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Aim

The aim of this OutTogether training program is to assist you to develop skills, understand practice frameworks and identify associated resources to effectively operate in your role as an NDIS LGBTIQ+ peer worker.

Objectives

At the end of this training, you will have an understanding of:

• Peer work and how it operates within the NDIS landscape
• How you can use your own lived experience to support a participant
• Intentional Peer Support and recovery principles (C.H.I.M.E.)
• Self-care principles and the supports available to you

Duration

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<tr>
<th>Module</th>
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<tr>
<td>BREAK</td>
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<td>Module 2</td>
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<tr>
<td>LUNCH</td>
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<td>BREAK</td>
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A note about language

The words and language we use are important and can have a powerful impact. In this training we have tried to use language that is hopeful, respectful and as inclusive as possible. We aim to demonstrate respect for how people describe their own, bodies, gender, sexuality and relationships. We acknowledge that some of the words and language we use may not reflect your experience or views. We encourage you to use language during this training that is both meaningful to you and respectful of others.
Overview

Session 1: The context for peer work
- Who am I? The importance of identity
- Recovery and wellbeing: CHIME
- What is peer work?
- Who are peers and what is peer support?
- Celebrating and supporting: skills and attributes of peer support workers

Session 2: LGBTIQ+ identity and peer work
- Additional challenges faced by LGBTIQ+ consumers
- Intentional peer support (in a nutshell) – the four tasks and three principles

Session 3: Practical peer support skills
- Applying intentional peer support
- CHIME and IPS Conversations

Session 4: Self care
- How to care for yourself when in the role of a peer support worker
- Setting limits
- Reflective practice model
- Ethical considerations

Out Together useful contacts

Wellways Helpline: 1300 111 500
Mon-Fri 9am – 9pm

Facilitator(s):

Regional office contact:

wellways.org | 1300 111 400
Our group values
Module One

The context for LGBTIQ+ peer work

Aim

To gain a clearer understanding of the knowledge and skills required for the role and responsibilities of a peer support worker.

Objectives

- To celebrate our own identity and acknowledge the strength we bring to the role of peer worker
- To recognise the value of lived experience roles in supporting individuals with mental health challenges and/or disability to build skills and capability to participate in the community and achieve their NDIS plan goals.
- To reflect on our own lived experience and how we might use the knowledge and wisdom we have gained through our experiences, in order to support others.

Topics

1.1 Who are you? The importance of identity
1.2 What keeps us well? Recovery principles (C.H.I.M.E.)
1.3 Who is a peer and what is peer work?
1.4 Skills and attributes of a peer worker
1.5 Peer work and the NDIS
1.1 Who are you? The importance of identity

As LGBTIQA+ individuals, we go through an intense journey of identity formation and self-acceptance. We actively search for an identity that fits; we question our identity, or have our identity questioned. We explore and experiment with who we are and who we want to be. Though there are commonalities in our experiences, the process of self-discovery is as personal and unique as we are. Finding and owning our identity is an ongoing process and is central to who we are.

Perhaps precisely because our identity is questioned, dismissed, rejected or misunderstood, our wellbeing is contingent on our ability to define, understand, acknowledge, claim, share and celebrate our identity, on our own terms.

In addition to social and community acceptance, self-acceptance is crucial to wellbeing – and achieving this is often something that is harder or more complex for those of us in LGBTIQA+ communities.

Our identity changes and develops over time. It is not essential for you as a peer worker to feel one hundred percent confident or certain about your own identity. What is essential is to be mindful of the very close link between identity and wellbeing.

So… who are you? What is important to you? How do you describe yourself?

Choose 10 words to describe yourself and write them in the circle below.

I am...
1.2 What keeps us well? Recovery & wellbeing

When thinking about what keeps us well, acknowledging and celebrating our identity is only one part. The CHIME model outlines five essential aspects for wellbeing: Connection, Hope, Identity, Meaning and Empowerment. These five aspects are important for all people regardless of age, ability, race, gender identity or sexual preference - and are central to living a meaningful life.

**Connection** – To people, friends, ideologies, relationships, support from others, connected to services, being part of a community, social involvement, feeling you belong...

**Hope** – Belief in the possibility of ‘better’ or ‘different’, motivation to change, having dreams and aspirations, working towards a goal, ambition, adventure, searching...

