spending some time discussing the difference between sympathy and empathy (use Worksheet 16. Showing empathy). The discussion should focus on why showing empathy is integral in the peer support worker role. The facilitator should also then make links to ways in which training participants might feel comfortable conveying empathy to others, and encourage training participants to make notes for themselves on the worksheet. Facilitators might find that using real life examples of talking to a friend about their worries, or asking training participants to reflect on how they know someone understands what they are saying or how they are feeling, can be useful prompts during the discussion.



Activity:
 Giving advice or an opinion?

The aim of this activity is for participants to recognise the difference between offering an opinion and offering advice, and the significance of helping others develop their own strategies for recovery, rather than telling them what to do. The training facilitator should encourage training participants to:

- offer opinions (what worked for you), rather than advice (what you think the young person should do). The training facilitator will need to explain the difference between advice and opinion using Worksheet 17. Advice or opinion.



Discussion:
 Opinion versus advice

Facilitate an introductory discussion about why offering opinions is important and why it is not advisable to tell people what they should do. Ask participants to make notes for themselves and share how they might offer their opinion based on their experiences. Some possible points to consider emphasising during discussion include:

- Different things work for different people. Everyone's experience is unique. Offering your experience can help others decide what they want to do in a particular situation without telling them what to do.
- Your advice may not always work. Consider what might happen if you give another young person advice and it doesn't work for them. They might be reluctant to engage in peer support again in the future.
- You may not know what the answer is ... and that's okay! Acknowledge that as peer support workers it is not your job to solve the problems of others.



Discussion and activity: Short scenarios

The first part of this activity focuses on differentiating between advice and opinion. You may wish to develop a couple of short scenarios and ask participants to respond with advice and opinion for each one. The aim of this activity is to get training participants to practise their responses in different situations and to know the difference between giving advice or opinion. For example:

- Scenario: A peer support recipient has just told you that they are going to stop coming to their case management appointments because they are finding them to be too frequent.
 - Advice: 'I think you should talk to your case manager about it first.'
 - Emphasise that this response is telling the young person what to do.
 - Opinion: 'I felt like that too sometimes. What worked for me was talking to my case manager about it first, but it might not be the same for you.'
 - Emphasise that this response acknowledges that the peer support worker has had similar feelings and shares a strategy that worked but also acknowledges the individual experience.

Using a range of scenarios can be a good way for training participants to understand the difference between advice and opinion in real-life situations.

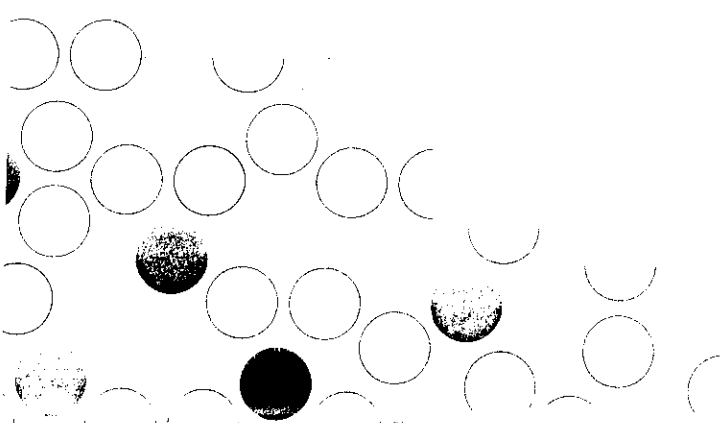
To expand on this topic further, use a number of scenarios and brainstorm different responses that could be shared. This may help training participants feel more comfortable with different

ways of sharing what has worked for them. Alternatively, depending on the responses given by participants, you may use a scenario and invite a response from participants in the group. Then the facilitator can categorise these responses as 'advice', 'opinion' or 'information'. For example:

- Scenario: A peer support recipient has just told you that they are going to stop coming to their case management appointments because they are finding them to be too frequent.
 - Possible responses:
 - 'I think you should talk to your case manager about it first' (advice)
 - 'I felt like that too sometimes. What worked for me was talking to my case manager about it first, but it might not be the same for you' (opinion)
 - 'It's important that you don't miss any appointments' (advice)
 - 'Your case manager's job is to help you work this stuff out' (information).

To finish, facilitate a reflective discussion about why offering opinions is important and why it is not advisable to tell people what they should do. It is also a good opportunity to discuss when giving information might be useful, and when it can be unhelpful. You may wish to use this as an opportunity for training participants to reflect on their past experiences of receiving advice, information or opinion from others – and what was helpful or unhelpful about those experiences.

Throughout the activity, encourage participants to make notes for themselves on Worksheet 17 as well as share how they might offer their opinion based on their own experiences.



Objective 8: Explain the meaning of confidentiality and duty of care



Presentation and activity: Confidentiality and exceptions

This activity asks training participants to consider the bounds of confidentiality in their role as a peer support worker. Due to differences between organisations and state/territory legislation, this activity will need to be adapted to suit local policies and to reflect state or territory legislation. This activity should focus on informing training participants of their responsibilities in terms of confidentiality and also give practical advice around maintaining confidentiality.

The training facilitator begins by presenting the concept of confidentiality and its relevance to the peer support worker role. This can be done through group discussion or a short multimedia presentation. Training participants are encouraged to consider why confidentiality is significant in their role, and the facilitator collates responses on a whiteboard or similar. It is important to be very clear about what confidentiality means and how it is maintained in healthcare settings.

Participants are then asked to think about situations in which there might be exceptions to maintaining confidentiality. The facilitator collates the responses on the whiteboard and facilitates discussion about each point that is raised. The facilitator's role in the discussion is to highlight the importance of reporting potentially risky behaviours or worrying situations, where the young person may be at risk. Training participants are encouraged to make notes for themselves about the discussion in Worksheet 18. Confidentiality.



Presentation: Duty of care

The focus of this presentation is to relate the previous discussion about confidentiality with duty of care in the peer support worker role.

The training facilitator presents information about duty of care and what it means. An example of the kind of information that can be presented and discussed is found on Worksheet 19. Duty of care; however, this information is best used when adapted and made specific to suit the local context.



Presentation and discussion: Breaking confidentiality to uphold your duty of care

The aim of this presentation and discussion is to bring together the concepts of confidentiality and duty of care and to understand the situations in which breaking confidentiality might be necessary to uphold duty of care.

The facilitator explains that breaking confidentiality may be necessary to protect the peer support worker, the safety of the peer support recipient or the safety of others. This is best discussed by the facilitator in the context of exceptions to maintaining confidentiality. The training facilitator should provide training participants with a worksheet or information regarding the kinds of situations where breaking confidentiality may be necessary. This is a useful resource for training participants to keep and refer to during their role as peer support worker.



Activity: Brainstorm ways of letting the recipient peer support know that the peer support worker needs to break confidentiality

This activity asks training participants to consider how they would let a peer support recipient know that they were going to break confidentiality. It is useful during the training to acknowledge that this can be an uncomfortable thing to do, and that it can be difficult to know what to say in such situations.

Ask the group to brainstorm ways of letting the peer support recipient know that they will need to pass on information. The facilitator will need to prompt training participants to consider how they would explain their duty of care in their role, and the limitations of confidentiality.

It may be helpful to provide a few examples to get the discussion started if training participants are finding it difficult to come up with their own examples.

- 'That doesn't sound good. I want you to be safe so I need to let a staff member know ... I hope you can understand that.'
- 'As a peer support worker, I have to let staff know when I'm worried about your safety.'

Refer to Worksheet 20. Letting the young person know, for more examples, and encourage training participants to make their own notes. Discuss the ways each training participant might feel comfortable saying that they need to break confidentiality.

Objective 9: Describe how advocacy forms part of the peer support work role



Discussion: What is advocacy?

The aim of this discussion is for training participants to understand the basics of advocacy and how it forms part of the peer support worker role. Information about advocacy, rights and responsibilities, feedback and complaints needs to be developed according to local policies and informed by state or territory legislation. For this reason, the worksheets provided are examples only, and each service will need to develop their own.

To begin with, the training facilitator provides information about advocacy, what it means and how it applies to the peer support worker role in the service. From this, training participants can be encouraged to think about the various ways in which they might have an advocacy role on behalf of a young person to whom they provide support.



Activity: Your role as an advocate

The training facilitator should present information or prompt discussion about the peer support worker role and the part advocacy plays in this role. Using the examples on Worksheet 21. What is advocacy? Training participants are asked to identify any other types of activities that might be considered advocacy.



Presentation: Information and rights

This presentation focuses on providing basic information about the service, other agencies and rights, where this information can be accessed and how it can be provided to peer support recipients or other young people accessing the service.

The training facilitator should discuss the rights of young people under the Mental Health Act and other relevant legislation, such as state charters of human rights. Each service should develop their own worksheet with information relevant to their state or territory legislation and local policies and procedures. The worksheet should serve as a quick reference guide for peer support workers in their role.



Presentation: Feedback and complaints

This presentation focuses on providing basic information about how to provide feedback or complaints to the service.

The training facilitator discusses the complaints and feedback procedure for the service and how this can be accessed by young people and families using the service. Each service will need to develop their own worksheet based on local procedures. A step-by-step guide could be developed outlining the complaints and feedback procedure with clear information about who is involved or responsible for each part of the process.

Objective 10: Explain the importance of self-care and looking after one's own wellbeing



Activity: Looking after yourself

This activity asks training participants to consider the impact of working as a peer support worker and the importance of looking after their own health and wellbeing as a priority.

To begin, the training facilitator introduces the idea that peer support workers look after their own wellbeing in the challenging role they will be undertaking.

Discuss the ways in which training participants might look after themselves, and encourage participants to make notes in Worksheet 22. Self-care. Encourage discussion about the benefits of looking after yourself, including being able to be available for support more readily, being able to continue with other valued roles and tasks in their lives, and being able to sustain peer support over time. As part of this discussion, ask training participants to share with each other the ways in which they like to de-stress or unwind. It is important to use language that reflects the stress of the role that the training participants may be undertaking.

**Discussion:**
Challenges of the role

The focus of this discussion is to get peer support training participants to consider the realistic challenges of balancing other areas of their lives with peer support work. The facilitator will need to encourage peer support training participants to consider the potential solutions to these issues, and encourage the use of supports to work through the issue.

The training facilitator begins by introducing the idea that everybody experiences challenges of balancing work and other aspects of life. Acknowledging this and identifying ways in which they can manage those challenges proactively is an essential element.

As a starting point, ask training participants to identify times or situations when it may be difficult to engage in regular peer support work, or situations that they might find challenging in the role. The facilitator may wish to provide examples of what other peer support workers have said in the past, or provide their own examples.

The facilitator should encourage training participants to think about and write down what they might consider to be the challenges of peer support work, and how they might deal with or manage the challenges they face. During this discussion, training participants may be able to provide each other with possible solutions or ways to deal with the challenge. For example, one challenge might be dealing with their workload at university exam time. A way to deal with this would be to plan ahead for reducing shifts during that time in the semester. Training participants can record their responses using Worksheet 23. The challenges of the role.

**Presentation:**
Dealing with challenges
of peer support work

The focus of this presentation is to reinforce the previous activity by discussing and describing the ways in which peer support workers can deal with the challenges they face themselves, as well as where they can access support.

The training facilitator can choose to run this activity as a short multimedia or PowerPoint presentation, or may wish to provide Worksheet 24. Dealing with the challenges of the role instead and move on to the next activity, depending on how comfortable the whole group feels with the content and how much the facilitator feels the content needs to be reviewed.

**Discussion:**
Taking time out

This discussion focuses on asking training participants to consider situations where they might wish to take time out from the peer support worker role for a short time. It also opens up the conversation for the next presentation around what the peer support coordinator's role will be if the peer support worker becomes unwell (see Box 7).

It is important for peer support workers to feel supported to take time away from the role when needed. Peer support workers should be encouraged to plan ahead for times that might be stressful or busy so that they can anticipate what a reasonable amount of involvement in the program at that time might be. Refer to Worksheet 25.

**Brainstorm activity:**
Why might you want or need
to take 'time out' or reduce
your involvement temporarily?

The training facilitator should collate responses on a whiteboard and encourage discussion around why it is a good idea to take time out. This also reinforces that it is best to plan 'time out' if possible, so that there aren't last minute changes to shifts and the peer support program can continue to provide a service. Putting wellness first and ensuring that peer support workers are continuing to make time for the other aspect of their lives is imperative. Refer to Worksheet 25. Taking time out.



Presentation:
If you become unwell

This presentation should focus on what to expect if the peer support worker begins to experience an exacerbation in symptoms or starts to become unwell. Each service will need to determine their own policies around this issue.

During this presentation, the facilitator should clearly describe the expected outcomes if a peer support worker becomes unwell during the time that they are providing peer support work. This should include the reasons or rationale for such decisions, what the expected time frame of breaks might be, how they will be supported during this time as well as considering whether the impact of peer support worker is having a negative impact on longer term wellbeing. Having very clear information about this and giving training participants written information about this process is useful. Box 7 presents the guidelines used in the peer support program at Orygen Youth Health Clinical Program.



Presentation:
Wellness/support plans

The focus of this presentation is to introduce wellness/support plans and show an example to training participants. The training facilitator's role will be to explain why wellness/support plans are used in the service, how they are used and when they are initiated and reviewed. Each peer support program should determine for itself whether wellness plans will be included and what the content of the wellness plan should be. This activity can be removed if wellness plans are not relevant. A description of what is included in a peer support wellness plan can be found in 'Managing wellness plans' on page 29. If the service is using wellness plans or a similar document, it is useful at this point to provide peer support training participants with an example that has been filled out.

