

Peer Practice Supervision Guide

Mental Health Alcohol and Other Drugs Lived Experience (Peer) Workforce

Introduction

The Queensland Health Mental Health Alcohol and Other Drugs (MHAOD) Lived Experience (Peer) workforce is a non-clinical workforce, which uses the terminology “peer practice supervision”.

The Lived Experience (Peer) workforce has grown with peer and carer peer worker positions being established in most Hospital and Health Services (HHS) throughout Queensland. These roles like other disciplines require operational supervision/line management, peer practice supervision and professional leadership to support clinical governance, safety and quality practice.

As the Lived Experience (Peer) workforce continues to develop and expand so too does the need for peer practice supervision. The approach below can be utilised to guide the Queensland Health MHAOD Lived Experience (Peer) workforce to implement peer practice supervision in an HHS.

We would like to acknowledge the work of Lived Experience (Peer) workers from across Queensland Health HHSs in the development of this document. This document is dedicated in the memory of Angela Davies who was passionate about ensuring all Lived Experience (Peer) workers had the right support and supervision to enable them to undertake their important roles across Queensland Health.

Purpose and scope

This guide has been created to provide structure and to support the provision of high-quality supervision relevant to the Lived Experience (Peer) workforce. This guide is applicable to the consumer and carer streams of peer work.

Related Documents

This document should be read in conjunction with the *Supervision Guidelines for Mental Health Alcohol and Other Drugs Services (2023)*.

Definition

Peer practice supervision is an essential and distinct formal activity, in which Lived Experience (peer) workforce collaborate to strengthen, develop, support, guide and explore the principles of peer practice. The shared understanding of authentic peer experience creates a safe, trauma informed space for peers to unpack workplace experiences and align practices with peer values, principles, ethics, skills and approaches that shape and define peer practice.

Principles

- Strengthen the value of authentic peer competencies and using lived/living experience in an intentional way.
- Develop an understanding of effective interdisciplinary collaboration which enhances shared decision making and optimises consumer, family and carer outcomes.
- Support and strengthen individual resilience, wellness and personal recovery.
- Guide self-reflection for professional and personal growth.
- Understand and unpack the complexities surrounding workplace organisational culture.
- Appropriate use of lived experience to create shared meaning, develop insights and deepen learning to enhance recovery strategies.
- Challenge systemic discrimination, stigma and inequality, acknowledge the significance of human rights and social justice in delivering care, and explore the impacts on individual peer workers.
- Recognises the importance of and supporting social and emotional wellbeing, self-care and diversity of recovery journeys.
- Therapeutic use of self to create meaning from experiences, develop insights and deepen learning to enhance recovery strategies.
- Challenge systemic discrimination and stigma at a local and broad context, acknowledge the significance of human rights and social justice in delivering care and exploring the impacts on individual Lived Experience (Peer) workers.

Peer practice related terms

- Lived/living experience refers to the personal experience of mental health and/or alcohol and other drug (AOD) issues, accessing mental health and/or AOD services and personal recovery. It includes the personal experience of caring for someone with mental health and/or AOD issues.
- The *Queensland Health Lived Experience (Peer) Workforce Framework*¹ defines Lived Experience (Peer) work as perspectives informed by:
 1. Personal experience of mental health service use, periods of healing/personal recovery and/or
 2. Experience of supporting someone through mental health issues, service use, periods of healing/personal recovery.
- Co-reflection may be referred to as “peer-to-peer supervision” in clinical professions or “co-supervision” in international models of peer work supervision. Co-reflection involves two or more Lived Experience (Peer) workers of similar professional experience engaging in a reflective process to improve their peer work skill set.
- Mentoring is the partnership between two Lived Experience (Peer) workers where the primary goal is for the more experienced Lived Experience (Peer) worker to share their knowledge, experience and advice with the developing Lived Experience (Peer) worker.

¹ Lived Experience (Peer) Workforce Framework

The Queensland Health MHAOD Peer Practice Supervision Model

The Queensland Health MHAOD Peer Practice Supervision Model (Sanders, Hamilton and Macaulay, 2020, reproduced with permission) is noted below.