**Identity** – Different aspects of self, building and defining a positive sense of self, overcoming stigma, pride...

**Meaning** – Believing in something, having purpose, looking outside yourself, understanding your experiences, spirituality, wisdom...

**Empowerment** – Confidence and courage, personal responsibility, making choices, looking after yourself, control over your life, learning, understanding, dignity...
Your reflections about your own journey can help you think about what you’ve learned, and how you can use this awareness and knowledge to support others.

> Using the diagram below, reflect on your own experiences of connection, hope, identity, meaning and empowerment.

Who are you connected to?
What communities do you belong to?

What choices do you make?
Where do you find strength?

What are your goals or ambitions?
What do you hope for?
What do you want to see one day?

How do you identify?
What are your values?

Where, or how, do you find meaning?
What is life about, for you?
1.3 Who is a peer and what is peer support?

A peer, simply put, is someone we have something in common with and who we identify with on some level. Peer support workers are people who have, and acknowledge having, experiences in common with the participants they work with. Peer support occurs in many different ways, ranging from informal and unstructured support offered when people get together in the community, to very formal paid support roles.

When we talk about peers in the mental health field, we are talking about people who have a shared experience of mental health challenges, or of being a carer of someone with these experiences. Peer workers in the mental health field utilise their strong sense of empathy and are passionate about using what they've learned throughout their journey in order to assist others.

In the Wellways Out Together project you will be required to disclose elements of your own life experience as LGBTIQ+ and someone who has experienced mental health issues and/or disability.

There is evidence showing that peers can make a significant, positive difference to people's recovery and to the ability of families to support their loved ones.

The way that peer support differs from a diagnosis-focused, 'helping' approach is really important.

Rather than focusing on or asking “What's wrong with you?”, peer support is interested in what’s happened to you. Peers work together to explore questions such as “What was it like for you?”, and “What do you want it to be like for you now?”
1.4 Skills and attributes of peers

- Have similarity of experience and share this experience in a way that is relevant and useful.
- Have knowledge gained through experience. For example, learning to manage voices, or learning to navigate the mental health/disability system as an LGBTIQ+ person.
- Role model the ability to overcome obstacles and the possibility of living a better life.
- Have a deep understanding of the non-linear experience of navigating mental health, the disability system or LGBTIQ+ life.
- Share strategies for communicating with treating professionals, for confronting stigma, for advocating for themselves and knowing their rights.
- Have lived experience knowledge that assists other team members to gain a better understanding of the experience of mental health issues, the disability system or LGBTIQA+ life.
- Share resources in the community, strategies to mend bridges and steps to reclaiming hopes and dreams.

1.5 Peer work and the NDIS

Within the Out Together project you will work with your NDIS clients to support their plan goals, as would any other NDIS funded support worker. The key difference is that you will be using your lived experience and the Intentional Peer Support model to guide how you interact with your clients.

Peer work is a mode of practice, an approach to how you go about working with someone to achieve their goals.
Module Two

Intentional Peer Support

Aim

To deepen our understanding of recovery and the additional challenges facing LGBTIQ+ participants and to explore the tasks and principles of Intentional Peer Support (IPS).

Objectives

• To discuss concepts of mental health recovery
• To consider additional challenges faced by LGBTIQ+ participants
• To begin to understand the four tasks and three principles of IPS

Topics

2.1 Recovery
2.2 Barriers to recovery – LGBTIQ+ perspective
2.3 What is Intentional Peer Support?
2.4 The Four Tasks of Intentional Peer Support
2.5 The Three Principles of Intentional Peer Support

2.1 Recovery

Having an understanding of recovery is essential for people working in the NDIS sector. Community mental health and disability organizations are now focused on supporting people in their recovery.

Recovery is not about finding a miracle cure or returning to how things used to be. It’s about finding a happier, healthier, more sustainable life that recognises the past, accepts the limitations of the present and is full of hope for the future.”

Simon Heyes

Each peer worker will have their own personal experience of recovery. In order to work effectively in your role as an Out Together Peer Support Worker, you will need to have an understanding of what recovery might mean for different people, each with their own individual experiences of mental health and/or disability and their own experience of navigating the world as LGBTIQ+.