GUIDELINES TO FOLLOW IF A PEER SUPPORT WORKER BECOMES UNWELL

- Peer support workers who become unwell, or experience an exacerbation in symptoms, are asked to take a break until they get their wellness back on track. Young people can find it difficult to know when to take breaks from work if their wellness is fluctuating. The peer support program should take the stance that each person's recovery and wellness is the first priority, and that being a peer support worker should not have a negative impact on their wellbeing.
- The peer support coordinator will remain actively involved with the peer support worker to assist them, and encourage their involvement in other areas of the youth participation program when they are ready to do so.
- If hospital admission occurs, peer support workers are asked to take a minimum 3-month break from providing peer support services, to focus on their recovery. However, during this time, peer support workers are encouraged and supported to stay involved with the program in other ways, depending on their wishes. The return to peer support work is negotiated with the peer support coordinator.
- All peer support workers are required to have completed a wellness plan with the peer support coordinator. Wellness plans are simple documents that outline contacts in case of emergency, support networks, self-care strategies, early warning signs and how the young person would like to be supported. All of the information provided in a wellness plan is strictly confidential. Wellness plans are completed via discussion between the peer support worker and the peer support coordinator prior to commencement. Plans are reviewed and updated every 6 months, after hospital admission or when there are changes to the details or information contained in the plan.
- Following exacerbation of symptoms or hospital admission, peer support workers are encouraged to review their wellness plan with the peer support coordinator to make any necessary updates or changes.
- If being a peer support worker is adversely affecting the young person's mental health, they are strongly encouraged to consider taking a break or reconsidering their involvement in the program.

Objective 11: Identify the formal supports that are available within the organisation



Discussion:
Formal support structures

The aim of this discussion is for training participants to have a clear sense of the supports that are available to them in their role across the different sites where they may provide peer support. It is important to emphasise that all staff members in the service access these supports for themselves, and that it is an essential part of sustaining and supporting the work that peer support workers do.

The facilitator can begin by spending some time explaining the formal support structures that are available to peer support workers within the service. These may include:

- **Supervision:** describe the purpose of supervision and what peer support workers can expect from supervision. It is also helpful to outline who will be providing supervision, how often it will occur and whether it will be a group-based or individual activity.
- **Onsite support staff:** describe who support staff are at each site where the peer support workers are working, ensuring that peer support workers are introduced to these people during the orientation period. Understanding how to ask for support from other staff members at each site if needed is an important aspect for peer support workers in their role. For new peer support workers, it may be helpful to give a list of names (designated staff) at each site.
- **Program coordinators:** describe who are the individuals involved in program coordination (peer support coordinator, supervisor, admin team etc.) and what their roles are. Provide contact details so that peer support workers are able to access support as required.
- **Formal debriefing:** describe the formal debriefing process and reasons why formal debriefing might be offered.

Each service will need to develop its own worksheet resource specific to the program and service.

Topic 3 – How does this work on the ground?

Overall aims

For participants to be oriented to the peer support worker role in the early psychosis service.

For participants to understand the peer support program's policies and procedures and expectations of professional behaviour.

For participants to understand how to pursue further professional development related to the peer support worker role.

Topic overview

This topic should cover the information that peer support workers need to know to commence their role. This topic might be considered 'orientation' and should cover the settings of where peer support is provided, OH&S training, understanding where to seek out further training opportunities, orientation to the peer support program system of payment or reimbursement, shifts and rosters, professional behaviour and disciplinary actions and address any unanswered questions that may arise. There should also be an opportunity for training participants to reflect on what else might be useful for them to know before they get started in the peer support worker role.

Why do we teach peer support workers about this?

This orientation is the final step for training participants and it is essential so that participants are well equipped for their role. It is important to understand that following this part of the training some training participants may not choose to continue with peer support work. For example, for some young people, revisiting the settings where they have previously received treatment can bring up unexpected challenges. It may only be at this point that a young person decides not to engage in peer support at that time.

The peer support coordinator may wish to have a discussion following Part 2 of training with each of the participants individually, or they may present information to the group as a whole about the next part of the training prior to the actual training session. This way, participants will be more prepared for what is expected during the orientation session.

This part of the training also reinforces that peer support workers are expected to behave in a respectful manner and that they have the same rights and responsibilities as other professionals in the workplace in terms of safety and professional behaviour.

The following section will need to be adapted for local service-level considerations. The objectives are deliberately broad and each sub-section provides an overview of the type of content that can be covered in the training session. Most of the content of these sessions will need to be based on local policies and information: these training sessions therefore provide a structure which the training facilitator will need to adapt to suit their needs.

Objective 12: Describe the environments where peer support work occurs



Activity: Orientation to service settings where peer support is provided

The purpose of this activity is for training participants to have a clear understanding of where and how peer support is carried out in the service they are working. This session should cover orientation to the different settings or spaces where peer support occurs.

This part of the orientation should also include visiting the actual physical spaces where peer support is likely to occur. For example, if peer support is to be carried out in the main building where other clinical activities are carried out, then training participants should be orientated to the building and the offices or spaces that are available for them to use. This is especially significant for participants, as they may have a strong emotional response to particular spaces (such as inpatient units) and it may only be at this point that they are able to decide if they want to go ahead with becoming a peer support worker or what kinds of work they are willing to do.

Orientation might include the inpatient unit of a hospital, sub-acute care service settings, the early psychosis service site, psychosocial recovery spaces, community spaces or outreach. Each program will locally determine where peer support work is carried out. Regardless of where the peer support work is carried out, peer support workers should be oriented to all the spaces.

It is recommended that training participants are provided with information about how peer support work occurs in these settings. For example, in an inpatient setting, there may be more focus on providing unstructured peer support, where peer support workers co-facilitate activities in the inpatient unit environment. Whereas in the early psychosis service site, the emphasis may lie with the one-on-one appointments and drop-in room activities.

Specific information about how peer support is provided throughout the service should also be given. For example, descriptions of one-on-one appointments, peer-led discussion groups, co-facilitated group program sessions or inpatient unit activities. The training facilitator may also wish to inform young people of the opportunities for peer support activities outside of the organisation.

Visit the setting where peer support will occur. An actual visit to each site where peer support occurs should include:

- an introduction to the physical space available
- meeting other staff members who may be designated contact or support people
- discussing when and how peer support occurs in the space
- any other practical instructions for the site, for example, car parking, access to buildings and the nearest public transport
- if useful, a short site orientation information sheet for training participants to keep for future reference.

Objective 13: Identify how to seek further opportunities and additional training in the peer support worker role

The aim of this discussion is for training participants to be aware of further opportunities outside of the organisation they are working in.



Discussion: Opportunities for external peer support

This session should cover the opportunities for peer support in other community organisations or youth organisations. The training facilitator should consider involving the vocational consultant in planning and delivering this session. The vocational consultant can help training participants link the peer support worker role with developing skills that can be transferred to other roles or training. In addition, the training facilitator can spend some time discussing additional resources and who to talk to about further training opportunities within the organisation.

Objective 14: Describe how administration and documentation are managed and recorded within the program



Presentation: Rosters, shifts and payments

Information in this presentation needs to be provided based on how these processes are operationalised locally. However, it is important to cover the following:

- how and when rosters are distributed to the peer support team
- how rosters are put together – who is responsible to making the roster and how it gets disseminated
- advice about changing or swapping shifts on the roster
- advice about who and how to contact if the peer support worker can't attend the shift or can't attend supervision
- expectations regarding attendance
- advice about payment or reimbursements for peer support work.



Presentation: Documenting peer support work

Documentation of peer support work can take many forms. Box 8 contains two examples of ways that information can be collected to inform evaluation of peer support programs and keep a record of peer support work within the program. Generally, it is the youth participation coordinator's responsibility to ensure that any necessary documentation is completed and collated. Each service will need to locally determine the information that will be used to evaluate their peer support program, based on the program's objectives. It is useful to inform training participants of any expectations in terms of data collection or recording data and how to do this regardless of how it is collected.

Objective 15: Describe the relevant occupational health and safety policies and reporting procedures



Presentation: Occupational health and safety policies and procedures

The focus of this presentation is for peer support workers to be made aware of basic health and safety procedures in the workplace, and to be aware of where they can find more information about related procedures.

Each program will need to determine what the expectations are in terms of occupational health and safety requirements. It is reasonable to expect a peer support worker to have the same knowledge as a student or volunteer in the organisation, even though the peer support worker may not be an employee of the organisation. If the peer support worker is employed by the organisation, then the same occupational health and safety expectations would apply. Peer support workers should be aware of the processes for reporting occupational health and safety processes and procedures for reporting issues. They should also understand where to find out more information as they need it and know who the local occupational health and safety representative is.

Objective 16: Describe the requisite professional behaviour and actions followed if behaviour is inappropriate



Presentation: Professional behaviour

This session should cover a range of professional behavioural expectations that sit alongside organisational policies for all staff. A minimum training session would include the following.

Team work: This would include information about what team work looks like in the peer support program, who is in the team and what it means to contribute to positive team culture. This could be run as an active discussion with the group about what it would look like if a team had a positive culture.

Professional behaviour: This should include expectations of what professional behaviour is and what it means in the context of the peer support program. This should include information about professional behaviour in the context of:

- bullying, discrimination and sexual harassment, including a description of what constitutes bullying, discrimination and sexual harassment and clear expectations around what repercussions are in place if these behaviours occur
- workplace behaviour expectations (e.g. around language, smoking)
- health and safety
- confidentiality and boundaries
- drugs and alcohol, including clear information about policies regarding drugs and alcohol, and information about how to handle drug use or talking about drug use in the peer support worker role.
- clear information about the disciplinary process, including how warnings are given for inappropriate behaviour or breaching any professional standards, as well as potential mechanisms for following up on the issue or outcomes if the behaviour continues. This process may vary slightly from the usual process for clinical employees and should be supportive of the peer support workers learning in the role.
- Working with Children Check (WWCC) or any other checks such as police checks required by the workplace. This should include an explanation about what each check is and why it is required by the role. Clear instructions about how to apply for each check should also be included.

Objective 17: Getting started in your new peer support worker role



Presentation and discussion: Getting started

The purpose of this part of the session is to wrap up and review everything that has been covered. This part of the session should offer an opportunity to revisit or clarify any issues that are not clear and make sure that peer support training participants feel comfortable commencing in the role. Each program will need to determine a process or procedure for supporting new peer support workers when they begin. Peer support workers should be informed at this point what the next steps will entail. This might include:

- booking a time with the peer support coordinator to complete a wellness plan
- contacting the peer support coordinator to arrange a roster and shifts
- advising the peer support coordinator of availability for shifts
- attending peer support or youth participation meetings
- attending group supervision or training events.

Additional training topics

The information provided in this training package covers the basics of training that should be offered to any young person considering peer support work. The peer support program may offer additional training according to the needs of the peer support workers and the service. For example, in the Orygen Youth Health Clinical Program model, additional training is offered to peer support workers who will be providing support in the inpatient unit. In addition to this, peer support programs may consider offering additional training sessions in:

- working with young people who identify as belonging to the LGBTIQ community
- cultural competency training
- other general training that is relevant to the peer support worker role.

METHODS OF INFORMATION COLLECTION FOR PROGRAM EVALUATION

Activity records

Activity records are a way for the peer support program to capture important information about how the peer support services are being used. This kind of information can be included as part of the annual report or evaluation of the program. Activity records should be collected by the peer support coordinator or the youth participation coordinator and stored with other quality assurance data. This data should be used to evaluate the peer support program and peers support training needs.

Activity records can be filled out by peer support workers at the end of each shift. They should capture some basic information about the kind of support that is being provided, what topics are being spoken about, which services are being used the most and how many young people peer support workers have contact with.

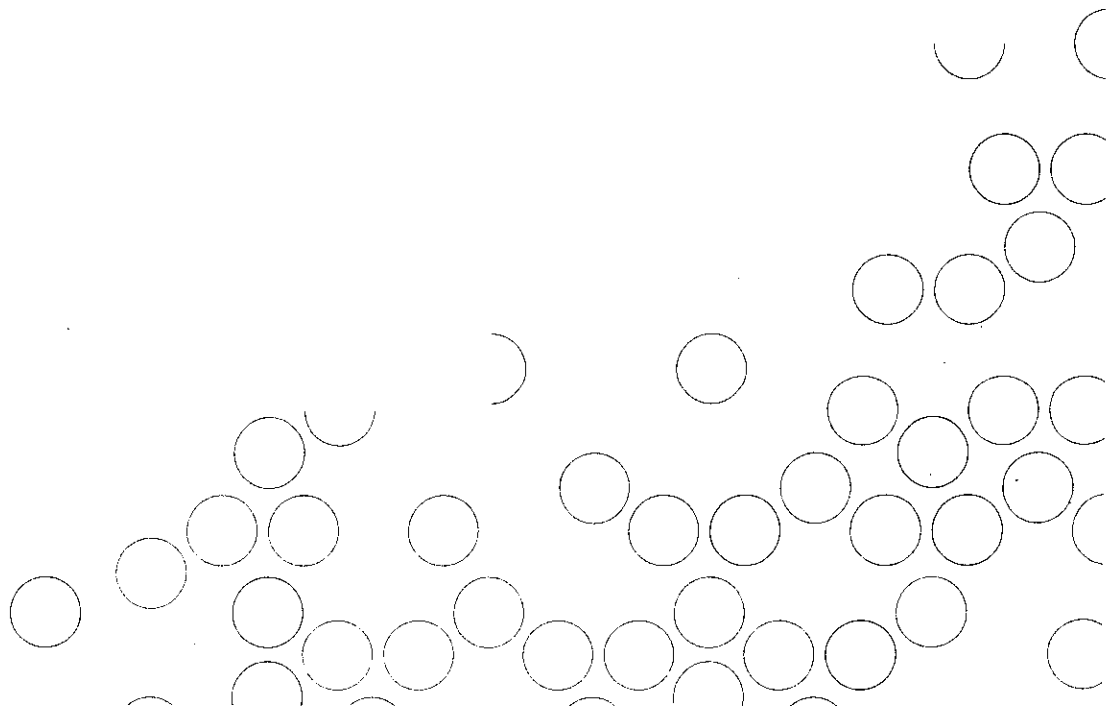
Shift records

Similar to the activity record, the shift record should be filled out at the end of every shift. This is a record of attendance and should include simple information such as:

- date of shift
- start and finish time
- location of shift
- type of shift completed.

This information enables cross-checking with rosters to make sure that peer support workers are correctly reimbursed for their time, and provides a record for future reference.

It is recommended that shift records are filled out in conjunction with activity records.



