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EARLY INTERVENTION IN THE REAL WORLD **OPEN ACCESS**

Family Peer Worker Perspectives on the Critical Issues for Family Peer Support in Youth Mental Health Settings

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ABSTRACT

Background: Family peer workers form connections with family members of young people attending mental health services and can offer emotional support, relevant information, and referrals based on their own lived experience. Although an increasing number of family peer support programs exist in the youth mental health sector, they are rarely described or reported on. There is a need for greater documentation of the experiences of family peer workers operating in the sector to raise awareness of issues currently facing the workforce and support organisations to make positive changes. We present a detailed description of the factors that impact effective program implementation and delivery from the perspectives of four family peer workers and two supervisors.

Conclusions: Organisations should encourage self-care and social connections between family peer workers to reduce the impacts of ongoing mental health challenges, work-related burnout, and isolation. Colleagues should be educated about the field of family peer support to improve role clarity and foster a positive team environment. Within the field, it is vital to develop comprehensive position descriptions, training programs, and onboarding procedures to ensure new employees are adequately equipped. To improve staff retention and compensate those with further education, experience, and skills, organisations may consider offering increased remuneration, negotiating longer-term contracts with a potential for a greater number of workdays, and should create senior lived experience positions. Further research is needed to formally investigate barriers and facilitating factors of program implementation in mental health settings.

For young people who experience mental ill health, family members play an important role in their recovery. We use the term family to represent anyone who provides unpaid support to a young person, including familial relatives, chosen family, partners, friends, or others identified by the young person (Orygen 2020). Despite their important role, there is little support for family within most models of youth mental health service delivery. The experience of caring for a young person with mental ill health can cause feelings of disconnection, isolation, loneliness, and neglect of self-care (Leggatt and Woodhead 2016; Markoulakis

et al. 2018), as well as anxiety and distress about their loved one's diagnosis (Orygen 2020). Consequently, families report a desire to connect with an empathetic support person with similar experiences (Markoulakis et al. 2018; Orygen 2019b). There is a need for mental health services to acknowledge the negative impacts of caring and address the gap in emotional support and psychoeducation services for family members (Leggatt and Woodhead 2016; Leggatt 2007). Young people attending mental health services need to be seen as part of a family network rather than an isolated individual, and promoting a supportive social network for

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the young person's recovery may improve their recovery journey (Leggatt and Woodhead 2016).

Family peer workers (FPWs) are people who have lived experience of caring for a person who experiences mental health challenges and accesses mental health services. They are trained to use their lived experience to provide practical and emotional support to family members supporting clients being seen at a mental health service. They are valuable since there is often little focus in the mental health sector on the needs of family members. FPWs form connections with family members based on shared lived experiences to offer emotional support, encourage self-care and independence, promote hope, advocate for families, aid families in communicating with the treating team and navigating the mental health system, and may provide psychoeducation depending on the service (Leggatt 2007). They differ from peer workers, who are employed based on their lived experience of mental health challenges and service use to provide peer support to clients of mental health services (King and Simmons 2018).

The literature available on family peer support is scarce, but it points to it being highly sought after by families, feasible, and effective, including evidence of: decreased experiences of burden and distress, and increased positive attitudes to caregiving (Schiffman et al. 2015); improvements in functioning for families and patients, and reduced durations of hospitalisations for patients (Chien et al. 2018); increased perceived support (January et al. 2015); improved mood for families/carers, fewer arguments, and increased confidence handling situations with their child (Carpenter et al. 2020); and improvements in obtaining mental health services, family empowerment, increased use of mental health services by youth, and greater school attendance and reading improvements in young people (Katush et al. 2011).

Ongoing research is needed in the field as it undergoes significant developments. For example, in Australia, there is an expanding workforce, increased career progression opportunities, and new education qualifications on offer, including the Certificate IV in Mental Health Peer Work (which is not specific to family peer support but includes sub-speciality training) (Private Mental Health Consumer Carer Network (Australia) 2018). Nonetheless, outstanding issues require documentation and further knowledge is needed regarding factors that enable or hinder FPWs from supporting families.