For many people, recovery is about getting on with life… It involves:

• rebuilding a sense of who I am, and what’s important to me.
• finding ways to heal from past traumas and the distress caused by mental health challenges.
• learning about health and wellbeing and making changes so my physical and mental health improves.
• strengthening relationships with family, friends and community.
• being hopeful about life, (and hopeful about my loved one’s life), and empowered to take steps towards having the life I want.
2.2 Barriers to recovery – LGBTIQ+ perspective

If we think of recovery as when the aspects of CHIME are strong in our life, what might cause connection, hope, identity, meaning and empowerment to decrease in the life of an LGBTIQ+ participant and therefore make recovery difficult?

Various research studies and reports suggest that a disproportionate number of LGBTIQ+ people experience significant mental health challenges and have a higher risk of suicidal behaviours than their peers.

It is important to note that this elevated risk “is not related to sexuality, gender identity or intersex characteristics in and of themselves, but [is] due to the psychological distress that can occur as a result of experiences of discrimination, prejudice, abuse and exclusion in relation to their LGBTI identity, experience or history.”

In addition to these experiences, the “expectation and fear that these experiences may happen at any time creates a hostile and stressful social environment that impacts on mental wellbeing.”

As peer workers we need to switch between three perspectives: the concept of recovery as a theory of possibility, our own experiences of recovery, and the un-mapped recovery potential of those we are supporting.

- Shame - a sense of being ‘internally flawed’ - often causes people to hide their real self, therefore making it difficult to find intimacy - invisible but pervasive wound

- Stigma - promotes shame - rejection from the dominant culture as different and therefore undesirable

- Discrimination - can take both obvious and subtle forms - breeds anger and shame, which can be internalised

- What sorts of skills and strengths will a person need to develop or reclaim in order to be active in their recovery?
- As peers, how might we support this process?
Intentional Peer Support is a specialised professional approach to supportive relationships. Using the IPS approach requires specific skills and a mindful way of communicating.

The peer ‘supporter’s’ role is to facilitate conversations that move towards positive change. These conversations support the peer ‘participant’ to becoming empowered to take steps towards their recovery.

Peer support is not like clinical support, and it is more than just being friends. In peer support we understand each other because we’ve “been there,” shared similar experiences and can model for each other a willingness to learn and grow. We come together with the intention of changing unhelpful patterns, getting out of “stuck” places, and building relationships that are respectful, mutually responsible, and, potentially, mutually transforming.

This allows us to try out new behaviours with one another and move beyond the “illness culture” where we are defined as “sick” and disabled into a culture of health and ability.

(Copeland and Mead: 2004, p. 10-11)
Task 1: Connection

Connection is the core of peer support. It’s the beginning of building trust and that magical moment when we realise someone else ‘gets it’.

Both people have to work hard at connection, must notice when it’s there and when it’s not, and be willing to repair, or strengthen it as needed.

Connection requires authenticity, paying attention, honesty and trust. It creates a sense of belonging, of ‘we’re in it together’ and moves the focus away from the individual and onto the relationship.

Mead (2005)
Task 2: World view

We all make assumptions, this is a human thing to do. In IPS, it is important to notice these assumptions and remember to take into account how our worldview has influenced their formation.

Our worldview is, simply, how we see the world. It shapes how we make sense of our experiences. It is unique to us and is influenced by our background, our culture and our unique life experiences.

There are as many world views as there are people and all worldviews are equally valid. By being aware of our assumptions and what has created our views and opinions, and by being open to hearing about the other person’s life experience, we can listen for untold stories and deepen our ability to be of support.

What has influenced who I am now?

How does this affect my world view?
Task 3: Mutuality

The relationship is a two-way street; this is different from the one-way ‘helping’ approach that most workers have been trained to provide. This difference is important because receiving help creates a power imbalance; if one assumes they know what is best for the other it creates a dynamic where they have power over the other. Receiving help can often train people to remain victims, it can reduce a person’s confidence in what they know and can deplete their personal power. In the mental health sector, the meaning of ‘help’ can have very negative associations.

Mutuality is happening when both people contribute to the conversation and the relationship. If something isn’t working for one, then it isn’t working. The relationship needs to be working for both.

Was there ever a time when you felt like a relationship was based on just getting support; or do you know someone who only knows how to seek support rather than give it?

How did you begin to think about these relationships?

How did you think about yourself?

What difference might mutuality make in the peer relationship?
Task 4: Moving towards

Rather than trying to move away from what isn’t working (problems and solutions), we work together to move towards what we want (vision and action).