Appendices

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Appendix 1: Example position description for a peer support worker

Position: Peer Support Worker
Reports to: Youth Participation Coordinator
Position status: Voluntary – Reimbursed
Hours of work: To be determined
Award: Casual

Role summary

The peer support worker offers face-to-face support to young people aged 12–25 years who are current service users of the early psychosis service and are experiencing a first episode of psychosis. They have a 'lived' experience as a previous service user who has experienced a first episode of psychosis. The peer support worker is not a clinician, but receives training and ongoing support and supervision from Youth Participation Coordinator and senior clinicians of the early psychosis service.

Role context

The role involves the provision of peer support and information to young people who are current service users of the early psychosis service, independent of the clinical services provided. The overall aims of peer support within the early psychosis service are to:

- instil hope for recovery in young people experiencing a mental illness
- support young people in their process of recovery from a first episode of psychosis
- ensure that young people are advocated for, and have opportunities for youth participation around modes and styles of service delivery.

Key activities and opportunities

The role of a peer support worker is to:

- listen and provide support and information to young people experiencing a first episode of psychosis
- promote methods of self-care to young people from the perspective of a peer with lived experience of a mental illness
- take opportunities in training and supervision to think about 'hope' and 'recovery' with respect to mental illness
- take opportunities in training and supervision to think about how much of their personal story they are comfortable to share
- be clear with current youth service users about their role as a voluntary peer support worker and a previous youth service user of the early psychosis service
- take opportunities to talk about their personal experience of recovery with current youth service users at the early psychosis service
- be aware that current youth service users of the early psychosis service may ask questions about the peer support worker's experiences of recovery

- work with inpatient group staff and staff at the early psychosis service site to provide opportunities for current youth service users to get involved in fun and 'normalising' activities
- let staff know about any risk issues or concerns for current youth service users
- provide current youth service users with information about the early psychosis service and about how they can use different parts of the service
- support current young people of the early psychosis service to think about how they might make requests from their treating team about their recovery or about types of services they would like to have available to them
- to support current young people of the early psychosis service to provide feedback to the service if needed
- pass on any feedback from current youth service users to the peer support team and to the youth participation coordinator
- let current youth service users know about how to become future peer support workers
- let current youth service users know about opportunities to be involved in the youth participation program
- let current youth service users know about opportunities for feedback, such as young people feedback forms, surveys or any other available processes
- follow safety guidelines both personally and for current young people of the service
- participate in their own wellness planning and any debriefing required, or to ask for support as needed
- keep any data or recording information as requested about activities and number of people seen.

Knowledge, expertise, skills

- Lived experience as a young person with a first episode of psychosis
- Desire and commitment to providing emotional support to young people experiencing a first episode of psychosis
- Willingness and ability to communicate an attitude of hope and optimism about the potential for recovery for young people who have experienced a first episode of psychosis
- Knowledge and experience of the mental health system
- Ability to work closely with young people, clinical staff and relevant committees
- An understanding of the diversity of the cultural and linguistic backgrounds of our community, and the impact this has on young people's experiences of mental illness
- Willingness to participate in relevant training and supervision programs for peer support workers and to practise in accordance with the principles and policies of the early psychosis service
- Ability to complete documentation and data collection as required.

Other relevant information

- Working with children check required
- Police check required
- Hours of work – weekdays, some flexibility may be required

Appendix 2: Example of a one-on-one peer support profile

Name:

Jane Smith

When were you discharged from Orygen Youth Health Clinical Program?

(approx) Dec 2009

Which clinic were you treated in/what you were treated for?

Mood – major depression

Can you list some of the symptoms you've experienced that you'd be happy to talk about?

Persistent low mood

Trouble getting out of bed

Loss of appetite

Thinking about suicide/hurting myself

Disconnection from family and friends

No energy

Trouble taking care of myself, showering, changing clothes

Not leaving the house

Bodily aches and pains

Headaches

Trouble sleeping

Can you list some recovery, self-care or wellness strategies you've found helpful that you are happy to share?

Taking prescribed medication

Setting small daily goals for myself: have a shower, do some washing

Walks in the sunshine

Do one social thing per week

Healthy eating

Reduce alcohol intake

Ask for help from support network

Don't take on too much

Meditation

Regular GP appointments

Are there any other experiences or topics that you'd be willing to talk about/support a client with?

Loss of friendships

Hospitalisation

Setting small goals

Managing symptoms

Getting the most out of support – case manager/doctor

What days and times can clients book a 1 on 1 appointment with you?

Mondays, Tuesdays, Fridays after 10am

Which site do you prefer/are you able to meet young people at? (please tick or underline)

Parkville

Sunshine

Wyndham

Thanks! We'll call you when young people request a one-on-one appointment with a Peer Support Worker

Appendix 3: Training plan to train peer support workers

Introduction

This is designed as a basic 3-day training package to train new peer support workers. Each of the topics can be adapted or changed depending on the size and characteristics of the training participants. There are additional training topics that may also need to be included to suit local needs. Services will need to adapt this training to suit local policy and procedure, and to reflect the role of peer support workers within their service.

Approximate times have been provided for each activity to give training facilitators a sense of how long each topic may take. This will change depending on the level of training participation and the depth of the material covered. Additionally, training facilitators are encouraged to consider adapting this training to create shorter half day workshops delivered over a longer period of time (e.g. 6 half days). Breaks have been included to give training facilitators a sense of how to structure the training, however this is only a suggestion and should be used as a guide.

Overall aims

For participants to:

Understand what peer support work is and how it is provided within an early psychosis service.

Develop the core skills needed to begin in the peer support worker role.

Develop an understanding of the core components of the peer support worker role.

Describe strategies for self-care and support in their role.

Be practically oriented to the peer support worker role in the early psychosis service.

Understand the peer support program's policies and procedures and expectations of professional behaviour.

Understand how to pursue further professional development related to the peer support worker role.

Training plan

Topic	Objective	Content description	Method	Time	Resources
Day one: Introduction and housekeeping	Practical information	<ul style="list-style-type: none"> • Introductions • Review objectives for training • Practicalities: toilets, timing of day, breaks, fire exits and other OH&S information 	<p>Presenters introduce themselves and do a short PowerPoint presentation on practicalities.</p> <p>Review objectives – PowerPoint</p>	15–20 mins	PPT and handouts
	Warm up	<ul style="list-style-type: none"> • Name game • Group rules • Hopes and expectations activity 	<p>Name game: Each participant is asked to introduce themselves to someone they don't already know in the group, (or to the person sitting next to them) and tell them three things about themselves: name, favourite food and place that they would most like to travel to in the future. Participants are then asked to introduce their partner to the group, along with the information they have gathered.</p>	10–15 mins	A4 paper, markers/pens
			<p>Group rules: Participants are asked to consider what rules they would like to include for the training? Facilitate discussion, using butchers paper or a whiteboard to capture the information. Encourage participants to think about things such as sharing information (confidentiality), respecting others' opinions, understanding different learning styles, and allowing opportunities for everyone to participate. Group rules can then be displayed in a prominent place in the room.</p>	10–15 mins	Butchers paper (or whiteboard), markers

DAY ONE (CONTINUED)			
Topic	Objective	Content description	Method
			<p>Hopes and expectations: Participants are asked to consider what their hopes/expectations are for the training and share this back with the group. Consider asking 'what would you like to learn?' 'What feels important to know?' This provides an opportunity for facilitators to respond to any expectations that will not be addressed in the training. Feedback to be captured on whiteboard or butchers paper and displayed in the room.</p>
			<p>10-15 mins</p>
			<p>Butchers paper and markers</p>
<p>40-45 mins total</p>			
Day one: Orientation to peer support in an early psychosis service	Objective 1: Describe the organisation you are working in as a peer support worker	<ul style="list-style-type: none"> Information about the services and programs that operate within an early psychosis service, and their relationships with each other. Information about external services that work with the early psychosis service – who they are and the nature of the relationships. Organisational chart that highlights the where the youth participation and peer support programs are integrated in the service. 	<p>PowerPoint presentation with handouts. Facilitator may consider inviting guest speakers (case managers or program managers) to talk about parts of the program that are particularly relevant to peer support.</p>
<p>15 mins</p>			
<p>Morning tea break</p>			

DAY ONE (CONTINUED)	Topic	Objective	Content description	Method	Time	Resources
		Objective 2: Identify the goals of peer support and explain how they are achieved in an early psychosis service	<ul style="list-style-type: none"> Goals for peer – ‘Why do you want to be a peer support worker?’ 	<p>Goals activity: In pairs or small groups ask participants to write down some ideas about why they would like to become a peer support worker and share this with the rest of the group. Facilitator should aim to capture this feedback on a whiteboard or butchers paper.</p>	15 mins	Worksheets
			<ul style="list-style-type: none"> Objectives of the peer support program. 	<p>Objectives of peers support program – Facilitate a PowerPoint presentation on how peer support workers achieve the goals of the program with discussion about how the goals of peer support workers are related or linked to the objectives of the program.</p>	15 mins	PowerPoint slides and projector
			<ul style="list-style-type: none"> Overview of where and how peer support is provided. Include descriptions of each type of peer support provided in the organisation, where this occurs and who is involved. 	<p>PowerPoint presentation, with facilitation from current peer support worker talking about their experience.</p>	10–15 mins	
						45 mins total

DAY ONE (CONTINUED)	Topic	Objective	Content description	Method	Time	Resources
	Objective 3: Explain the term 'early psychosis' and identify the signs and symptoms of mental health problems	<ul style="list-style-type: none"> Stress-vulnerability model 	<p>Activity: 'The stress-vulnerability bucket'</p> <p>As a large group draw the stress-vulnerability bucket and talk about the range of factors that might be considered as stressors or strengths/protective factors.</p>	15-20 mins	Worksheets and markers	
		<ul style="list-style-type: none"> Early psychosis – explain symptoms of psychosis using categories of thoughts, feelings and behaviours 	<p>Activity: What is early psychosis?</p> <p>Group discussion: What are signs and symptoms that might be associated with psychosis? Participants to make notes on the worksheet and share their ideas with the larger group.</p>	15 mins	Worksheets and pens	
			<p>Presenter to feedback using brief PowerPoint</p>	PowerPoint and projector		
		<ul style="list-style-type: none"> Mental health problems – signs and symptoms. Broad overview of some of the symptoms or difficulties that young people with mental health problems might experience that are not part of psychosis. 	<p>Group discussion: What else might be a sign or symptom of other mental health problems – prompt 'think about depression or anxiety?'</p> <p>Facilitator to help participants by discussing a range of symptoms that may be experienced by others and emphasising the individual experience.</p>	15 mins	Whiteboard and markers	
			45 mins total			
			30-45 mins			
			Break or lunch			

DAY ONE (CONTINUED)	Topic	Objective	Content description	Method	Time	Resources
	Objective 4: Explore and describe definitions of recovery and identify factors that assist with recovery	<ul style="list-style-type: none"> Explore recovery – personal meaning and definitions of recovery from literature. Include recovery focussed model 	<ul style="list-style-type: none"> PowerPoint presentation on recovery concepts. 	10 mins	PowerPoint and projector	
		<ul style="list-style-type: none"> Discussion questions: Do these definitions fit with recovery? Are there similarities or differences compared with your ideas? Why do you think there are so many ways of describing recovery? What does recovery look like? 	<ul style="list-style-type: none"> Facilitate discussion (large group or small groups) and feedback captured on whiteboard or butchers paper. 	15 mins	Whiteboard/ butchers paper and markers	
	Objective 4: Explore and describe definitions of recovery and identify factors that assist with recovery	<ul style="list-style-type: none"> Personal stories of recovery and revisit the stress vulnerability model of psychosis, but focussing on strengths and what helped or supported recovery 	<ul style="list-style-type: none"> Using the worksheet, brainstorm ideas about what helped recovery for each participant. Alternatively, the stress–vulnerability bucket might be used with a focus on filling out protective factors or strengths. 	15 mins	Worksheet and pens	
	Objective 5: Explain what it means to share stories and experiences and to practise telling parts of your own story	<ul style="list-style-type: none"> Participants to use their own experiences to inform content of this part of the training session. Use recovery concepts to draw out how stories can be 'recovery focussed' 	<ul style="list-style-type: none"> PowerPoint and facilitated discussion about how to share stories using recovery principles. Use worksheet for additional information and to make notes. 	10 mins	PowerPoint slides and projector, worksheet	
			<ul style="list-style-type: none"> Reflective activity: What was it like getting to know your case manager? 	30 mins		
		<ul style="list-style-type: none"> Ask participants to share their experiences of getting to know their case manager with the group, and facilitate discussion about what it was like sharing this experience with others. 				
	Break/afternoon tea				15 mins	

DAY ONE (CONTINUED)					
Topic	Objective	Content description	Method	Time	Resources
	Objective 6: Describe the boundaries of the peer support worker role and how to work within these boundaries	<ul style="list-style-type: none"> Boundaries – personal and professional. Should be informed by role descriptions for peer General concept of what boundaries are and why they are important to pay attention to 	<p>PowerPoint presentation 'What are boundaries?'</p> <p>Activity: 'Staying within boundaries'. In pairs participants are asked to consider scenarios where personal or professional boundaries might be challenged and feed this back to the group. Discuss ways to problem solve these situations or potential responses to the scenario. Consider asking participants to practise their responses in pairs.</p>	10 mins	PowerPoint slides and projector
				20-30 mins	Worksheet and whiteboard to collate responses
		<ul style="list-style-type: none"> What is boundary confusion? 	<p>Large group discussion using Worksheet 11 and Worksheet 12. Encourage trainees to include their own personal dos and don'ts.</p>	15 mins	Worksheets
Review & wrap up	<ul style="list-style-type: none"> Review learning objectives Take home messages 		<p>Large group discussion about what participants have achieved and what are they key things they will take away from the day's training.</p>	15 mins	

