

CONFERENCE ABSTRACT

Implementing peer support workers in clinically oriented sub-acute mental healthcare teams: New approaches - new challenges

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Carolyn Ehrlich¹, Polly Chester¹, Elizabeth Kendall¹, David Crompton²

- 1: Griffith University, Australia;
- 2: Metro South Addiction and Mental Health Services, Queensland Health, Australia

Introduction: Arguably, an approach including peer support workers and peer-operated service provision is the future of the public mental health workforce. However, to date, the inclusion of peer support workers in clinical teams has not been trialled. This research reports qualitative data regarding the integration of peer support workers in clinical mental health care teams.

Theory / Methods: Normalization Process Theory guided data collection and analysis to answer the research question: "How were peer support workers integrated into care delivery processes?" Participants were recruited from a recently implemented sub-acute mental health care team in South East Queensland, aiming to provide intensive case-management for people with mental illness. Participants were interviewed face-to-face prior to the commencement of the program (n=24) and sixmonths after the program was established (n=21). A total of 16 participants were interviewed at both time points. Data were digitally recorded, transcribed verbatim and checked for accuracy. Data were analysed thematically. Two researchers independently read each interview and developed initial categories. Data were then collectively aggregated into higher order themes, continuing until all data were accounted for and the most parsimonious representation of themes was achieved.

Results: Clinicians did not fully understand the role of the peer support worker, or how to engage them in clinical care. Beyond their lived experience of mental illness, a common ground from which peer support workers could develop their role was lacking. Some peer support workers were employed for their cultural background as much as, if not more than their lived experience of mental illness, which further diluted and diversified roles.

Discussion: Although clinicians enthusiastically embraced the idea of including peer support workers in care teams, poorly defined parameters of care provision in the peer support worker role within interactions with consumers sometimes caused tension. Never-the-less, peer support workers were valuable brokers of existing community capacity to support people with mental illness; working effectively with, and facilitating relationships between consumers and non-government organisations.

Conclusion: Peer support workers are new and valuable members of sub-acute clinically oriented public mental health teams. Their role is important in integrating service provision between public mental health teams and non-government service providers.

Lessons Learned: There are multiple complexities associated with introducing people without a defined disciplinary background into health service provision teams. However, peer support workers

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are valuable team members, clinicians do learn how to work with them over time and they are able to support people who experience mental illness in ways that clinicians are not.

Limitations:

This research occurred in the context of a pilot program. Therefore, generalizability beyond this context cannot be assured. Some of the issues regarding working with peer support workers may have been related to the formation of new teams, rather than because the peer support workers were non-clinicians.

Future Research: Further research is required to establish the influence of clinical staff on the work of non-clinicians within clinical service provision teams, and to better understand the impact of the integration and connecting role that peer support workers adopted in this team.

Keywords: peer support workers; integrating peer support workers in clinical teams; severe mental illness; future mental health workforce; workforce redesign