In traditional helping approaches the focus is on developing solutions or strategies to deal with problems; most of our conversations are about what’s not working. When we focus on what’s not working, we stay tied to the problem. When we are thinking about moving towards what we want, we can create the beliefs and the actions that we’ll need to get there.

What happens to your energy when you’re constantly trying to keep a ‘problem’ at bay?

What happens to your energy when you focus on moving towards what you want?
The three principles will guide how we undertake the four tasks. Learning rather than helping, is inevitable when mutuality is established, and worldview is being explored. Similarly, the intentional focus on mutuality means the relationship will be of a higher value than the needs of each individual. If we are willing to hear about the person's experiences, even if they're about difficult times, we can assist them to make sense of these and that creates the possibility of moving towards new ways of being and doing.

**Learning**

**The relationship**

**Hope and possibility**
Module Three

Practical peer support skills

Aim
To gain an understanding of how to put the tasks and principles of IPS and CHIME into practice.

Objectives
• To be able to identify components of CHIME and IPS in the client’s story and how they may impact the client and their wellbeing
• To identify relevant aspects of our own lived experience to achieve a rapport with our NDIS client
• To practise applying the tasks and principles of IPS in a conversation

Topics
3.1 CHIME and IPS Conversations
3.2 Bringing your lived experience to intentional conversations
3.3 Applying Intentional Peer Support – examples and role plays

3.1 CHIME and IPS conversations

Below is an overview of three broad categories of conversations you will encounter when working with your client. As your peer relationship develops, so too will your conversations. These are only a starting point!

Establishing connection and trust.
Clarifying the terms of the relationship.
Getting to know the person, their values, strengths and hopes.

In the peer relationship, connection is vital. As the peer support worker, it is important that you are able to initiate and encourage connection by developing an understanding of your client’s values and hopes. These sorts of conversations encourage connection, validate identity and promote hope.

Foster conversations around the following areas to assist in developing a strong understanding of and connection with the individual:
• What does the person value in life? What are their interests and achievements? What and who is important to them? What are they passionate about? What would they change about society if they could?
• Offer support and empathy when/if the person expresses loss, sadness or regret about their past. Let them know that you have been similarly at a loss, and that it’s taken you time to recover a good life.
• Be alert to noticing skills and strengths, and highlighting these with the person.
• Notice the self-knowledge, inner strengths and new skills that the person has developed as a result of the challenges they experience.

This is an honest relationship, where possibilities and limitations are discussed and negotiated. This means that we are honest about the purpose of our role and the reason for our relationship – that we are working together to develop ways of getting out of ‘stuck places’ and taking positive steps forward. We know (and might regularly revisit) what the relationship’s limitations are, we aim to be open about what we find uncomfortable and try to sit with topics that push our buttons.
Learning more about their mental health, disability or LGBTIQ+ status and options available. Supporting their goals and plans. Acknowledging the strengths and opportunities that come with mental health challenges, disability and LGBTIQ+ status.

You can assist your client to learn more facts about their mental health, disability, or LGBTIQ+ identity and encourage them to develop strategies to manage aspects of their lives. These conversations help build empowerment. The following topics might each be explored in separate meetings:

- What do they want to know about mental health/disability/ the LGBTIQ+ community? You could refer to appropriate evidence based Fact Sheets.

- You might talk with them about how you manage triggers and recognise early warning signs, and the sorts of everyday things you do to maintain your health.

- Have they attended a Wellways program? You might encourage, support and provide lived experience wisdom that can assist them to follow through with learnings from the program.

- You might share your lived experience in dealing with relapse/health setbacks. How do you prepare for the possibility of relapse?

- Are you able to support them to develop strategies to communicate effectively with doctors and other service providers to negotiate for what they want/need?

- Explore together what's services and community resources are available to help with maintaining wellbeing and recovery

- Can you link them into support services, community organisations or interest groups?

- You could assist them to explore approaches to managing symptoms: like hearing voices groups, mindfulness or meditation, physical exercise etc.

- You might assist them to understand their rights. Can you support them to challenge their own stigmatising thoughts?

Sometimes you might be of assistance by:

- Demonstrating or supporting them to try new things, in a way that encourages the person to do it themselves, subject to their NDIS plan.

- Encouraging them to talk about the impacts of their mental health issues, disability, sexual or gender identity, and how they make sense of these things.

- Offering hope that recovery is possible for everyone.