Day Two	Topic	Objective	Content description	Method	Time	Resources
Day two:	Introduction and housekeeping	<ul style="list-style-type: none"> Introduce structure for the day and key learning objectives to be covered. Review what was covered in the previous training session, touching on key learning points. 	<ul style="list-style-type: none"> Warm up activity: 'Two truths and one lie' – participants asked to share two truths and one lie about themselves – others to guess which the lie is. Facilitators to participate. 	10–15 mins		
		<ul style="list-style-type: none"> Remind participants about the objectives they've covered previously. Remind about breaks, toilets etc. and review group rules. 	<ul style="list-style-type: none"> PowerPoint presentation and discussion with the group. 	10 mins		PowerPoint slides and projector
	Knowledge and core skills of peer support work	Objective 7: Acquire and apply core skills in communication that are required for peer support work	<ul style="list-style-type: none"> Getting conversations started worksheet. <p>Qs: What are some things that are easy to talk about with someone you don't know well? What are some things that you might do to make others feel comfortable talking with you?</p>	<ul style="list-style-type: none"> Large group discussion: Share strategies that you might use in engaging peer support recipients. Participants to make notes for themselves on worksheet. Video content from internet to show very obvious (Funny) social gaffs. 	20 mins	Worksheet and pens AV equipment and projector

DAY TWO (CONTINUED)

Topic	Objective	Content description	Method	Time	Resources
	Objective 7: Acquire and apply core skills in communication that are required for peer support work	<ul style="list-style-type: none"> Strategies that peer support workers might use to engage young people Open versus closed questions: What is the difference, highlight different examples of each and why you might use them differently. 	<p>PowerPoint presentation with some brief discussion in the large group.</p> <p>Facilitators could role play two short scenarios using open versus closed questions, asking participants to reflect on what worked well and what didn't work well in each scenario and then feedback and discuss as a large group.</p>	5 mins	PowerPoint slides and projector
			Use this to then ask participants to generate their own ideas about open-ended questions and make notes on the worksheet.	5 mins	Worksheets
		<ul style="list-style-type: none"> Active listening: explain what active listening is and the core elements of active listening. Explain why this is an important part of the peer support worker role. 	Brief PowerPoint	5 mins	PowerPoint slides and projector
			Activity: In a large group brainstorm 'signs of active listening' – how do we know that others are paying attention when we are talking about things? Elicit responses around the verbal and non-verbal cues. Link these with the techniques on the worksheet.	15-20 mins	Worksheet
				70 mins total	
Break				15 mins	

Topic	Objective	Content description	Method	Time	Resources
DAY TWO (CONTINUED)	Objective 7: Acquire and apply core skills in communication that are required for peer support work	<ul style="list-style-type: none"> • Role play practice! 	<p>Participants get into pairs and are asked to practice the skills learned before the break – getting conversations started, open and closed questions and active listening.</p> <p>One participant plays the peer support worker and the other the recipient, then swap.</p> <p>Participants are asked to use the example they shared in the earlier training session of talking about meeting with their case manager, or something equally easy to talk about.</p> <p>Reinforce that this activity is about practicing the skills needed for peer support worker.</p> <p>After each has had a turn, then feedback to the large group using prompt questions.</p> <p>Alternate activity: group discussion</p>	30–40 mins total for role play	
		<ul style="list-style-type: none"> • Empathy: explain difference between empathy and sympathy and importance of showing empathy in peer support worker role. 	Brief PowerPoint and facilitate large group discussion	10 mins	PowerPoint slides and projector
	<ul style="list-style-type: none"> • Giving advice or opinion: Explain the difference between advice and opinion and reinforce the significance of helping others develop their own strategies for recovery rather than telling them what to do. 	PowerPoint and facilitate discussion with large group using the worksheet activity.	Activity: Scenario role play or discussion. Participants are asked to consider a range of short scenarios and how they would respond in each. Encourage participants to make notes for themselves as well as share how they might offer their opinion based on their own experiences.	20 mins	PowerPoint slides and projector Worksheets
Lunch				30–45 mins	

DAY TWO (CONTINUED)	Topic	Objective	Content description	Method	Time	Resources
	Objective 8: Explain the meaning of confidentiality and duty of care	<ul style="list-style-type: none"> Confidentiality and exceptions Duty of care <ul style="list-style-type: none"> Explain each of these concepts and how they relate to peer support worker role. 	PowerPoint presentation	15-20 mins	PowerPoint slides and projector	
			Use worksheets to facilitate and prompt learning around key points or issues. Can be done as one big activity or 'chunked' into the three topics with time in between for discussion.	10 mins		
		<ul style="list-style-type: none"> Breaking confidentiality to uphold duty of care – situations in which peer support workers must report to clinical staff or supervisor about the content of the peer support worker session. Outline the process for this to occur in the service. 	PowerPoint presentation	10-15 mins	PowerPoint slides and projector	
			Activity: Brainstorm ways of letting the young person receiving peer support know that the peer support worker needs to break confidentiality. Refer to the worksheet.	10-15 mins	Worksheets and pens	
	Objective 9: Describe the role of advocacy as part of the role of peer support work.	<ul style="list-style-type: none"> Advocacy – define and explain. How this forms part of the PowerPoint role. Information and rights – define and explain. Feedback and complaints – define and explain this process in the service 	PowerPoint presentation and refer to worksheet for each of the sub topics. Encourage questions throughout the presentations.	30 mins	PowerPoint slides and projector	
	Afternoon break					
					15 mins	

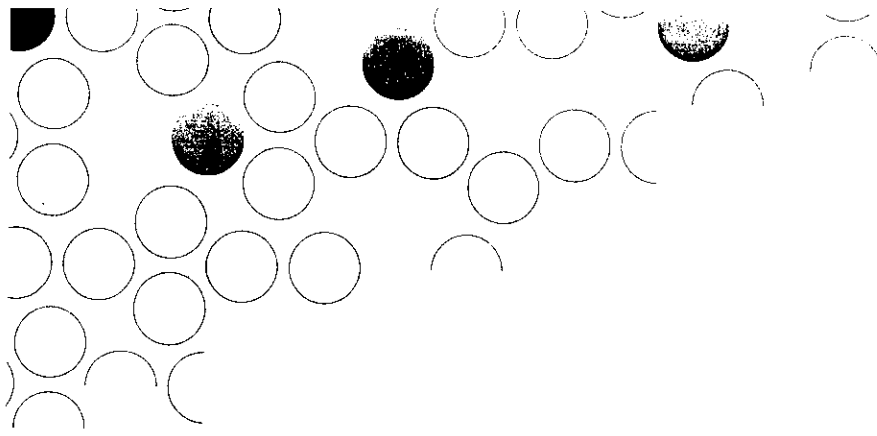
Topic	Objective	Content description	Method	Time	Resources
DAY 10 (CONTINUED)	Objective 10: Explain the importance of self-care and looking after one's own wellbeing	<ul style="list-style-type: none"> Self-care – what it is and why it is important? How do you care for yourself in this role? What are some of the challenges you might face? Dealing with challenges of peer support work – how peer support workers are encouraged to deal with the challenges they face. 	Brief PowerPoint	10 mins	PowerPoint slides and projector
		<ul style="list-style-type: none"> How do you care for yourself in this role? What are some of the challenges you might face? 	Large group discussion about self-care and challenges using the worksheets.	30 mins	Worksheets
		<ul style="list-style-type: none"> Dealing with challenges of peer support work – how peer support workers are encouraged to deal with the challenges they face. 	PowerPoint presentation and worksheet	10 mins	PowerPoint slides and projector
		<ul style="list-style-type: none"> Discussion: Taking time out. 	Discussion in large group	10 mins	Worksheets
		<ul style="list-style-type: none"> Information about what to expect if the peer support worker begins to experience an exacerbation in symptoms or starts to become unwell. 	PowerPoint presentation – 'if you become unwell ...'	10–15 mins	PowerPoint slides and projector
		<ul style="list-style-type: none"> Wellness plans: What is a wellness plan and how does it work? 	PowerPoint presentation	10 mins	PowerPoint slides and projector
		<ul style="list-style-type: none"> Information about the formal support structures that are available to peer support workers in their role and how they work. 	PowerPoint presentation	10 mins	PowerPoint slides and projector
Review and wrap up		<ul style="list-style-type: none"> Review learning objectives Take home messages 	Large group discussion about what participants have achieved and what are they key things they will take away from the days training.	15 mins	PowerPoint slides and projector

DAY THREE				
Topic	Objective	Content description	Method	Time Resources
Day three: How does this work on the ground?	Objective 12: Describe the environments where peer support work occurs	<ul style="list-style-type: none"> • Visit peer support work spaces to cover the practicalities of working in the building(s) <ul style="list-style-type: none"> - an introduction to the physical space available - meeting other staff members who may be designated contact or support people - discussing when and how peer support occurs in the space - any other practical instructions for the site, for example, car parking, access to buildings and the nearest public transport 	<p>Actually visit the physical space where peer support work will occur.</p> <p>Provide an information sheet with relevant information for future reference.</p>	<p>3 hours (may need to allow more or less time depending on how many space there are and the travel distance between them.</p> <p>Car or other travel, information sheets, maps/directions, access to buildings.</p>
Lunch				
	Objective 13: Identify how to seek further opportunities and additional training in the peer support worker role	<ul style="list-style-type: none"> • Opportunities for external peer support or other peer work roles in the organisation. 	<p>PowerPoint and discussion</p> <p>Provide written information</p>	<p>10-15 mins</p> <p>PowerPoint slides and projector</p> <p>Information sheet</p>
	Objective 14: Describe how administration and documentation are managed and recorded within the program	<ul style="list-style-type: none"> • Rosters, shifts and payments • Documenting peer support 	<p>PowerPoint presentation and discussion</p> <p>Provide written information</p>	<p>10 mins</p> <p>PowerPoint slides and projector</p> <p>Information sheet</p>

DAY THREE (CONTINUED)				
Topic	Objective	Content description	Method	Resources
	Objective 15: Describe the relevant Occupational Health and Safety policies and reporting procedures	<ul style="list-style-type: none"> OH&S policies and procedures review 	PowerPoint presentation and discussion	10-15 mins Information sheet
	Objective 16: Describe the requisite professional behaviour and disciplinary action	<ul style="list-style-type: none"> Team work Professional behaviour expectations 	PowerPoint presentation and discussion Provide written information	30 mins PowerPoint slides and projector Information sheet
Wrap up and review	Objective 17: Getting started in your new peer support worker role	<ul style="list-style-type: none"> Each peer support worker to document a plan of things they need to do in order to get started in their role. 	Large group discussion	10 mins PowerPoint slides and projector
		<ul style="list-style-type: none"> Use this opportunity to reflect on what peer support workers have learned in their training, what they enjoyed and what they feel is important for them to focus on in their future development. Complete evaluation and feedback forms! 	Large group discussion, encourage participants to make notes for themselves during the discussion.	10-15 mins Evaluation/feedback forms



**Peer support
worker
training
resources**



Peer support worker training resources

- The resources in this section have been designed to be used in conjunction with the training sessions described above. The worksheets supplied should be amended or changed according to local organisational needs.
- Many of the worksheets can be directly photocopied and put together to form a workbook for training. This enables peer support training participants to make notes for themselves as they go through the training sessions.
- Worksheets 1–25: List of worksheets.

These worksheets have been designed to be used with the training activities and discussions described in the training section of this manual. It is important to note that these training worksheets do not cover all of the content described in the training section of the manual, and that training facilitators will need to develop or adapt worksheets based on the content of their own training package.

Each worksheet contains information that will assist the training facilitator with the specific activity, plus extra room for peer support trainees to make notes and write questions or ideas about the training. Peer support training participants are encouraged to keep their notes and worksheets for future reference. These worksheets may form the basis of a peer support resource for each peer support worker, which can then be added to over time.

Peer support worker training session 1

What we will cover in training session 1

The topics we will cover today in your first peer support training session include:

- Orientation to peer support in this service
- The goals of peer support and the peer support program
- Exploring recovery
- Using your story and experience

By the end of this session, you will be able to:

Objective 1: describe the organisation you are working for as a peer support worker

Objective 2: identify the goals of peer support and explain how they are achieved in an early psychosis service

Objective 3: explain the term 'early psychosis' and identify the signs and symptoms of mental health problems

Objective 4: explore and describe definitions of recovery and identify factors that can assist with recovery

Objective 5: explain what it means to share stories and experiences and to practise telling parts of your own story

Objective 6: describe the boundaries of the peer support worker role and how to work within these boundaries.

Peer support worker training session 2

What we will cover in training session 2

The topics we will cover today in your second peer support training session include:

- The core knowledge and skills needed to provide peer support
- Understanding psychosis and other mental health problems
- Confidentiality and duty of care
- Personal and professional boundaries
- Advocacy
- Self-care and wellbeing

By the end of this session, you will be able to:

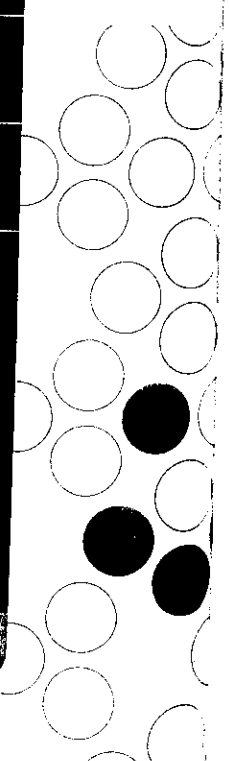
Objective 7: acquire and apply core skills in communication that are required for peer support work

Objective 8: explain the meaning of confidentiality and duty of care

Objective 9: describe how advocacy forms part of the peer support worker role

Objective 10: explain the importance of self-care and looking after one's own wellbeing

Objective 11: identify the formal supports that are available within the organisation.