Despite the importance of family peer work roles in youth mental health services, there is a paucity of research into the effectiveness and implementation of these roles (Shalaby and Agyapong 2020). In this paper, we aim to articulate critical issues in the field identified through practice wisdom, to inspire the field to move forward by generating research ideas, and areas for improvement in terms of policy and practice related to family peer support. Throughout, we use 'family peer workers' (FPWs) to refer to the workforce, and 'family peer support' to refer to tasks undertaken in the role and to the field more broadly.

1 | Orygen Family Peer Support Program

Orygen is a youth mental health organisation that has grown in size and scope over the past 30+ years to now include a range

of areas including, but not limited to, integrated youth services, inpatient and outpatient tertiary specialist youth mental health services, research, knowledge translation, and a policy institute, each area operating at a local, national and/or international level for young people aged 12–25 years. However, Orygen began as a tertiary youth mental health service for young people aged 15–25 with clinically embedded research, and it has a long history of innovation. Acknowledging the key role that families played in supporting young people, Orygen conducted consultations with families to determine their needs, and a family peer support program (Orygen 2019a, 2020) was established in 2001. FPWs provide psychoeducation, information, link families into further support, provide empathic listening and 'sitting with' families to provide understanding and foster hope. They can also act as a voice for families in services, and understand that caring for a young person with mental ill-health can be challenging given that families have needs in their own right. Over time, the family peer support program has been introduced to Orygen's growing specialists services (e.g., Orygen Recovery, a residential service based on the Youth Prevention and Recovery Care service model) and integrated youth services; Orygen operates five headspace centres, which support young people (12–25 years) with a 'one-stop-shop' of mental health, physical health, and work and study support services (Rickwood et al. 2019). Alongside this growth in program delivery and workforce, attempts have been made to increase the diversity of FPWs and create new leadership roles (both described below). However, challenges remain that are reflected in lived experience roles across the mental health sector (Private Mental Health Consumer Carer Network (Australia) 2018), such as a need for discipline specific training, professional development, career development, and increased job security and conditions (Our Future Project Partnership 2021; Rising Together Action Group 2022). The current paper highlights factors that influence program implementation as experienced by FPWs at Orygen, with the aim of providing insights for other services. Insights were gained via ongoing consultations with co-authors, including four FPWs and two supervisors with lived experience (including one with consultation and advocacy responsibilities), and informed by issues highlighted in previous literature through the contributions of academic co-authors.

2 | Factors That Influence the Implementation of Family Peer Support

Although family peer support is beneficial, there are several factors that influence successful implementation at an individual, team, organisational, and systemic level according to the experiences of FPWs and leaders at Orygen and documented in published literature. We offer suggestions for areas that need further research and better implementation strategies to allow services to address critical barriers in the area.

3 | Individual

3.1 | Ongoing Mental Health Challenges

Literature on peer worker and FPW roles documents residual and recurring health issues and mental health challenges for FPWs, which may be compounded by sharing their lived experiences

(Vandewalle et al. 2016), and which may trigger emotional distress, relapse, and burnout (Rebeiro Gruhl et al. 2016; Rising Together Action Group 2022; Vandewalle et al. 2016). Orygen FPWs highlighted the need to encourage self-care and social connection between FPWs and more broadly within organisations, and to implement procedures to support FPWs. The provision of private spaces to conduct in-person sessions and phone calls with families is important, as it can be difficult to engage in sensitive or traumatic conversations in an open space with others present.

3.2 | Independent and Solitary Role

Despite FPWs at Orygen being situated in multidisciplinary teams, the role is often solitary since there may be a single FPW at a particular program or site. They often independently self-refer and approach potential clients and organise their work schedule. Some Orygen FPWs reported finding this independence challenging since they must continually advocate for families and their discipline in team discussions and use their initiative to seek clients. FPWs at Orygen reported that being the only FPW in a service or program may lead to workplace isolation and burnout resulting from heavy workloads and continuously advocating, similarly described in experiences of both peer workers and FPWs (Rebeiro Gruhl et al. 2016; Rising Together Action Group 2022).