- Promoting knowledge and awareness about options and choices.
Exploring ways to reconnect with people and community

These conversations can assist the person to begin to begin taking some control of their life and responsibility for the things that matter. Development of a more positive sense of self will also occur in these conversations. All aspects of CHIME are encouraged and strengthened in these conversations.

Keep in mind that it could take some time for the person to be ready for these conversations and the actions/behavior that follows.

- Encourage the person to talk about the people who are important to them and discuss both the positive aspects and challenges of these relationships. You might talk about what they want from these relationships and explore with them possible ways forward. You might share how you did this yourself.

- Encourage them to talk about ways that community has been a part of their lives. Can you accompany them and assist them to gain confidence and reconnect? If so, how would they like you to support them in this.

- What do friends mean to them? What do they mean to their friends? Talk with them about reconnecting and how they might do this. Are they interested in meeting new people? Pursuing areas of interest can be a way to do this.

- Do they want to talk about work, study or whatever it was that they were focusing on before they became unwell? What does it mean to them? Do they have the same goals/interests about this? Explore the possibilities with them.

The peer relationship is different from most others in the sense that we come into the relationship with a specific purpose in mind; that is, to find new ways to support people to their full potential.

By being knowledgeable equals, rather than 'experts,' peers can foster empowerment, improved self-esteem, a renewed sense of self and encourage people to take charge of their own wellbeing and life direction.

Being a peer means you are 'on a level' with the other person. You are equals. You need to work at a two-way process of getting to know each other. Though you both have a lived experience, there will be other 'peer' levels that you can connect on, such as similar interests and experiences. For example, you might both barrack for the same footy team, or you might both be interested in the same sort of music etc. Be willing to talk about common difficulties, such as managing relationships with family members and so on.

Avoid detail about traumatic experiences, as this might trigger the person you're supporting. Think about the intent behind what you are sharing and why. You can offer hope and reflection. You can offer thoughts and ideas of steps they might consider taking, but you can't know what's best for them. They are their own expert.

Strive to understand and accept diversity and difference whether cultural, gender, sexuality, lifestyle choices, world views etc. Be curious about different backgrounds and ways of living. This may be the first time anyone has done so in a non-judgmental way.

If it is early in your client's recovery, bring yourself to the conversation by commenting on how you felt at a similar time, and how you got through it. This will let the person you're supporting know that they are not alone in their experience, that they're not the 'only one.'

- You might like to give examples about what was happening for you, your loved one and/or family at various points in time when you were struggling, and what helped. If so, only use examples that can be useful for them, and only if you are comfortable talking about these experiences.

- Be open to conversations about grief and sadness, drawing on your experience and what helped you rebuild your sense of hope. Encourage them to feel grounded in the here and now, while assuring them that this will pass and positive change is already happening.

- Listen closely and resist thinking about the next thing that you want to say. Listen from a position of not knowing. This creates the possibility of hearing an untold story. Mead (2005).
3.3 Applying Intentional Peer Support

Intentional Peer Support takes practice! It’s ok to make mistakes as you gain experience in the role. Don’t forget to acknowledge the things you do well and remind yourself of the skills and expertise that you bring to your work.

Think about the four tasks and three principles of Intentional Peer Support for the following examples.

Example 1
Focus: Establishing connection and trust, clarifying the terms of the relationship, getting to know the person, their values, strengths and hopes.

Kon is a 50 year old gay man with an acquired brain injury. Kon sustained his brain injury at the age of 19 in a car accident while intoxicated. He experiences periods of depression and has been a long term consumer within the mental health system.

At the time of his accident, Kon was an apprentice mechanic. Due to the injuries he sustained and medication side-effects, he was unable to pursue this career. He enjoys fixing cars but has lost confidence in his abilities. He is currently unemployed and attends a day program where he plays cards with friends.

Kon despises the impacts of his injury and depression. He is first generation Greek-Australian and has no contact with family, as a result of their traditional views about his sexuality. It was in response to stigma and rejection that he was drinking the night of his accident. He feels like an outsider and blames his family for his illness.
Example 2
Focus: Sharing knowledge and developing strategies for managing symptoms and understanding the recovery journey

Jess is a 22 year old who is studying Community Services at TAFE and experiences psycho-social disability. Jess identifies as gender fluid and is struggling to find services that acknowledge their identity. Continually explaining and justifying their identity causes tremendous emotional and mental strain that prevents Jess from engaging in the community and feeling a sense of belonging.