Peer support worker training session 3

What we will cover in training session 3

The topics we will cover in this peer support training session include:

- Orientation
- Policies, procedures and professional expectations
- Professional development and further training

By the end of this session, you will be able to:

Objective 12: describe the environments where peer work occurs

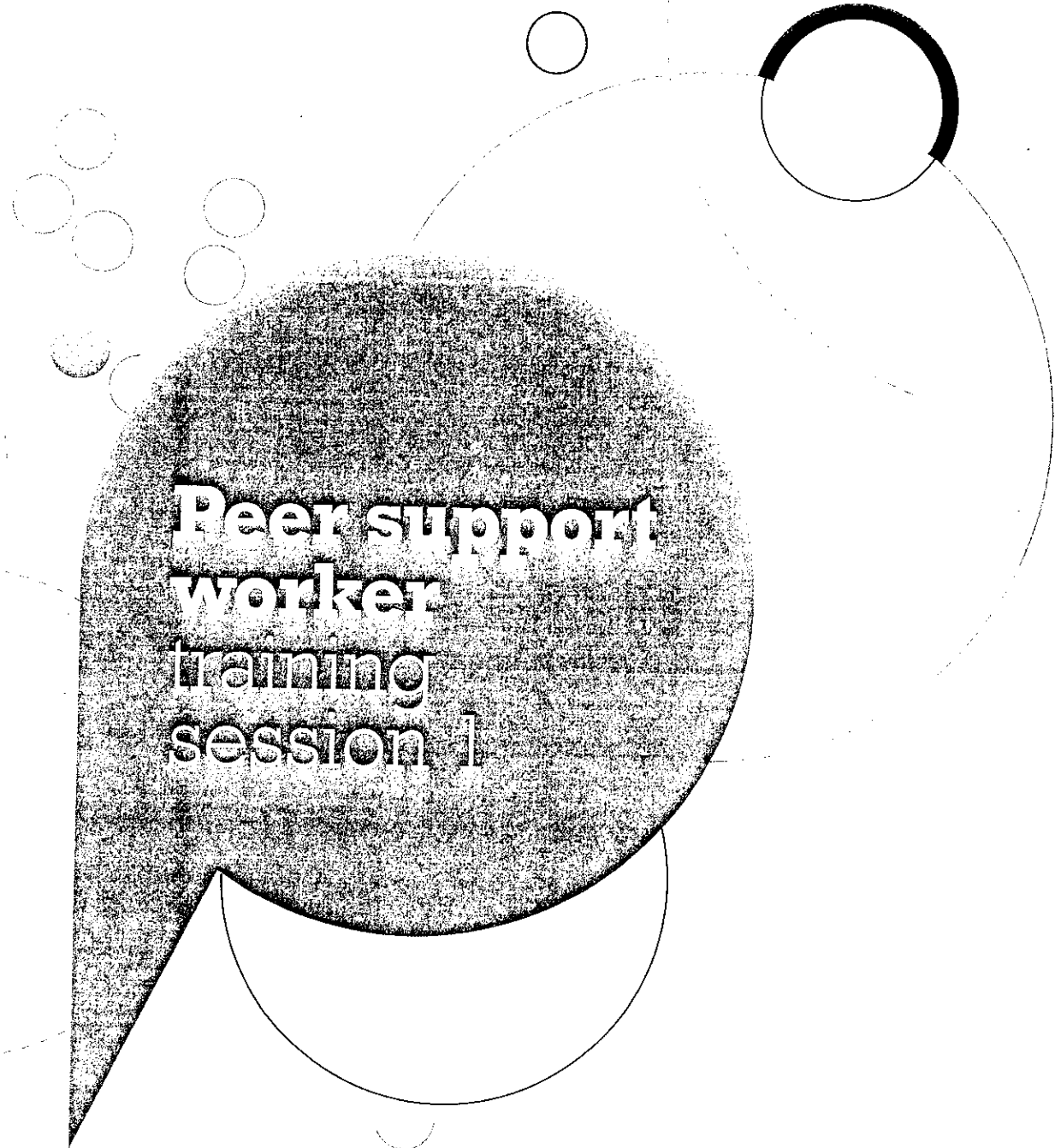
Objective 13: identify how to seek further opportunities and additional training in the peer support worker role

Objective 14: describe how administration and documentation are managed and recorded within the program

Objective 15: describe the relevant occupational health and safety (OH&S) policies and reporting procedures

Objective 16: describe the requisite professional behaviour and disciplinary action

Objective 17: feel comfortable in getting started in your new peer support worker role.



**Peer support
worker
training
session 1**

Worksheet 1.

Why do you want to be a peer support worker?

Let's explore what motivated you to join the peer support team.

What do you feel you can offer to other young people?

How do you see yourself supporting other young people who use the service?



*We're also curious about why you think peer support is an important service.
What do you think?*



This is an example of an information sheet that services can use to help articulate the objectives of their peer support program. Services should develop their own version of this worksheet and only include the objectives which are relevant to their program.

Information Sheet 2.

How do peer support workers achieve the objectives of the peer support program?

Instil hope

As a peer support worker, you are walking, talking proof that things can get better, and this alone can help young people feel hopeful that they too can get better (and maybe even become a peer support worker one day!).

By **sharing your own experience** of how far you've come in your recovery journey, you may inspire another young person to feel more hopeful about their own recovery, and feel less alone in what they're going through.

Support engagement in recovery

Sometimes it can be helpful for young people to hear some first-hand advice and get some motivation around playing an active role in their own recovery. You can share **what kinds of things worked for you** and what difference it made to you to **take ownership of your recovery journey**.

You could share things like how turning up to appointments with doctors and case managers, trying different coping strategies, setting goals, taking recommended medication, trying groups, or other recommended treatment courses and strategies can make you feel better sooner, and progress you on your recovery journey.

Help others to get the most out of the service

If you can remember back to when you first came to the service, you probably didn't know much about what sort of things the service had to offer, and what you could get involved in.

You can help young people to get the most out of their time with the service by providing information about things like the **group program, other participation activities, access to peer support workers** in different settings, **educational and vocational programs** and even **research projects** they may be invited to participate in that might help.

All of these things are 'complementary' services and activities that can enhance a young person's recovery and wellbeing in a number of ways.

You can also help young people get the most out of their time here by **showing them around** the service, **explaining where to access information**, such as in the waiting room, and even **where to access local public transport**.

Support young people to understand their rights

Every young person should be provided with an information brochure that outlines their rights and responsibilities as a person accessing the service.

You can **provide this brochure** and support others to understand what their rights are simply by **reading through it together** or asking if they have any questions about their rights.

You can also **provide assistance** if the young person believes that their rights aren't being upheld, by **encouraging them to complete a feedback/complaints form** or to **talk to their doctor or case manager** about their concerns.

Reduce negative experience

For some young people, coming to an early psychosis service can be a difficult and disorientating experience.

Peer support workers can play an important role in **helping young people feel less isolated** from the outside world by doing **'normal' activities**, like playing basketball, chatting about the footy or doing a scheduled group activity.

You may also wish to talk to young people about this your own experience of coming to the service for the first time, to **empathise with how they're feeling** and help them to feel less alone in their experience.

Provide an avenue for positive social interaction

Being a peer support worker doesn't mean that all of your interactions with young people need to be about discussing mental health, recovery and managing symptoms. Sometimes the best thing can be just **'hanging out'** and doing something like playing cards, table tennis, computer games, listening to music or flipping through magazines.

These kinds of normal activities and positive social interaction amongst peers can be really valuable for young people who have experienced a disconnection from their friends and their usual social activities, or who like to **spend time with peer support workers** without formally discussing their health and wellbeing or recovery progress.

Provide access to information and resources

There are lots of brochures, booklets and factsheets available to help young people understand what they're going through. Information and knowledge can often mean empowerment, so it's **important that young people have easy access** to these resources.

You can help by **showing them resources** such as factsheets, brochures for services, rights and feedback forms, info sheets on health and wellbeing, and showing them websites that you or other young people have found to be helpful, such as eheadspace or ReachOut.

Support during discharge from the service

Some young people may wish to **speak to peer support workers about discharge** or **hear about your personal experience** of leaving the service.

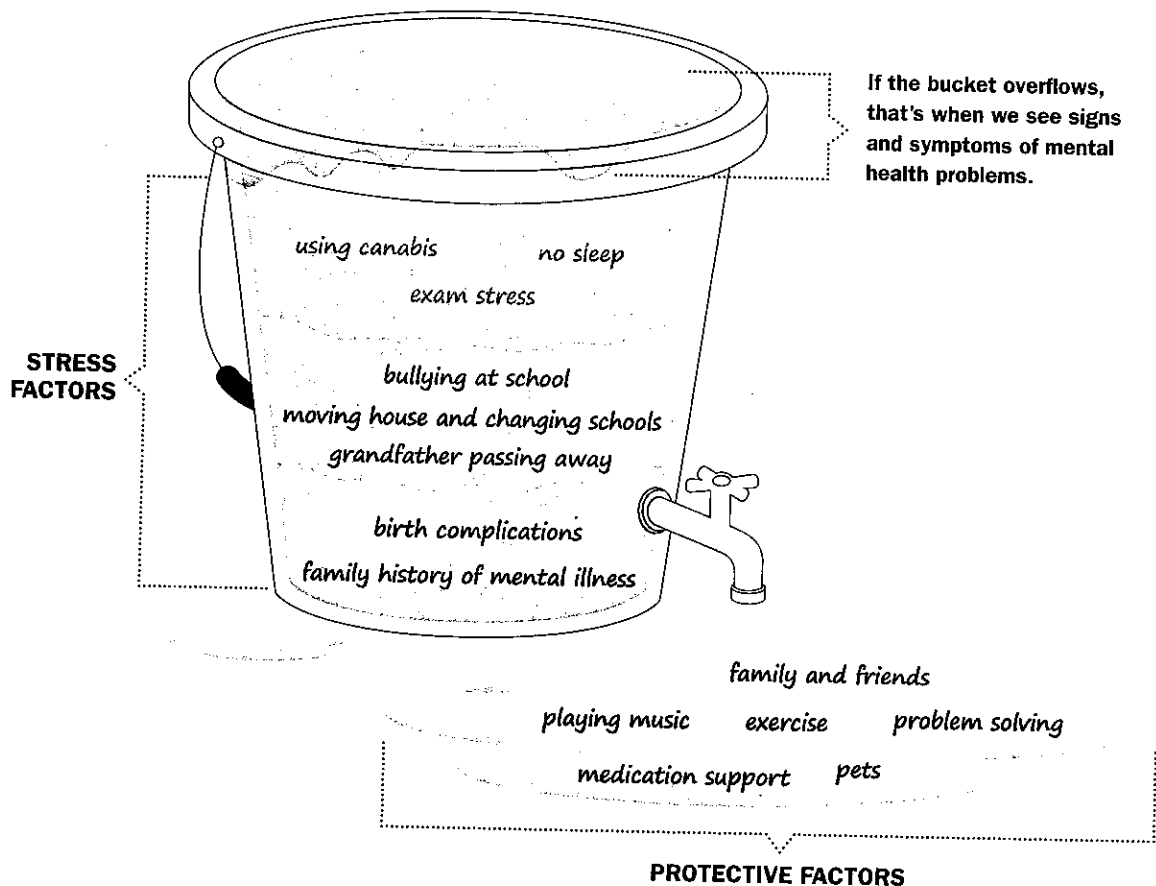
Young people may have **questions about the discharge process**, what to do if they need help in the future and what kind of services they can link in with out in the community.

Worksheet 3.

The stress–vulnerability bucket

The stress–vulnerability model of mental illness is about considering what makes a person 'at risk', or vulnerable, to developing symptoms of mental illness.

It considers 'risk factors' (what makes you vulnerable) such as stress, family history and trauma, and it also considers the 'protective factors' (what helps to protect you), which include supports, safe coping skills, and meaningful activity.



The diagram above helps to explain this model.

Think of yourself as a bucket. Yes, a bucket.

When risk factors start filling up the bucket, you're at risk of 'overflowing'. This overflow may result in symptoms of mental illness.

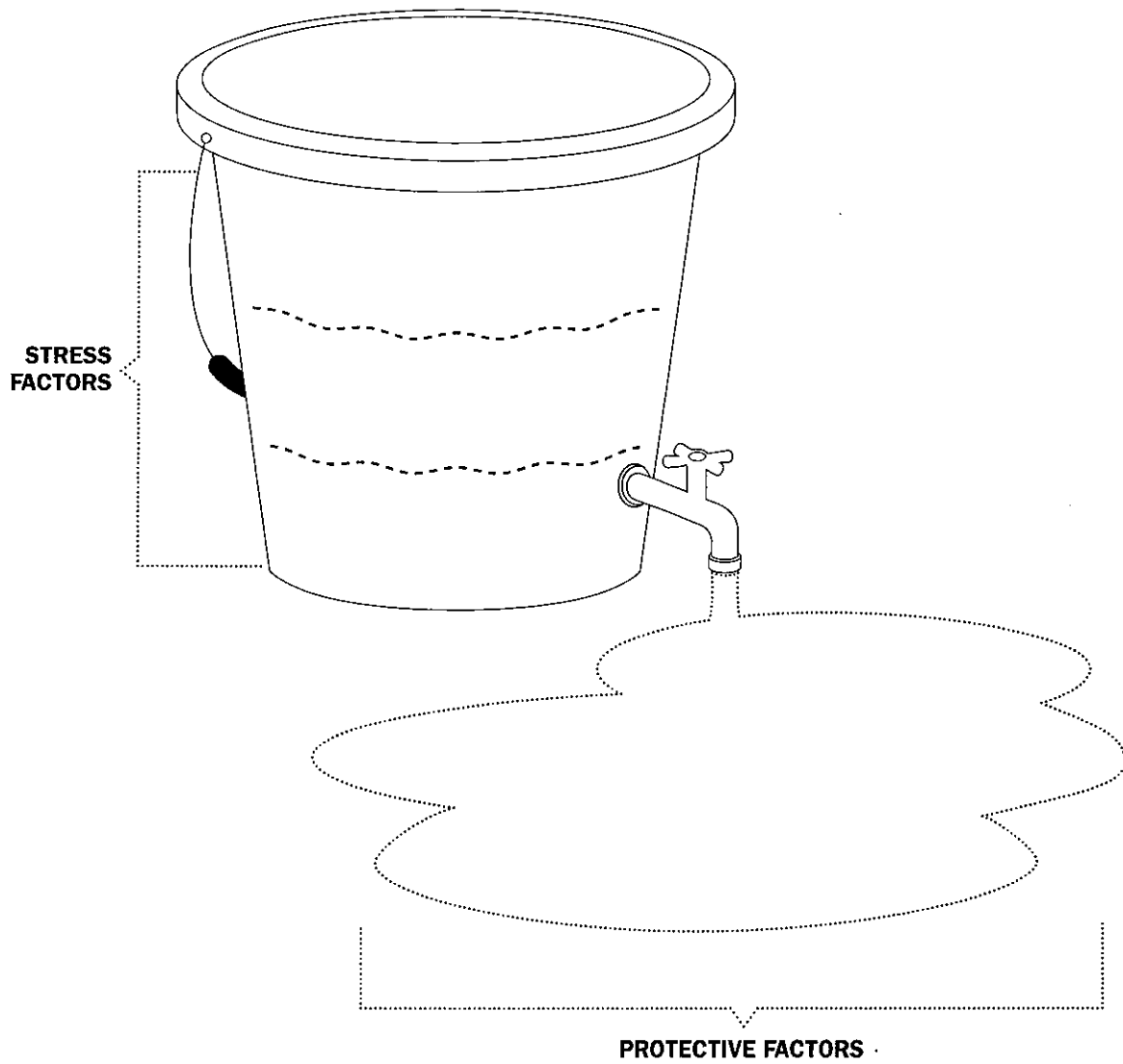
So, what helps stop the bucket from filling up and overflowing?

