

History of Lived Experience (Peer) Work

The origins of peer work are varied depending on the peer group in mind. Outside of a workforce, humans intentionally helping another (and without benefit to themselves) can be traced to the earliest signs of civilisation. Anthropologist Margaret Mead suggested a human femur bone that had been being fractured then solidly healed shows that someone must have cared for the injured person—hunted on his behalf, brought him food, served him at personal sacrifice. In other words, the first step to civilization is an act of human compassion, and it becomes the foundation to all the great achievements of humankind. A healed femur indicates that someone else helped that person, rather than abandoning them and saving only themselves¹.

Mental health (Peer) work stems from as far back as the 1790's in a psychiatric hospital in Paris, where the governor of a hospital in Paris, recognized the value of employing recovered patients as hospital staff. The chief physician at the hospital, praised these peer staff for being gentle, honest, and humane, averse from active cruelty, and disposed to kindness. Current and ex 'inmates' (patients) advocated for non-restrictive and less coercive practices to politicians and statesmen for social change. Later, the notion of 'peers supporting peers' had a less political focus and was based on shared understanding and lived experience support to make change.

Alcohol and other Drug Peer Work can be traced back to the 1930's in the United States when Bill Wilson and Robert Smith talked and realized that they had a shared understanding of each other's challenge with alcohol dependency and decided to support each other to make positive change. The peer-based approach became popular and grew throughout the world via the creation of Alcoholics Anonymous (AA), Narcotics Anonymous (NA) in 1953 and associated 12 step groups including, which continue today. In 2018, AA counted 2,087,840 members and 120,300 AA groups worldwide² with NA having 70,000 meetings in 144 countries³.

.....in Western Australia

The Lived Experience (Peer) workforce in Western Australia has a long history in both the mental health and alcohol and other drug sectors.

Perhaps the most well-known narrative around the development of peer work in Western Australia is that, with the wide uptake of Alcoholics Anonymous groups across the country, with the first AA group established in Perth in **1947**. In **1967**, a similar 12 step mental health support group approach was established in Western Australia by Grow, initially called 'Recovery'. It has been suggested Grow employed the first paid LE (Peer) worker in **1972** after receiving a small amount of government funding. The organisation continues to employ an LE (Peer) workforce today.

¹ 1993 Brand and his co-author published "Pain: The Gift Nobody Wants".

² https://en.wikipedia.org/wiki/Alcoholics_Anonymous

³ https://en.wikipedia.org/wiki/Narcotics_Anonymous

In **1976**, the first public meeting was held by the Association of Relatives and Friends of the Mentally Ill (ARAFMI) who built a model based on mutual support, in order to assist them to care and support their vulnerable family members. This organisation is today known as Helping Minds and employs both consumer and family carer LE (Peer) workers across a range of community programs and promotes the involvement family carer peer workers.

At almost the same time, John Keating established Holyoake in **1975**, based on holistic ways of overcoming problems with alcohol use. He played a key role in setting up the WA Network of Alcohol and Drug Agencies (WANADA) and supported Richard Hammersley to found Cyrenian House in **1981**, after the death of his daughter to drug related issues. The Cyrenian model offers several peer support groups every week, based on either harm minimisation or abstinence (client choice). It has since developed the Peer Worker Plus, a co-designed training program for AOD consumers to be LE (Peer) workers.

In **1982** WISH (Western Institute of Self Help) was established with concerned community members coming together around a kitchen table to discuss the formation of an organisation aimed at assisting self help groups in Western Australia. This was later renamed as ConnectGroups in **2007**, which focuses on health promotion, peer support and advocacy, by linking individuals and families to support groups and contributing to government health policy. They have over 700 support groups as members. In **2021** ConnectGroups began hosting the Alternatives to Suicide Alliance, a peer-to-peer group support approach to suicide intervention, which has no clinical involvement.

Toward the end of **1984**, Even Keel began with an ad in the local paper, going on to become a well-established peer association for people experiencing Bipolar Disorder, and their families.

The **1990's** saw several other LE (Peer) programs and initiatives emerge:

- Health Consumers' Council Mental Health Advocacy Project ran from **1995 – 2003** and was hugely effective in building the capacity of LE (Peer) representatives.
- The Consumer Consultant Trial saw the commencement and funding of the State Wide Consumer Participation Program in a public health service.
- The HealthRight Project and the Peer Advocacy and Support Service saw LE (Peer) workers employed to assist with physical wellbeing of mental health consumers.
- Starting out as a grass roots support group for families, Schizophrenia Fellowship of WA (now Mental Illness Fellowship WA) was incorporated in **1990**. MIFWA employs both consumer and family carer LE (Peer) workers to deliver many of their programs and training activities including their Hospital to Home Program.
- Peer Based Harm Reduction WA (formerly WA Substance Users Association) was established as a community organisation offering peer based support, information and education, advocacy and harm reduction services associated with drug use in Western Australia.
- Carers WA was established as the peak body representing the needs and interests of carers including progressing the Carers Act.