The lead up to a recent TAFE assessment was very stressful. Jess stayed up several nights in a row, studying and not sleeping. Shortly after, they experienced a mental health crisis and stopped going to classes at TAFE.

Jess is fearful that they will not be able to complete their course, maybe resulting in being barred from working in the industry. Jess' few friends have been distancing themselves lately. Jess experienced depression throughout high school and is worried that taking medication for their symptoms will make them feel worse. Jess is wary about taking the prescribed medication and is desperate to find an alternative approach to healing.
Example 3
Focus: Reflecting on and exploring ways to reconnect with people and community.

Maree is 33 years old. Six months ago, after the birth of their second child, Maree developed post-natal depression and anxiety. Maree’s partner, Danielle, works full time at her own accounting business and is having difficulties juggling work, the new baby and supporting Maree; it is having a big impact on her own mental health.

Maree’s mother has moved in to help care for the children and manage daily life. Maree’s current daily routine involves household tasks and occasional trips to the supermarket. She hasn’t seen friends because she thinks she doesn’t have anything positive to talk about fears they will judge her. Maree hasn’t worked since having their first child, though she would like to return to the workforce, perhaps part time.
Module Four

Self care

Aim

To identify how we maintain personal wellbeing whilst supporting others and leading change.

Objectives

By the end of module five trainees will be able to:

• Identify personal wellbeing strategies
• Understand avenues of support and skill development
• Understand the use of reflective practice within peer support
• Understand ethics in relation to working with LGBTIQ+ NDIS clients living with mental health challenges and/or disability, and their families.

Topics

4.1 Setting limits
4.2 Self care reflection
4.2 Reflective practice model
4.3 Ethical considerations

4.1 Setting limits

It is important to take some time to reflect and decide what personal experiences you are unwilling to share in your role as a peer worker. It is really important that peers are clear about setting limits around sensitive aspects of experience. There will be ‘no go zones’ – often experiences that can bring back unhealthy emotions and traumas. It’s important that you talk with someone you’re close to so you can figure out what your ‘no go zones’ are.

• What might your ‘no go zones’ be?

You may also need to decide how you will tell people you’re working with that you don’t wish to talk about certain subjects.

• How might you tell them?
• What early warning signs usually signal that you might be becoming unwell? For example: losing concentration or motivation, feeling anxious, down, or edgy, overwhelmed by negative thoughts, racing thoughts, sleeping badly etc.?

Peer supporters can only offer quality assistance to others if stress, vulnerabilities and inner conflicts are monitored and protected. Personal Treatment strategies may need to be structured into your work day to maintain wellbeing and balance.

4.3 Logging the journey

Recording observations and the outcomes of new actions in a log book can assist personal improvement and development of the lived experience work model. Documentation of your experiences in the peer role can be used to evaluate practice improvements and demonstrate the evolution of the model.

Peer mentorship

As a team of peers delivering various roles you all have a great opportunity to support and learn from each other. A key aspect of peer teams is the opportunity we have to discuss the work we do and share and receive support from others.

Ethical obligations

Peer workers must be mindful of the limitations of their knowledge base. The role of a peer worker is to draw on their personal lived experience knowledge to encourage and support choice and empowerment, not to offer counselling or advice.

It is essential that relationships with participants remain professional. Though you will develop meaningful relationships with people you support, you cannot allow these to become private friendships or intimate relationships. It is not unusual for participants to expect or want private life relationships. You need to be able to gently and respectfully tell them that these boundaries cannot be crossed. Breaking these boundaries destroys the mutuality of the relationship and undermines the participant's personal empowerment. It is also likely to compromise their recovery.

Wellways peer workers are required to keep details of conversations with participants confidential. Exceptions will include: discussions with your supervisor for debriefing or guidance; relevant conversations with team members who are also working with the individual; and circumstances where the participant may talk about harming themselves or others.
Helpful resources

PeerForce Australia
www.peerforce-australia.com/resources

Intentional Peer Support
www.intentionalpeersupport.org/articles

VMIAC
www.vmiac.org.au

Qlife
qlife.org.au

LGHV
www.glhv.org.au

References


Morris, Sally & Jacobs, Ross (December 2016) National LGBTI Mental Health and Suicide Prevention Strategy: A new strategy for inclusion and action, Sydney. National LGBTI Health Alliance

Available at: https://lgbtihealth.org.au/resources/national-lgbi-mental-health-suicide-prevention-strategy/