Protective factors! Think of those protective factors as a 'tap' that you can turn on to let some of the 'water' out of the bucket, reducing the risk of it filling up and overflowing.

Protective factors can be things that you do yourself or things that others (such as your case manager, doctor of family) can help with.

Worksheet 3A.

Stress-vulnerability bucket



Worksheet 4.

What is psychosis?




Psychosis is an umbrella term used to describe a group of symptoms that people may experience from time to time. Some people can experience psychotic symptoms only once, some may have a very mild experience and others may have psychosis for a longer period of time. In any case, every person's experience is different. You may have heard that some people who have experienced psychotic symptoms have hallucinations and delusions.

Hallucinations are experiences where a person may hear, see, smell, taste or feel something that is not really there, such as hearing a voice when no one is talking to them.

Delusions are odd or unusual beliefs that are untrue, but that the person believes to be true.

But these are only two symptoms that people who have experienced psychosis might have had. Commonly, people who have psychosis may experience symptoms that affect the way they think, feel and behave.

Can you think of any examples of how having psychotic symptoms might affect thinking, emotions or behaviour?

THINKING	EMOTIONS	BEHAVIOURS
		


Worksheet 4A.



**Some examples that may be included
in the previous activity**

THOUGHTS
Confusion
Having unusual thoughts
Racing thoughts
Thoughts slowing down
Thoughts being inserted or withdrawn
Thinking that others can hear my thoughts
Thoughts suddenly stopping
Finding it hard to find the right word
Finding it hard to understand what others are saying
Thoughts that people are out to get me, following me, watching me, out to trick me, or want to hurt me
Thinking that I have special powers
Thinking that I'm not safe

EMOTIONS
Feeling scared or feeling like I'm in danger
Feeling down
Disconnection
Feeling as if things around me are not real
Feeling 'up and down'
Feeling excessively happy, irritable, sad, depressed
Feeling 'on guard'

BEHAVIOURS
Being preoccupied or focused on one thing or topic
Being unable to focus or concentrate
Disrupted sleep
Less interested in usually enjoyable activities
Difficulty with motivation and energy
Doing things that seem odd or unusual



Worksheet 5.

What does recovery mean to you?

We all have different ideas about what 'recovery' means. It may take time to figure out what recovery involves or looks like, and this may even change over time. It's different for everyone.



A large, empty rectangular area with a dotted border, intended for writing answers to the question.



Worksheet 6.

Exploring your own recovery – what helped you?


Have you thought about the things that helped you along the way on your own recovery journey? What helps you to maintain your wellness now?

As a peer support worker, other young people may want to hear about what you've found helpful, and how you got to where you are today.


It's useful for you to have some clear ideas about things that have contributed to your recovery, so that you can talk about them if asked!

Fill out the diagram below to get a picture of what helped you.


How I helped myself




How my friends and family helped



How workers helped



Other things that helped



Worksheet 7.

How to use your story

In your role as a peer support worker, you'll find yourself using your own experiences, sharing examples, and telling parts of your own story to support young people and relate to what they're telling you. In this section of the training, we'll explore how to use your story and experience in order to support young people.

Highlight what has helped in your recovery journey

Peer support is all about being focused on recovery. Everything you do in your role is about demonstrating that recovery is possible, supporting young people to find strategies to support recovery and providing examples of what has worked for you.

In the previous exercise you explored what helped in your recovery. You may wish to spend some time really thinking about how you discovered what was helpful and how you put those things into practice. Being clear about what helped you will make it easier to help others!

Before you share: is it helpful?

Before you share parts of your story or tell someone about some of your own experiences, ask yourself: is it helpful? Is there a purpose to sharing the story? What do you think that the young person may get out of it? We want to avoid sharing for the sake of sharing.

Keep it about them, not you

Sharing parts of your story with a young person is an opportunity for you to demonstrate that you understand

their experience and provide some examples of what has worked for you in recovery. Try not to get caught up in 'talking about yourself' too much, as young people may feel overwhelmed or feel that you don't want to hear from them about their experience. Stay on topic, and share bits and pieces of your experience as prompted.

Share in a 'recovery-focused' way

We don't want peer support workers to avoid discussing topics that form a part of your experience. The reality is, issues such as self-harm, suicidal thoughts or drug use are common experiences of young people who use the service and young people may wish to talk to or hear from you about it.

It's ok to discuss these topics so long as you keep the conversation recovery-focused, which could include:

- Sharing your own experience as a way of empathising with the young person
- Talking to young people about safe coping strategies that you know about or use
- Encouraging young people to discuss these issues with their treating team
- Validating how difficult these experiences can be and encouraging young people to continue working on them

Don't feel pressured to talk about your own experience if it is uncomfortable for you.

 Make any notes or reminders for yourself below



Worksheet 8.

What was it like getting to know your case manager?

In your role as a peer support worker, you may need to think about how you will share some of the experiences you had being a young person using a mental health service. Most people using early psychosis services will have a case manager and treating doctor allocated to their care. Can you remember what this was like for you?

In the space below, write down what you remember about your experience of meeting your case manager that you are willing to share with others in your peer support role.

*What was your experience of working with a case manager?
Can you think of some things that you did to build
a good relationship with your case manager?*



Worksheet 9.

Boundaries

Boundaries are described as a collection of rules or guidelines which limit an individual's behaviour and provide guidelines for their code of conduct.

As a peer support worker you have two sets of boundaries:

Professional boundaries

Professional boundaries are what guide your interactions with young people, as well as with your peer support team mates.

Personal boundaries

Your personal boundaries are what will guide you in deciding how much, and what parts, of your own story you'd like to share with others.

Make some more notes for yourself in the spaces below during the discussion.

With peer support recipients



With the team



Your own



Worksheet 10.

Staying within boundaries

It can be difficult to formulate a response 'on the spot' when another young person asks a question that challenges your personal or professional boundaries or that might lead to a conversation that isn't recovery-focused. It's good to think about how you might respond to certain scenarios and to practise 'turning the conversation around' or saying 'no'.



What are the different ways you can think of to say 'no'?



Worksheet 11.

Boundary confusion

As a Peer Support Worker you're in a unique role, with a unique relationship with other young people who are using the service.

You're not a clinical staff member, but you provide support to young people. You're not a friend, and yet you may share some fairly personal information with each other.

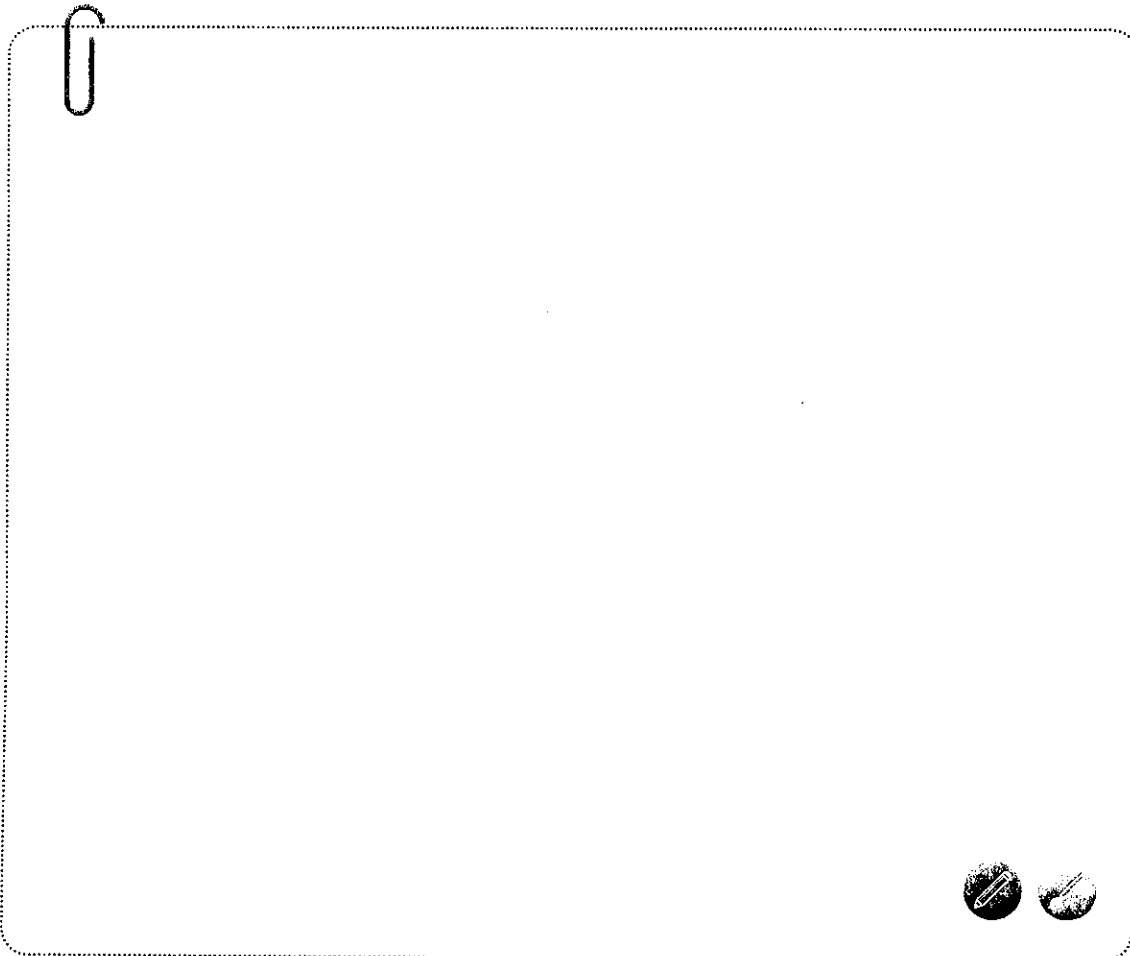
Boundaries may get confusing sometimes!

Sometimes you may feel like the support you're providing looks very similar to the kind of support that a friend or a clinical staff member would provide. In fact, there are some actions that a peer support worker would carry out that a clinical staff member would too, such as providing factsheets or explaining what the group program is.

There are also actions that very clearly belong to clinicians, such as providing clinical advice, and those actions that belong to a friend, such as giving a young person a hug or calling each other outside of the peer support worker role.

- Naturally, there is some 'crossover' – things that both a peer support worker and a clinical staff member or friend would do
- Remember your personal and professional boundaries
- Keep it recovery-focused
- If in doubt, say you don't know or aren't sure of how to assist and ask a staff member.

If you're still not sure about your boundaries, please ask. You can also use supervision to further explore boundaries in your role as a peer support worker.



Worksheet 12.