In **1996** the Drug and Alcohol Office (merging with the Mental Health Commission in 2015) established the Parent Drug Information Service that included LE (Peer) Parent volunteers to facilitate support groups and a 24 hour telephone service. The service continues today as the

Parent and Family Drug Support Program that also provides support to parents within Perth Drug Court.

As a first of its kind in the country, the WA Body Esteem Program was piloted in **2004**, a peer led program for women with an eating disorder. It has been continuously improved to ensure that the LE (Peer) support is firmly embedded in a non-clinical recovery approach. Paid LE (Peer) Peer facilitators were and became well respected by clinicians and treating teams, providing a strong example of the need for multi-disciplinary collaboration and the importance of the lived experience. It led to the Reaching Out for Hope Program delivered at Perth Children's Hospital, alongside Family Peer Support groups.

Similarly, innovative, the Hearing Voices Network WA was established by voice hearers in **2005** and has employed LE (Peer) workers in all roles since. Many allies including Richmond Fellowship (now Wellbeing) WA was supportive of this peer approach, taking the initiative of auspicing the development of the Hearing Voices Network Australia (HVNA). In 2008 the Recovery from Psychosis Conference along with the Hearing Voices Congress was for the first time held in the southern hemisphere in Perth.

Between **2004-2009** LE (Peer) work positions created by the Department of Health, for example:

- First LE (Peer) worker at a government community mental health service
- First employed 'consumer consultants'
- First LE (Peer) worker at inpatient ward (D20)
- First Statewide LE (Peer) Work Coordinator
- First LE (Peer) Academic (UWA)
- First peer team at Graylands Hospital

All five public health service providers now employ LE (Peer) workers. While their numbers are relatively small, this workforce will be increased as part of the state's workforce strategy to meet demand for services.

The Association of Mental Health Consumers was established in **2001** and incorporated in **2005**. Rebranding as Consumers of Mental Health Western Australia (CoMHWA) they received ongoing funding to become the Western Australian mental health consumer peak in **2011**. The organisation is fully staffed by people with a lived experience of mental health issues. A key pillar of CoMHWA is to progress the LE (Peer) workforce and auspices the WA Peer Support Network. The Network has over 500 members and hosts Peer Champions Community of Practice. CoMHWA's contributes to training and skills development directly to the LE (Peer) workforce and through their Peer Positives Program provides organisational readiness training to services looking to employ LE (Peer) workers. In 2021 CoMHWA established Peer Pathways, a phone service with staffed by peer navigators to help people find supports to promote physical and mental wellbeing.

In **2010**, Mental Health Matters 2 was founded bringing families together to advocate for a system to deliver safe and effective treatment and care to people who experienced mental health and alcohol and other drug problems. This community advocacy action group championed the need for a Court Diversion program. In 2012, the WA Government announced funding for a pilot program which is now known as the Start Court and is unique in Australia. The court which brings together a dedicated team of mental health practitioners, psychiatrist,

lawyers, peer workers and judicial staff is located at the Perth Magistrates Court. LE (Peer) workers are now involved in other justice initiatives including the Solid Steps AOD Recovery Program and at Outcare's Peer Employment Program.

The WA Mental Health Commission was established in **2010** employing a lived experience Consumer Advisor the year after. A Peer Work Advisory Group was formed to ensure the Certificate IV Mental Health Peer Work qualification was accessible in Western Australia. In **2015** a scholarship program was developed in partnership with CoMHWA, TAFE and Mental Health Commission to support twenty students to undertake the qualification annually. The Mental Health Commission led the co-design of a progressive paid participation policy and engagement framework with people with a lived experience. The Commission engages LE (Peer) representatives across many of its projects and programs including decision making roles for example as members on recruitment panels, co-chairs on committees, members of tender evaluation panels and dedicated lived experience advisory groups attached to major projects.

In **2012** the Personal Helpers and Mentors (PHaMS) programs were established through non-government agencies and aimed to increase recovery opportunities for people whose lives are severely affected by their experience of mental illness. PHaMS programs employed LE (Peer) workers to assist with housing support, employment and education, drug and alcohol rehabilitation and independent living skills courses. The program ceased in 2019 in favour of the National Disability Insurance Scheme (NDIS) where LE (Peer) workers are engaged as Recovery Coaches.