Attempts to address this barrier have been made, including promoting social connectedness through better integration of FPWs within teams and services, employing multiple FPWs at the same site, using daily FPW team check-ins (e.g., online), FPW team meetings, the normalisation of debriefing when required, regular supervision, encouraging support networks, including organising networking events to unite FPWs across programs and services. The team has also made use of external organisations that exist in Australia for FPWs to network and support each other (e.g., Tandem (2023)). Research is needed to better understand which supports are the most effective for FPWs.

4 | FPW Team

4.1 | Diversity

Historically at Orygen, the majority of FPWs have been white, middle-aged mothers, yet the young people and families that attend the services come from a range of different backgrounds. Alongside the growth in program delivery and workforce, attempts have been made to increase the diversity of FPWs in terms of their role (e.g., parents, siblings, young carers), the types of mental health challenges the young person they are supporting has faced, and personal background (e.g., gender, age, cultural background) to better reflect the families seen at the service. A lack of diversity may impact engagement and perceived safety or responsiveness of a service due to a perceived or real lack of understanding about the intersection between culture, family structures, and mental health challenges. In the experience of the FPWs at Orygen, a more diverse workforce has benefited the families, FPWs, and other staff at the service. For example, it has improved the appropriate and sensitive provision

of FPW for families and offered choice to families (i.e., FPWs have been able to refer families to another FPW who better fits their needs). It has also increased knowledge of diverse needs and approaches for families for both FPWs and the broader staff (e.g., asking their colleagues' advice and perspective about the family's situation). Diverse experiences allow FPWs to share knowledge among themselves and provide targeted care to families, which should be encouraged by organisations. Turnover of staff, role conditions, and having few FPW roles available have limited the diversification of the workforce and need ongoing attention to address these barriers.

4.2 | Supervision and Mentoring

Historically, supervision for FPWs at Orygen was provided by a family therapist; however, in line with best practice (Carer perspective supervision co-design group 2021), supervision is now provided by experienced FPWs. Orygen has also established two leadership roles (a Senior Family/Carer Consultant and a Family Peer Work Lead), which have boosted team morale and united FPWs across programmes. These roles have served to improve the visibility of FPWs in leadership at the organisation more broadly and allowed for improved advocacy for the programmes and families. These roles have also enabled FPWs to receive discipline-specific supervision and discuss issues with a supervisor who personally understands the role and allowed for more formal opportunities for mentorship of FPWs. Supervision is important for role clarity, understanding role scope and boundaries; identifying and addressing challenges; and encouraging self-care (Leggatt and Woodhead 2016). Further work is being done to address practical safety management when faced with confronting incidents in the clinical setting.

5 | Multidisciplinary Team

5.1 | Misunderstandings and Ignorance

Lack of role clarity is a considerable challenge faced by peer workers and FPWs also experience this challenge (Vandewalle et al. 2016b). Previous literature shows how misunderstandings about 'expert by experience' roles can contribute to tension, stigmatisation in the form of disrespectful language and treatment, and patronisation (Kuek et al. 2021; Vandewalle et al. 2016). Ignorance can also lead to beliefs that peer work is risky, not beneficial, or not a skilled profession (Rebeiro Gruhl et al. 2016), as well as distrust and scepticism of family peer support and how it fits into the existing service (Rising Together Action Group 2022). Overall, it is crucial for all staff to be educated about family peer support and the value it contributes to the service.

Clinical services traditionally operate within a deficit-based medical model, while peer support has different theoretical underpinnings and emphasises a recovery-oriented framework based on strengths (Gillard 2019). The scope of knowledge, understanding, and value placed on family peer support by multidisciplinary team members (comprising case managers, doctors, nurses, psychologists, etc.), whether positive or negative, has a significant impact on the extent that FPWs can

support families. Over time, Orygen FPWs have had to educate other staff members that family peer support is a distinct offering, unique to other interventions such as family therapy and counselling. Understanding the unique benefits of family peer support, including the lived experience framework used, is important given that a lack of clarity can lead to reduced referrals to FPWs or pressure to conduct tasks outside the scope of their role (Almeida et al. 2020). This is an example of 'role drift', a well-documented barrier whereby peer workers are pressured to undertake tasks outside the scope of their role (Vandewalle et al. 2016), or administrative/non-peer work tasks due to role confusion in the multidisciplinary team. To address these challenges, Orygen has developed resources for both internal and external audiences (Orygen 2019a, 2019b, 2020).

