**FORMAL SUBMISSION TO THE ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM**

This submission is provided for consideration by the Commissioners from the **Carer Lived Experience Workforce** association, which is the main network of Carer Consultants and other Carer Peer Workers in Victoria, including those employed under the post-discharge inititative. The organisation was formerly known as the Carer Consultant Network of Victoria. The organization elects office bearers biannually. The current Chair of the organization is Lynne Ruggiero. The CLEW is auspiced by Tandem, the peak body for Mental Health Carers.

The Carer Lived Experience Workforce:

- Provides peer support and share information with other CLEW members.
- Identifies and organises appropriate professional development programs for members.
- Identifies and disseminatea Carer Lived Experience best work practices.
- Defines and promotes recognition of carer peer workforce roles within mental health services, in collaboration with carer peak bodies, and to State and Federal governments.
- Advocates for the positions to be adequately resourced and remunerated, inclusive of an appropriate career structure.
- Represents carer lived experience workforce on external committees, at seminars and forums.
- Advises on and contributes to Carer Peer Workforce development and training to National standards and key competencies.
- Membership is open to all individuals occupying paid positions within AMHS, MHCSS and other specialist MH organisations which are based on their lived experience as a carer and their capacity to represent and support carers of people experiencing mental health issues.

Formal support to the members of the CLEW network is a funded activity of the DHHS. Since the inception of the organization, this support in the form of group supervision and individual support has been provided by Victoria's Carer Academic, Peter McKenzie, services provided by the Bouverie Centre.
The members of the Carer Lived Experience Workforce contribute to the identification of workforce training and development by:

- Identifying gaps and solutions for CC/CPW training needs.
- Developing and organising training and forums.
- Ensuring that training needs are recognised and assisting in development of plans to address these training needs.

This submission is in response to the second in the **Terms of Reference** under which the Commission is operating, specifically:
**2.2. Strategies to attract, train, develop and retain a highly skilled mental health workforce, including peer support workers**

The members of the Carer Lived Experience Workforce note the following areas of concern in which we believe change is needed:

1. The working environment in which the carer peer workforce operate
2. The working conditions, including the small FTE allocated to family and carer work done by peer workers in the services, and the consequent overwork.
3. Issues specific to regional and rural areas.
4. Lack of recognition, structure, supervision and management: the place of peer work in mental health services.

It is a matter of great moment to the Carer Lived Experience Workforce that mental health services generally do not have adequate suitable facilities for families for visiting and meeting purposes. We are well aware that this is one small facet of all the inadequacies of the mental health system facilities, but as each year goes by the comparison between the physical health services in Victoria and the mental health services becomes more and more stark, and it is obvious to families not only that they are involved in a system that is under-resourced and not therapeutic, but that even within that world, they are at the bottom of the priority list, and that they are not being treated with respect. The carer peer workforce cannot provide creditable support services to families, or provide advice for systemic change without adequate working facilities.

## Recommendation 1 – Working environment

Suitable, easily accessible facilities are required, which are safe and confidential.

In most services, members of the carer peer workforce are employed on small time fractions, and have workloads that overflow from these hours. As the workload of the peer workforce has increased in recent years, there has not been a commensurate increase in the size of positions. The carer peer workforce is not sufficiently resourced by the mental health services in which they are employed. The carer peer workforce is currently one third the size of the consumer lived experience workforce. This includes the appointments relating to the post-discharge initiative – when these positions were filled, they were pre-dominantly consumer positions. With increased demand in mental health services, levels of professional expertise are required of lived experience carer consultants and further responsibilities are loaded upon the carer lived experience workforce.

## Recommendation 2 – Working conditions

Adequate FTE should be allocated by services to allow for meaningful peer support work and systemic work to promote the inclusion of families and carers to be conducted in mental health services.

The small FTE in which the carer peer support workforce operate in many services has an overwhelming impact in rural and regional areas. As an example, one carer consultant working in a rural service has an area of over 45,000 km in which to support carers with little or no resources other than her time available in the region. To see a family over 2 hours away is 2 hours travelling there by car that is not able to be statistically documented. One hour of support work with the family is recognized for 5 hours of the time of the carer consultant. In most services, peer work positions include a representational, and systemic component as well as peer support work. In the rural areas, these diverse responsibilities are currently spread amongst one or two employees only.

## Recommendation 3 – Rural and Regional issues

That additional funding weighting be provided for provision of these peer lived experience positions in rural and regional areas.

There is a need for consistency across services to understand, develop and deliver the carer lived experience as a discipline – supporting the development and defining the roles of consultants to broaden their skills in expanding to provide mentorship, training, supervision (lived experience) and education to the broader service. There are very different roles and expectations across the services, and very discrepant remuneration, reporting and recognition. There is a need to define the roles, as a step towards the appropriate placement of

these positions in the services, and recognition, supervision and management of them. The original core of Carer Consultants, funded by the Department of Health and Human Services, is now a very disparate workforce. Supervision needs to be provided in services, coming from disciplines in management that are relevant to the roles. There needs to be an increased acknowledgement of lived experience support (supervision – is both co reflection and management support). The CLEW no not believe that there is organizational readiness for this in the services. There is a long way until there is full recognition of the purpose and value of the peer workforce: *"we don't know what you do"* is a frequent cry.

The standards of support for family inclusion that are outlined in the Office of the Chief Psychiatrist Guidelines for Working with Families and Carers, and the check list provided there, and the framework underpinning it, provides the authorizing environment for employing carer peer workforce

## Recommendation 4 – The place of peer work in mental health services

Encourage recognition of the purpose and value of the peer workforce:

- Services need to provide clear orientation and guidelines. The services will need work to be done prior, defining the roles and how the carer lived experience workforce fits into the broader mental health system of Victoria.
- Introduction orientation processes for staff in mental health services to understand the peer workforce and for the peer workforce to be introduced to service.
- Carer lived experience workers need access to leadership options and training and professional development.
- It is vital that services are mandated to provide access to lived experience supervision training.
- Money earmarked for family support in services through provision of carer lived experience workforce should be provided in a way that means it cannot be used for other things.