In **2012** over BBQ in a backyard the peer led and run Recovery Rocks Community was founded with the belief that peer support can significantly help a person in distress and struggling with mental health challenges. Run by volunteers and well patronised, providing a variety of activities including live in weekends, the community ran till 2020 due to lack of resources and funding.

Organisations like St Vincent de Paul (Vinnies) and RUAH Community Services introduced LE (Peer) workers to their teams around this time, as part of their grassroots approach to support for disadvantaged people. The Choices and Inspire programs were created with RUAH LE (Peer) workers staffing Safe Haven, as alternatives to presenting to Emergency Departments. These programs saw an increase in the number of LE (Peer) workers being employed as well as the first Peer Lead role in Western Australia.

In **2013** Western Australia opened its first step up/step down service providing short term, residential support and individualised care for people following discharge from hospital, or those who are in the community experiencing a change in their mental health to avoid a possible hospitalisation. Step up/step downs include a combination of psychosocial and clinical support programs and activities and employ LE (Peer) workers as an integral part of the service. There are now six facilities across Western Australia operated by Neami National or Mind Australia, with another four being progressed including a dedicated youth service.

The Valuing Lived Experience Program (VLEP) created by a LE (Peer) Consumer Academic and a non LE (Peer) Academic in **2016** at the School of Allied Health at Curtin University aims works to embed lived experience (predominantly mental health) into the Occupational Therapy, Social Work and Exercise Physiology curricular and beyond. The VLEP has designed and delivered a Lived Experience Educator (LEE) academic unit of study to people with mental health lived

experience. The LEE Unit draws on critical theory such as the social model of disability, mad studies, and the broader consumer/survivor/ex-patient/service user movement. The VLEP, starting with the LEE Unit, aims to support graduates to teach from a lived experience lens.

In **2015** the Alcohol and Other Drug Advisory Group (AODAG) was established to improve consumer involvement in the Alcohol and other Drug Sector. The collaborative approach by all stakeholders resulted in the Alcohol and Other Drug Consumer & Community Coalition (AODCCC) being incorporated **2018**. As a recognised peak body AODCCC's purpose is to promote the interests, education and welfare of those affected by alcohol and other drug use.

The Wellness Initiative was established in **2018** as a peer led and run organisation offering Wellness Recovery Action Plan (WRAP) courses. They now employ over 20 LE (Peer) workers running community activities, one on one peer support, recovery coaching, workplace wellness and peer workforce consultation.

The Wungening and WAPHA Capacity Building Project in **2018** outlined LE (Peer) work as a 'formal profession, guided by the combination of cultural and community experiences, values, core skills and a framework to support performance'. They refer to 'Djandoo Wirin Koonger' a Nyungar term symbolising 'the connection through lived experience, and the connection to go forward together.'

In **2019** HelpingMinds received funding to establish an alliance to open a state-wide Recovery College. This was result of years for work by a variety of stakeholders and led by a Lived Experience. The WA Recovery College Alliance (WARCA) works with lived experience students to co-produce and deliver educational courses and workshops that are meaningful, relevant and that will support them on their journey. The Recovery College is open to the whole community to come together to learn and share knowledge about mental health or addiction to alcohol and other drugs, including consumers, carers, families, clinicians and interested community members. The Recovery College directly builds the capacity of the LE (Peer) workforce by developing skills and knowledge of the LE (Peer) educators.

In **2020** the Minister for Mental Health appointed LE (Peer) representatives within the state's mental health and governance structure, Mental Health Executive Committee (MHEC), which relates to the public mental health system, and the Community Mental Health, Alcohol and Other Drug Council (CMC).

In **2022** Momentum QP a dedicated mental health, alcohol and other drug and homelessness services for youth was opened. Peer workers form a key element of the service. Momentum QP is a partnership arrangement between the Mental Health Commission, Richmond Wellbeing, Cyrenian House, Anglicare WA, with and East Metropolitan Health Service.

In **2022** the Western Australian LE (Peer) Workforce Framework was developed.

The Western Australian LE (Peer) workforce continues to grow and evolve and become a viable career pathway. There now a range of LE (Peer) roles across a variety setting including researchers, academics, advisors, trainers, managers, advocates etc. in addition to original peer support roles.

The value and benefits of LE (Peer) work are now being more fully understood, and the LE (Peer) workforce is recognised as a vital part of the broader health workforce.

The future looks bright for the LE (Peer) workforce in Western Australia.