The dos and don'ts of peers



Peer support workers do

Share their own experiences
in a recovery-focused way

Offer opinions based on
what they've found helpful

Provide support during
rostered or booked times

Provide information and
resources such as factsheets

Help young people access info
about rights and service feedback

Encourage young people to use
other forms of peer support

Encourage young people to discuss
concerns with their care team

Engage young people in activities



Peer support workers don't

Offer counselling or other
professional type of support

Give advice or instructions
about what to do

Show up outside of rostered
or booked times

Bring or receive gifts

Lend or share money or property

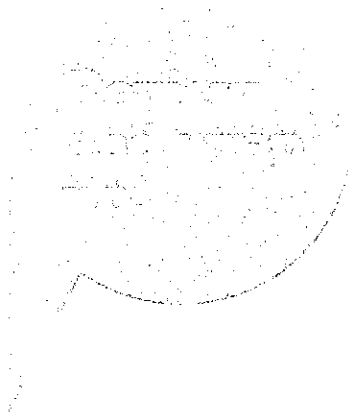
Offer physical support, such as hugs

Contact young people by
phone or email, or outside
of peer support times

Take young people off site

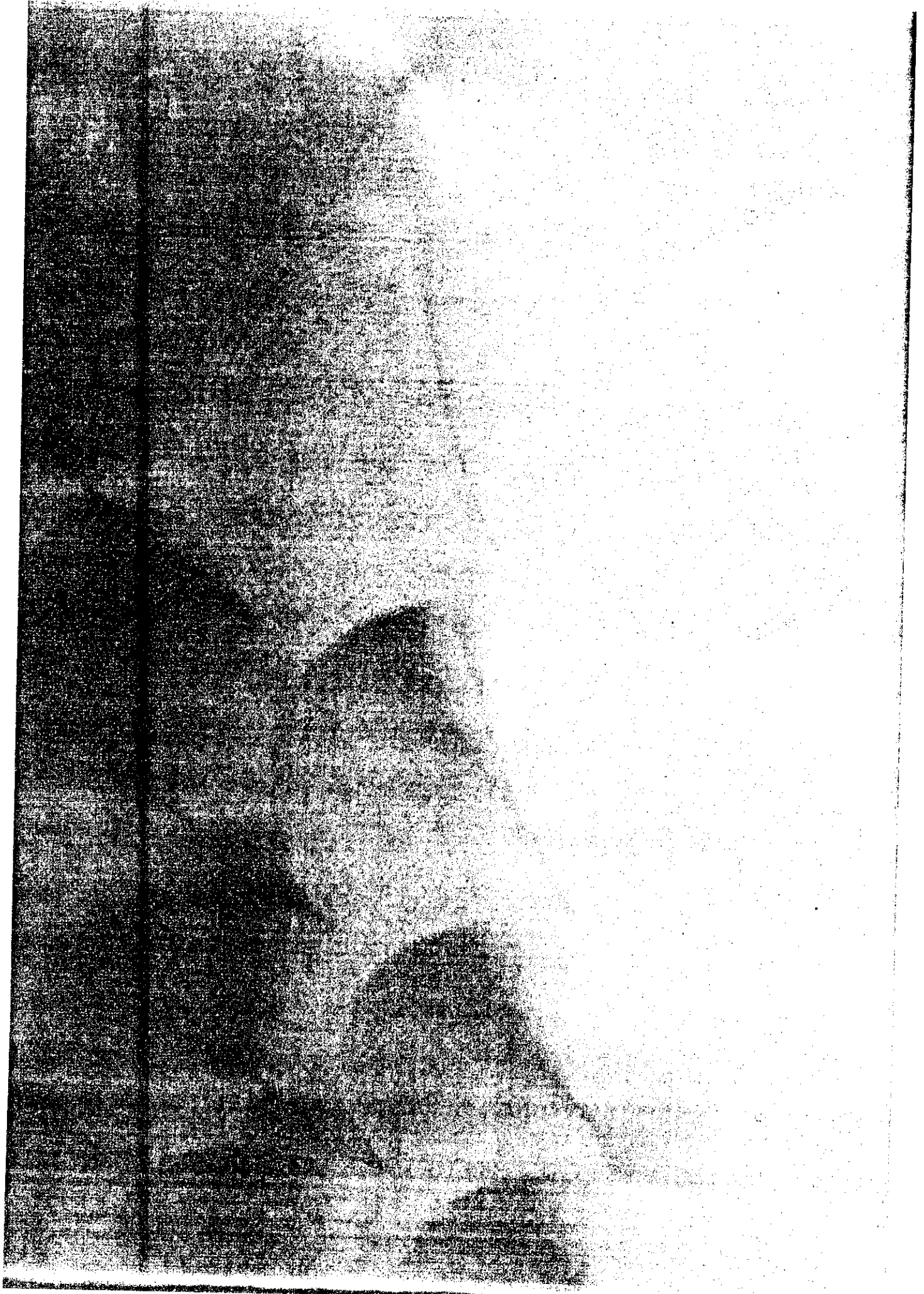
Give out personal contact details

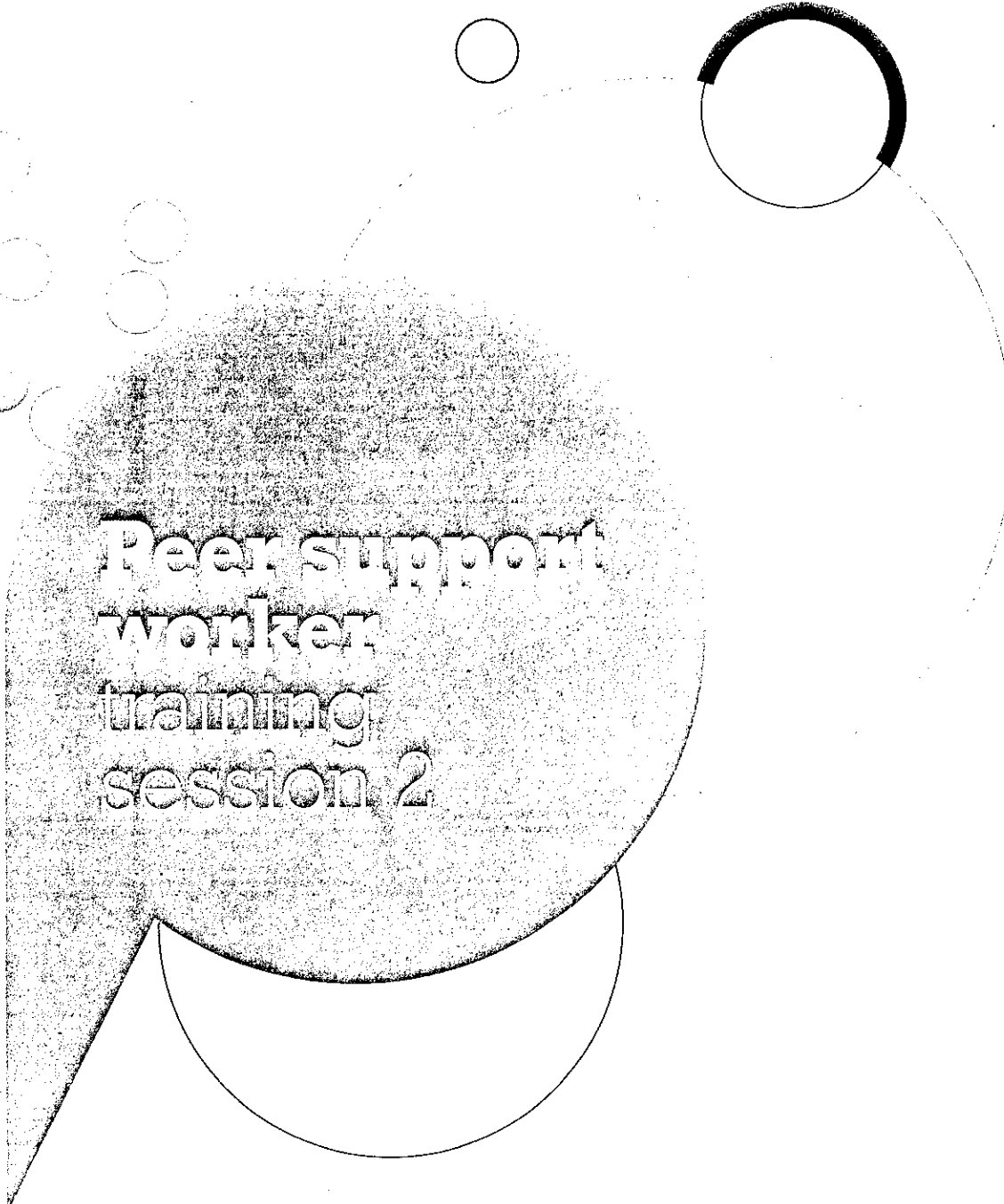




Well done on completing your first training session!
You are well on your way to becoming a peer support worker.

Take some time to make a note for yourself about the most important things to remember from this part of the training. What stood out for you? What was the thing you found most interesting? Is there anything that you would like to do more work on in your own time?





**Peer support
worker
training
session 2**

Worksheet 13.

Getting the conversation started

Starting a conversation with a peer support recipient is just like starting a conversation with anybody else! Say hi, introduce yourself, tell them you're a peer support worker and let them know that you have used the service too.

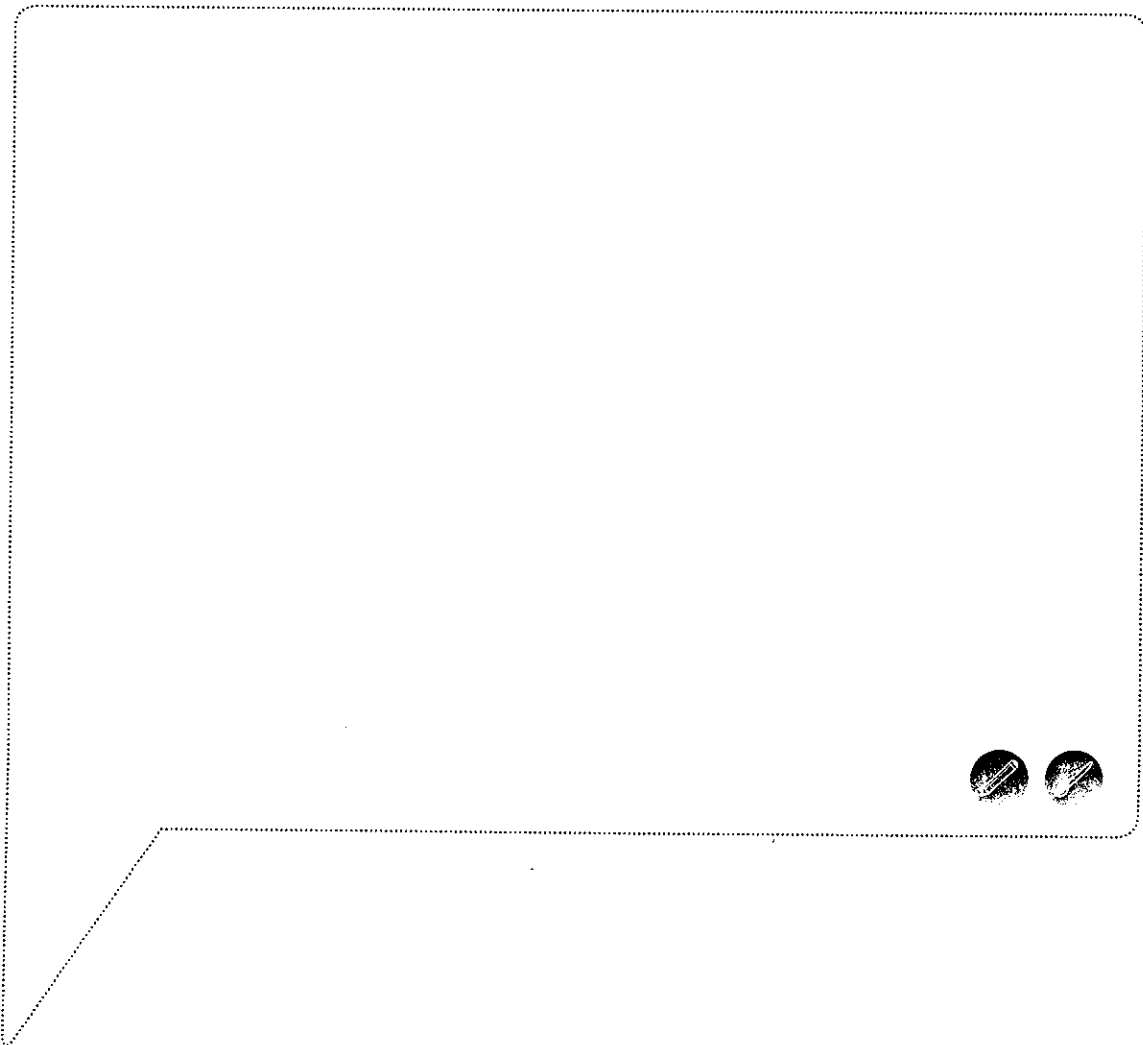
Getting a conversation going might include:

- Telling them about what Peer Support Workers do
- Talking about 'normal' things – sport, TV, music
- Sharing some information about yourself – what you came to the service for, how long ago
- Doing an activity while you're talking – have a cuppa, play cards
- Asking open-ended questions that invite responses

Be mindful of indicators that a young person doesn't want to talk, or would prefer to engage in general chit chat or an activity.

Let conversations happen naturally, follow their lead and just let them know you're available if they want to chat about anything or have any questions.

Make some notes below – what are some ways that you might feel comfortable initiating a conversation?



Worksheet 14.

Open- and closed-ended questions

An open-ended question is a question that invites a response other than just 'yes' or 'no'.

Open-ended questions prompt a more detailed response and are great for getting conversations started and keeping them flowing.

Open-ended questions usually begin with 'who', 'what', 'why', 'where', and 'when'.

Sometimes if a young person is quite unwell, or just doesn't feel like talking, open-ended questions might feel overwhelming, so it's ok to use closed-ended or 'yes'/'no' questions too. Just use your best judgment, and see what works.

Check out the resource sheet below for some examples of open-ended questions that you may like to use.

What kind of information do you want about _____?

What was the last film you saw?

Can you tell me a little bit more about _____?

What do you have planned for the weekend?

I came here _____ years ago. When did you first start coming here?

What kind of things do you like doing in your spare time?

What are you interested in studying/doing for work?

What kind of resources have you found helpful?

Can you give me some examples?

Where did you hear/read about _____?



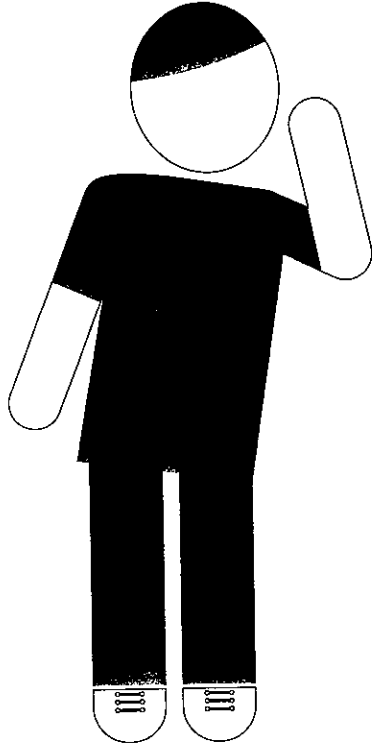
Can you come up with a few open-ended questions of your own?



Worksheet 15.

Active listening

Active listening is about showing that you hear and understand what a person is saying to you. There are a number of ways you can do this:

**Paraphrasing**

Paraphrasing involves summarising and repeating back what has been told to you.

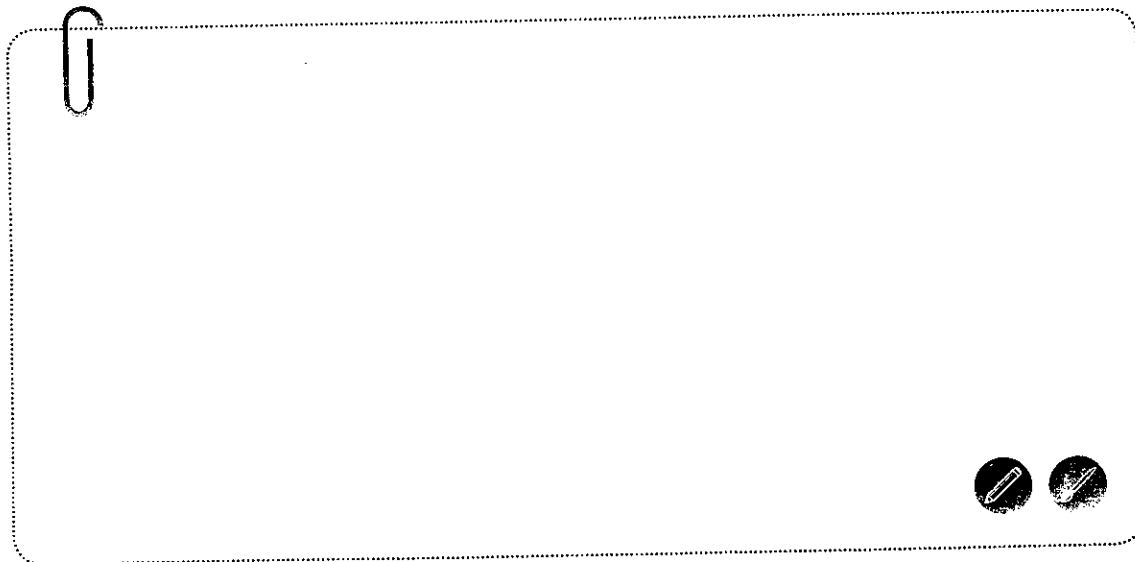
- "So you're saying that _____?"
- "Is it right that you were saying _____?"
- "I think that you were saying _____, is that right?"
- "Can I just check that I understood what you were saying – did you mean _____?"
- "It sounds like you're feeling _____, is that right?"