6 | Organisation

6.1 | Ambiguous Position Description

As mentioned above, peer workers and FPWs report experiencing limited role clarity resulting from ambiguous descriptions of duties and the boundaries of the role (Kuek et al. 2021), leading to frustration, role confusion (Vandewalle et al. 2016), and potentially loss of staff. This phenomenon stems from misunderstandings about peer work at the service level, which then extends to peer workers and other staff (Vandewalle et al. 2016). The advertised FPW position description at Orygen has become increasingly detailed by means of outlining the range of soft skills required. Nonetheless, it is difficult to capture the breadth of peer work-related activities they engage in, especially as the program has expanded over time and the broader sector continues to evolve and grow. This may be a barrier for new FPWs and other staff as it can lead to role confusion and misunderstandings about the scope of the role. A comprehensive position description, recruitment guide, and professional development opportunities are strategies that Orygen is implementing to ensure all staff are clear about how the role fits into the team and service and the careers of FPWs are better supported.

6.2 | Training

Sector wide, there is a lack of dedicated FPW training relevant to youth mental health services, and more broadly, peer workers can be left seeking out training independently for personal development (Rebeiro Gruhl et al. 2016). This has been a challenge faced by Orygen FPWs who have also been recruited over a long period of time, meaning the type and amount of training offered has been inconsistent. The program has also been pioneering work in this field and the team has had to forge new paths when it comes to developing safe and effective implementation strategies to enable program development and growth. In the absence of FPW specific training, training from related fields has been provided to some FPWs (e.g., Intentional Peer Support, designed for the peer workforce more broadly). FPWs at Orygen reported limited focus on safety management such as managing aggression, drug use, family violence, or other confronting situations. This gap in training may result from previously documented prejudices that FPWs are unable to handle workplace stressors, leading to professional stigma and a lack of trust in

FPWs' abilities (Vandewalle et al. 2016). It is vital for effective team cooperation and workplace health and safety that FPWs are trained to respond to events that may arise in the clinical setting.

FPWs at Orygen stated that previous or concurrent study in a similar field such as counselling assisted with gaining relevant background knowledge for the FPW role. Similarly, having previous work experience assisted with adjusting to the workplace, especially if it was gained in the clinical sector. Thus, while lived experience is itself a highly valuable qualification, additional qualifications may support adjustment to a clinical environment. Though not always required in position descriptions, employers may consider the value of previous work experience or education in adapting to the role when hiring FPWs. Two caveats to this include that this may also impact equity and efforts for diverse workforces, and that FPWs who were previously trained in a clinical profession may experience 'role drift' and need to actively work to remain in the FPW experience-based discipline. People who come from marginalised backgrounds, including those who have significant caring responsibilities, are more likely to face challenges when it comes to education and employment (Andrewartha and Harvey 2021). Despite being a dedicated lived experience role, there may be a bias towards hiring FPW applicants who also have significant work experience or academic qualifications. Care needs to be taken to ensure that the training, professional development, and other support structures are in place for dedicated lived experience roles to maximise the chance of hiring based on lived experience and diverse perspectives.

6.3 | Limited Pay and Opportunities for Advancement

Family peer work roles tend to be benchmarked to low rates of pay, and often part-time roles, and offer few opportunities for career progression (Almeida et al. 2020; Rising Together Action Group 2022). This reflects a low value that is placed on lived experience roles in comparison to experience gained through more respected formal education required for non-dedicated lived experience healthcare professionals (Rebeiro Gruhl et al. 2016). These sector-wide challenges have been faced by the Orygen family peer workforce, leading to premature turnover of staff; good working conditions are required to attract and retain FPWs. Three mechanisms of support have been available to address this: (1) as mentioned above, more senior roles have been created to address workforce growth needs but also recognise FPWs with significant experience; (2) the introduction of a salary progression system in line with the relevant enterprise agreement for tertiary mental health services now recognising prior qualifications; and (3) externally, the Victorian Department of Health (2022) has recently provided grant funding for lived experience workers who pursue qualifications to secure leadership positions.