What a Lived Experience (Peer) worker can expect from peer practice supervision:

- Driven by the supervisee, based on their goals
- Transparency and authenticity
- Empathy, understanding and empowerment
- Validation and encouragement
- Individualised training and support, focusing on the Lived Experience (Peer) worker skill set and best practice
- A safe space to critically think, self-reflect and problem solve
- The promotion of personal recovery and self-care
- Feedback and evaluation.

Peer practice supervision is not:

- Mandatory or forced
- About power or control
- Mentoring or coaching (but these are encouraged for Lived Experience (Peer) workers to participate in)
- Therapy or counselling
- A Performance Development discussion or equivalent HHS practice
- A disciplinary or performance management process
- Operational or line management and ideally is not conducted by the Lived Experience (Peer) workers operational or line manager
- Supervision for the supervisor

Peer practice supervision for the Queensland Health MHAOD Lived Experience (Peer) workforce is essential because it:

- Supports safe and quality service provision to consumers, carers and their families
- Supports development of skills, knowledge and strategies for the Lived Experience (Peer) workforce
- Incorporates cultural diversity, human rights and social justice frameworks
- Identifies the risk of compassion fatigue, occupational burnout, secondary and vicarious trauma
- Assists navigating professional and personal boundaries
- Assists the Lived Experience (Peer) worker to recognise the importance of positive working relationships and working collaboratively within multi-disciplinary teams
- Facilitates critical self-reflection
- Supports practices within a lived/living experience framework rather than a clinical framework reducing the risk of role confusion

Practice supervision to non-peer staff members

Areas of specific expertise include:

- Trauma informed care – lived/living experience insight into strategies when working with consumers, carers and families who have experienced complex trauma backgrounds or are currently experiencing trauma
- Recovery-oriented practice
- Connection through shared understanding and meaning of lived/living experience
- The values and benefits of having Lived Experience (Peer) workers within the health service
- Language reform – how to transition towards recovery-oriented person-centred and strengths-based language
- Reducing stigma

- Specialist knowledge and skills Lived Experience (Peer) workers bring to their roles, for example, the history and context of the consumer and carer movement, human rights, consumer and carer literature and research, peer networks, peer processes, how to build an authentic peer connection and peer work resources

Diversity and Inclusion

- For Aboriginal and Torres Strait Islander Lived Experience (Peer) workers it is recommended to have access to both cultural conferencing and peer practice supervision.
- For Lived Experience (Peer) workers who identify as a member of the Culturally Linguistic and Diverse (CALD) community it is recommended that specialised supervision be provided for the purpose of reflecting on areas such as language barriers and cultural issues.
- For Lived Experience (Peer) workers who identify as a member of the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer+ (LGBTIQ+) Community, it is recommended that specialised supervision be provided for the purpose of reflection that involves the community they belong to and have the opportunity to advocate on areas such as inclusive language barriers and acceptance in workplaces.

Other considerations

Whilst this document refers to workers with a lived/living experience of mental health concerns and those who have a lived/living experience of supporting someone through mental health concerns, service use, and periods of healing/personal recovery, the equivalent workforce within specialist AOD settings have several different characteristics which require additional considerations. Notably, the stigma associated with the legal status of many substances can present specific barriers to the safe and meaningful participation of people with a lived/living experience. Additionally, there are potential implications around disclosure in the context of workplace policies and procedures.

References

- The Queensland Health MHAOD Peer Practice Supervision Model (Sanders, Hamilton and Macaulay, 2020)
- National Lived Experience (Peer) Workforce Development Guidelines
- Queensland Framework for the Development of the Mental Health Lived Experience Workforce (Queensland Government, 2019)
- Queensland Health Lived Experience (Peer) Workforce Framework 2023

Document approval details

Document custodian

Senior Director, Mental Health Alcohol and Other Drugs Strategy and Planning Branch

Approval officer

Sandra Eyre, Senior Director, Mental Health Alcohol and Other Drugs Strategy and Planning Branch

Approval date: 27 October 2023

Version control

Version	Date	Comments
1	17 October 2023	