Minimal responders

- Nodding your head
- Leaning forward
- 'Mmmm', 'Yeah', 'Ahh'
- 'Okay'

Body language

- Facing speaker
- Eye contact
- No distractions
- Unfolded arms
- Nodding, leaning in



Worksheet 16.

Showing empathy

Empathy is a little bit different from sympathy. Empathy involves putting yourself in another's shoes, and understanding how they feel.

In your work, you can show empathy by noticing how a person feels and what has led them to feel that way. You can do this by paraphrasing or checking in with what a young person is experiencing by naming the emotion and the situation the young person is describing:



'It sounds like you feel pretty **frustrated** when you feel like **people aren't taking your perspective into account.**'



'It seems like you feel pretty **angry** that you **didn't get into the course you wanted to do.**'



'I understand what you mean when you say that you're feeling so **disappointed** that you have to **try a different medication.**'



'It sounds like you feel pretty **sad** when you **worry that you're not going to get better.**'



What other ideas for showing empathy can you come up with?



Worksheet 17.

Advice or opinion?

Here's a tricky question for you: What do you think the difference is between offering someone advice and offering someone an opinion?

In your role as a Peer Support Worker you may be asked questions about your own experience, including what you did in particular situations, what worked for you, what you think about particular topics and what you might recommend.

It's very important to consider how your answers may impact on the young person you are talking to.

Advice is when a particular action is recommended

Opinion is when we share what worked for us

So, should you offer advice or your opinion?

The answer is: you should offer your opinion, not give people advice.

Sometimes these two concepts may seem similar. A good way of remembering, or framing your answers is to start or end your conversations with:



'In my situation I _____, but everyone's different.'



'What worked for me was _____, but it might not work for everyone.'



'I noticed _____, but it might not be the same for you.'



Worksheet 18.

Confidentiality

As a peer support worker you're in the very privileged position of hearing young people's personal stories and experiences as well as sharing your own personal experience.

We take privacy and confidentiality very seriously, which means that you should never share personal information with anyone else.

This includes medical or treatment information and information such as where a young person lives or works or their contact details.

Confidentiality also includes not identifying someone out in the community as a service user. For example, if you see a young person at the shops, don't approach them in front of other people and say, 'Hi, we met at the headspace YEPP last week'.

You are also required to uphold the rules of confidentiality with information you are privy to about your fellow peer support worker colleagues.

All peer support workers are required to sign a confidentiality agreement.



Make some notes for yourself here...

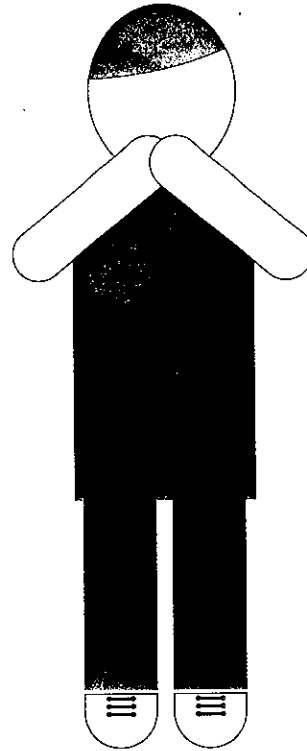


Confidentiality (continued)

Confidentiality exceptions

There are a few exceptions to the confidentiality rule, which mean that you are allowed to break confidentiality and let staff know if a young person tells you or you know about any of the following:

- Intention to harm self or others
- Intention to abscond from inpatient care
- Bringing drugs or alcohol into the service
- Returning from leave intoxicated
- Worsening symptoms/distress
- Ceasing, swapping or mixing medications



Can you think of others?



Worksheet 19.

Duty of care

A duty of care exists where someone's actions could reasonably be expected to affect other people.

Duty of care is breached by failing to do what is reasonable or by doing something unreasonable that results in harm, loss or injury to another.

This can be physical harm, economic loss or psychological trauma.

So basically, in your role as a peer support worker you are required to do what is reasonable to ensure you cause no harm to others.

The best way to uphold your duty of care is to report any information or situations that may result in someone being harmed in any way.

Breaking confidentiality to uphold your duty of care

As part of your duty of care, you are required to break confidentiality due to any of the circumstances mentioned in the previous chapter about 'confidentiality exceptions', or for any other reason that you feel information should be passed on to staff.

Duty of care exists to protect you as well as others.

- It's not your responsibility to worry about if a young person is going to follow through with what they've told you.
- You're not qualified to make the decision about whether it's a serious matter.
- The information you pass on will enable staff to help the young person.



Make some notes for yourself here...



Worksheet 20.

Letting the young person know


If you need to break confidentiality and pass information on to a staff member you will need to let the young person know that you're going to do so.



You may feel uncomfortable telling a young person that you need to let a staff member know something they've disclosed to you, like you're 'dobbing' or worried that the young person will be angry at you.

It's important to reassure the young person that you have to pass on the information as a requirement of your role, but also because you're very worried about

them (or concerned about their safety and wellbeing) and you want to help.

- Be clear about your responsibility to pass on information to staff
- Outline what kind of information you're required to pass on
- Explain why you need to let staff know
- Reassure the young person that you're concerned and care about their safety and wellbeing

 Make some notes for yourself here...

Which ones do you feel comfortable using?

Try your own variations of these!

Ask other peer support workers for their suggestions.

That does /n sound good -
I'm going to let staff know
because I think they can help.

As a peer support worker
I have to let staff know
what you've told me.

I'm really worried
about you so I'm going
to let your nurse know"

I really want you to be
safe so I'm going to
have to let staff know.

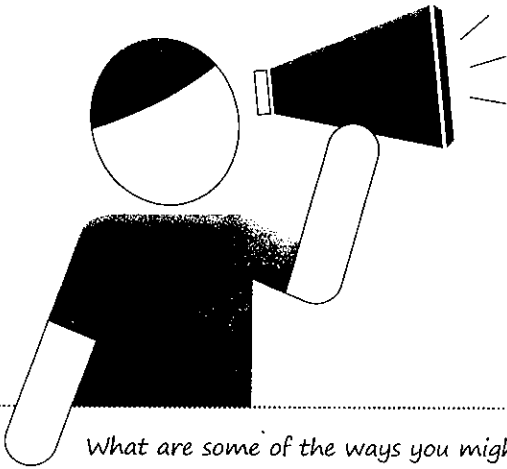
Worksheet 21.

What is advocacy?

The Institute for Family Advocacy and Leadership Development Australia describes advocacy as;

'The process of standing alongside an individual who is disadvantaged and speaking out on their behalf in a way that represents the best interests of that person.'

'It involves representing and working with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.'



Your role as an advocate

We don't expect peer support workers to know about laws or rights under the mental health act or a young person's rights within the service. We also don't expect you to know the best way to deal with a particular problem.

What we would like you to do as an advocate is:

- help young people access and understand their rights – read a brochure together
- help young people access feedback and complaints forms and understand how the process works – go through form and flowchart. You can also complete it on their behalf
- encourage young people to speak up about concerns and give feedback – either to their case manager or via feedback and complaints
- help young people communicate their concerns and feedback to care teams – ask if a young person would like your support to feed communication back to staff
- encourage young people to join the Youth Advisory Group (YAG) to share ideas and have input into service.

What are some of the ways you might act as an advocate in your role?



Worksheet 22.

Self-care

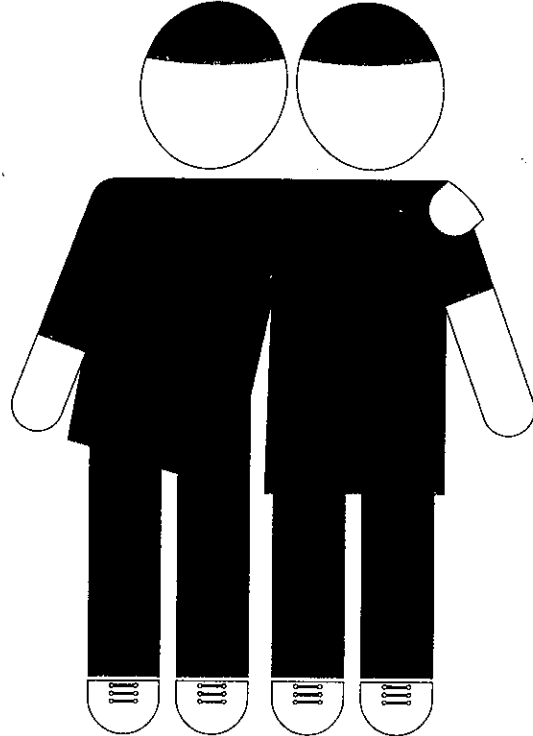
Perhaps the most important responsibility you have as a peer support worker is to take good care of yourself.

Your role often requires you to listen to young people telling you about their worries and the hard times they may be experiencing, and it also sometimes prompts you to revisit some of your own experiences and talk about them with young people.

So it's important that you plan how to de-stress, de-brief, relax and take the time to look after yourself.

People do this in different ways. Looking after yourself can include:

- using support options provided to you through the program, such as supervision, to de-brief
- taking the time to do things you enjoy such as sport, movies, music, reading, hanging with friends or art
- update your wellness plan regularly so we know how to support you
- reducing your peer support shifts if you need to, or taking time out



How do you like to unwind, de-stress and relax?





Worksheet 23.

The challenges of the role

As with everything else in life, you may come up against some challenges in your role as a peer support worker. Don't worry ... we'll provide plenty of support to help you deal with anything that pops up that you may not know how to manage.

Have you thought about the parts of the role that might be challenging? List them below and for each challenge, have a go at writing down how you might go about dealing with it.

<i>Challenges I might face in my role</i>	<i>How I might manage those challenges</i>
	

Worksheet 24.

Dealing with the challenges of the role

We want to do everything we can to support peer support workers to manage the challenges of the role, and also to limit the challenges you may face.

- Always seek support when required.
- Ask another peer support worker if they have any suggestions about how to manage a challenge.
- Talk it out in supervision.
- Get to know your limitations – avoid challenging situations.
- If you're not enjoying yourself, don't feel obliged to continue.
- Suggest ideas to make peer support better.
- Request resources and materials or input from staff.
- Give feedback about how training could be enhanced.



What support will you need to deal with the challenges of this role?



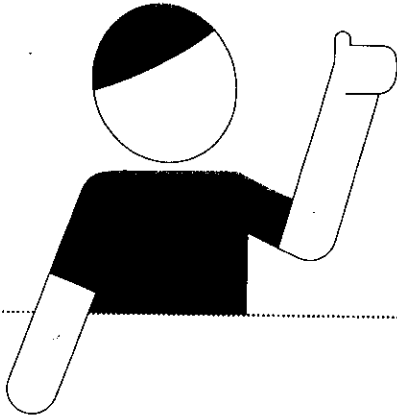
Worksheet 25.

Taking time out

If you need to cut back on how many peer support shifts you do, or if you need to take time out for any reason, then just let us know! We want to be very flexible and support you to take time out when you need to.

Some of the reasons you need to or want to take some time out might include:

- Work commitments
- Study commitments
- Family commitments
- Illness/medical reasons
- Social schedule
- If you become/are becoming less well



Planning for time out

Please let us know in advance if you require time out for things like exams or holidays so that we can schedule it on the roster. We want to avoid 'last-minute' cancellations of shifts, so the more notice you can give us, the better.

Wellness first

It is essential that your own wellbeing comes first. If you feel like peer support is negatively impacting on your wellness or you notice that you're becoming less well, please let us know and we'll support you to take the time out from your role to get your wellness back on track.

We respect peer support workers who care for themselves and for the integrity of the program and we'll support you to get back into peer support when you're feeling up for it again.



Questions?

You have taken in a lot of information in this training!

If you have any questions please feel free to ask them now, otherwise you can contact us at any time on the numbers and email addresses provided.



Jot your questions down here!



CONGRATULATIONS!

That completes your peer support training!

Thanks for your time and we'd appreciate if you could complete the feedback survey to tell us what you thought of the training session.

Welcome to the team!

Well done on completing your second training session!
You are well on your way to becoming a peer support worker.

Take some time to make a note for yourself about the most important things to remember from this part of the training. What stood out for you? What was the thing you found most interesting? Is there anything that you would like to do more work on in your own time?



**Review
and wrap
up!**

**Well done on completing your final training session!
You are well on your way to becoming a peer support worker.**

Take some time to make a note for yourself about the most important things to remember from this part of the training. What stood out for you? What was the thing you found most interesting? Is there anything that you would like to do more work on in your own time?

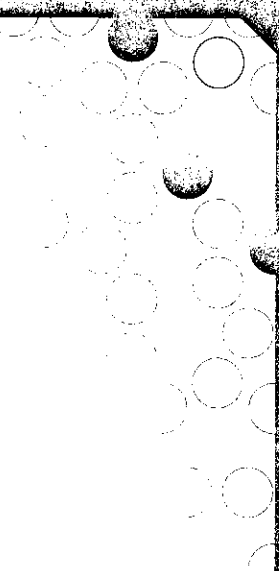




CERTIFICATE OF ACHIEVEMENT

.....
Congratulations! You have successfully completed your peer support training.

Signed by / /



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