6.4 | Insecure and Limited Contracts

Across the mental health sector, FPWs are typically employed on a casual or part-time basis, with scarce positions offering secure, ongoing employment, exacerbated by funding restraints

faced by services (Rising Together Action Group 2022). While this may suit some FPWs who must balance their paid employment with unpaid caring duties, in the experience of Orygen FPWs, the lack of availability for full-time roles and improved job security results in a range of challenges. For example, limited contracted hours make it difficult to meet demand from families at the services; the role requires significant time spent conducting administrative tasks and travel, which reduces time with families; working part-time makes it difficult to attend team activities (e.g., clinical reviews and business meetings) and collaborate or interact with FPWs and other colleagues at the service. This issue highlights that limited program resourcing can lead to employees struggling to meet workload demands while also embedding themselves in the clinical setting and developing their career pathway.

7 | Systemic

7.1 | Professionalisation of the Field

The field of FPW would benefit from additional professional standards, including required qualifications and experience, as well as ongoing professional development opportunities, training, supervision, and mentoring, as has been argued for the peer workforce more broadly (Private Mental Health Consumer Carer Network (Australia) 2018; Vandewalle et al. 2016). Professionalisation may lead to improved integration of FPWs within clinical services and increased perceived legitimacy within the mental health sector (Private Mental Health Consumer Carer Network (Australia) 2018). Locally, these goals will be supported by the upcoming release of a dedicated framework for the lived experience discipline employed by family/carer mental health workers (Department of Health 2023).

The FPW field has been gaining traction in the Australian mental health sector, which was recently aided in 2021 by state endorsement via the Royal Commission into Victoria's Mental Health System (State of Victoria, 2018–2021) and the National Lived Experience (Peer) Workforce Development Guidelines (National Mental Health Commission 2021). These proposals have resulted in direct changes to Orygen's FPW team, namely the introduction of senior roles described above. These leadership roles offer an opportunity for a senior FPW to take concerns to management, be involved in decision-making, and advocate for families and the profession within the organisation and more broadly. A progressive structure and related career paths offer increased responsibilities, higher pay, and new challenges, and consequently, a workforce of experienced FPWs who can remain in the field long-term. Overall, state and national endorsement empowers FPWs to remain in the field, can foster standardised working conditions, and legitimises and professionalises family peer support in the mental health sector.

8 | Conclusions and Recommendations

FPWs, who support family members of young people with mental health challenges through their own lived experiences, face several significant challenges. These include ongoing mental health issues of their own, which can be exacerbated by the

emotionally taxing nature of their work. FPWs often work in solitary roles, leading to feelings of isolation and burnout due to the heavy workload and the continuous need to advocate for their role and families. Additionally, a lack of role clarity and recognition within multidisciplinary teams can lead to misunderstandings, role drift, and reduced effectiveness.

These challenges have broader implications for mental health services. The integration of FPWs into the healthcare system requires clear role definitions, bespoke training, and professional development opportunities to ensure they can effectively support families. Training needs to include discipline-specific approaches, practical safety management, and relevant skills needed to work in a clinical setting, and there should be structured supervision and mentoring from experienced FPWs. Moreover, enhancing job security, offering career progression, and improving working conditions are crucial for retaining FPWs and preventing premature turnover. Increased diversity within the FPW workforce would enhance the relevance and responsiveness of services to families.

To address these challenges, several solutions can be implemented. Promoting social connectedness and support among FPWs, such as through regular check-ins and networking events, can alleviate feelings of isolation. Developing comprehensive position descriptions, recruitment guides, and professional development pathways can provide clarity and support career advancement. Ensuring adequate pay, job security, and full-time positions can improve job satisfaction and retention. Furthermore, increasing the diversity of FPWs through targeted recruitment and support can better reflect and meet the needs of the families served. Lastly, national and state endorsement of FPW roles can help professionalise the field, standardise working conditions, and enhance the perceived legitimacy of FPWs within the mental health sector.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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