



JOINT STATEMENT BY THE ACT ALCOHOL, TOBACCO AND OTHER DRUG (ATOD) AND MENTAL HEALTH (MH) ALLIANCE – BUILDING THE CAPACITY OF THE ACT PEER WORKFORCE

April 2024

Preamble

The *ACT Alcohol, Tobacco and Other Drug (ATOD) and Mental Health (MH) Alliance (the Alliance)* recognises the critical value of the peer workforce in both the ATOD and MH sectors. We seek to promote the respective peer workforces to enhance the ATOD and MH service systems in the ACT, in line with Commonwealth policy statements and ACT legislation (e.g., the *Mental Health Act 2015*).

Enhancing the development of the peer workforce across both sectors will assist people to navigate treatment and care pathways. Furthermore, the peer workforce, along with carers and families, can improve service response to diverse populations such as Aboriginal and Torres Strait Islander peoples, LGBTQIA+ peoples, culturally and linguistically diverse groups, released prisoners and people living with disability. All of the aforementioned groups are disproportionately affected by substance use and/or mental health challenges.

Peer workers, carers and families play an increasingly vital role in the ATOD and mental health systems across Australia but their adoption in the ACT has lagged. According to the Productivity Commission within the mental health sector in 2020-21, there were 4.4 paid consumer workers (FTE) per 1000 paid direct care staff and 2.0 paid carer workers, while the national average was 10.5 and 3.3, respectively.

Peer workforce in the ATOD sector

The *ACT Drug Strategy Action Plan 2022 – 2026* makes substantial reference to the value of lived experience, in the context of the alcohol, tobacco and other drug (ATOD) peer workforce. It clearly articulates the ACT Government's commitment to *effective engagement of people with a lived experience in policy, planning and governance* and highlights the vital contributions of people with a lived experience of substance use, as well as the contributions of families and carers. Lived experience contributions are needed at all tiers of the sector including service delivery, advocacy, research, planning, governance and all stages of the policy cycle.

Peer involvement has a long history in the ATOD sector, dating back to the establishment of mutual support groups such as Alcoholics Anonymous. In an Australian context, peer workers played a crucial role in supporting and empowering marginalised communities impacted by the 1980 HIV transmission within their communities. In partnership with federal and state governments, peer workers successfully established initiatives such as needle and syringe programs (NSPs) which enabled community members to make informed choices and prevent HIV/BBV transmission, leading to a significant decrease in the rate of HIV diagnoses. Australia's HIV response is now globally

recognised as a powerful example of community led public health promotion in action, with peer workers as the cornerstone of this effective and successful public health response.

Today, peer workers operate across a diverse range of roles and service-delivery contexts, including harm reduction services and needle and syringe programs, hospital settings, the judicial system, treatment services, outreach programs and support groups. Peers are particularly effective in engaging new clients into services and overtly challenging the significant stigma of substance use which impedes help seeking action.

A key function of any peer workforce is a unique approach to system navigation. The key difference is that the staff member builds rapport with the client drawn from shared experiences rather than being bound to organisational intake/exit criteria. This flexible support approach is particularly important where systems are complex and varied or where individuals face personal barriers to accessing services. Peer workers are ideally placed to assist clients to circumnavigate barriers posed by the presence of co-morbidities or other complicating social factors and, importantly, implicit barriers associated with stigma and discrimination. ATOD peer workers play an important role by providing advocacy both at a personal level (helping a person to feel part of a broader community and supporting them to understand their rights and access appropriate services) and at a system level (advocating for better policy and systemic reform).

The ATOD peer workforce in the ACT has one peer-led service – the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA). CAHMA is a national leader and has successfully retained authenticity as a uniquely peer-led organisation. CAHMA staff offer contemporary ATOD treatment support services which include:

- health information and drug testing;
- health education and advocacy;
- linkage to legal and community supports;
- outreach;
- client volunteer program;
- effective governance and organisation policies;
- drop-in;
- a separate Aboriginal and Torres Strait Islander peer service; and
- access to health services through the CAHMA clinic.

The CAHMA model is highly successful. Although there are few positions set aside for peer work in other ATOD services in the ACT, there is a substantial pool of lived experience in the sector. According to the ACT AOD Workforce Profile 2021, approximately two-thirds of the ACT ATOD workforce have some form of lived experience, however the identified peer workforce is far smaller than in other jurisdictions.

Peer Workforce in the MH sector

Peer workers in mental health can assist mental health consumers on their treatment pathway, helping them to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues.

The *National Lived Experience (Peer) Workforce Development Guidelines 2021* propose standards for state governments to successfully implement a robust peer mental health workforce. The core

theme identified through the national consultation process was the need to develop flexible, recovery-oriented and trauma informed workplaces where peer workers are empowered fulfill their roles. Despite the mental health peer workforce existing in the ACT for some time, organisational readiness and suitable governance has hampered their impact.

A well-integrated peer workforce has multiple flow-on benefits for the whole workforce and importantly for consumers and their families. The ACT's *Mental Health Workforce Strategy* further provides evidence and support for a robust peer workforce within mental health services itself and beyond, into affiliated sectors. Reports by the Productivity Commission and Royal Commission into Victoria's Mental Health System further highlight the significance of people with lived experience in helping shape the future of Australia's mental health system. Peer workers can offer deep empathy and understanding towards those experiencing distress as well as a commitment to mutuality – the sharing of their own journey and how they managed its inherent challenges. Mental health peer workers naturally operate in a person-centred way, working in partnership *with* mental health consumers towards identified goals relating to consumers' expressed needs.

It is essential for organisations to invest in developing lived experience inclusion at all levels, to improve outcomes for people who use mental health services and their families. A cost benefit analysis from New South Wales shows that for every \$1 invested in peer service delivery, approximately \$3.27 of social and economic value is expected to be created for stakeholders. Peer support services can effectively extend the reach of treatment and care beyond the clinical setting into the everyday environment of those questioning and/or seeking a successful, sustained recovery process.

How the ACT government can further support peer workforce development

The Alliance recommends that the ACT government:

- Supports capacity building around peer input in the ATOD and MH sectors at all tiers, including service delivery, advocacy, research, policy, planning and governance;
- Supports the development of an ATOD and MH peer network/s to support the existing workforce seek support and share information;
- Explores pathways to upskill peer workers; and
- Continues to support ATOD and MH peer workforce development through growing the number of staff and enhancing the capacity to work with clients with co-occurring conditions.