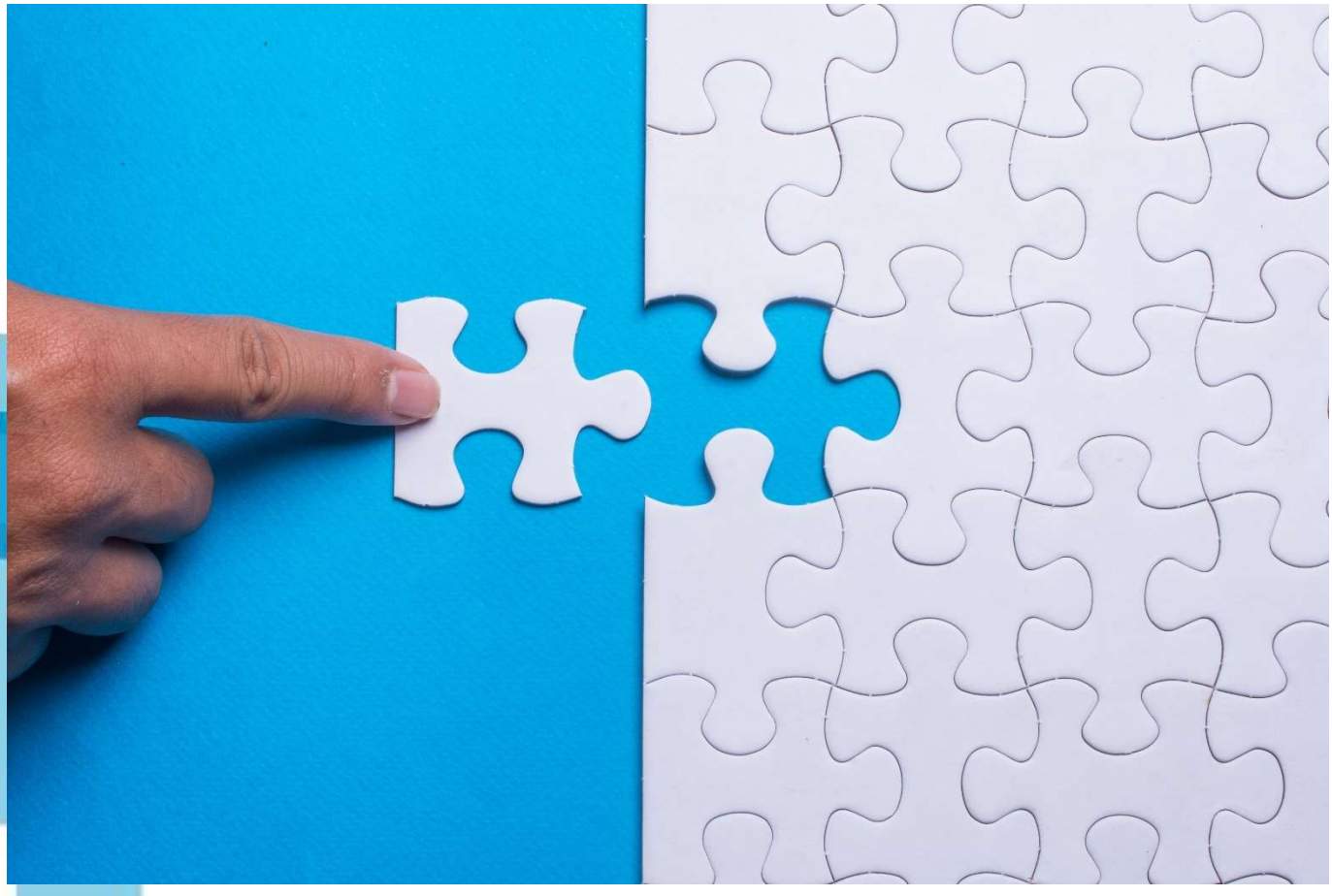
Mental Health & Specialist Services Consumer, Carer and Family Participation Team Peer Practice Supervision Strategy

October 2021



Gold Coast Health
Building a healthier community

Queensland Government

Contents

1. Our Vision

The Peer Workforce is acknowledged as a powerful collective voice working in collaboration with other Mental Health and Specialist Services staff members to inform change and continuously contribute to the evolution of services. Every person matters and is treated with dignity, respect and equity in their mental health care.

We strive to equalise the power imbalance in mental health and alcohol and other drugs services. We reduce stigma by working reciprocally and mutually with consumers and carers, having empathy and valuing people's desire to lead a meaningful and contributing life.

2. Our Mission

Every consumer and carer accessing Gold Coast Health's Mental Health and Specialist Services is offered access to an appropriate peer worker; is truly listened to as a partner in their mental health care and feels supported to determine their own future.

3. Introduction

Peer work is a unique and distinct discipline based on sharing experiences, modelling hope, empowerment, reciprocity, and mutuality. Peer work attracts a diverse group of people who are prepared to use their personal lived/living experience to inform their work, including supporting others through recovery of mental health challenges.

Please note where possible this document uses recovery-oriented and ethical language and the term peer worker refers to both the consumer and carer streams of peer work.

Lived/living experience is the term used to specify knowledge that is gained by personal experience, as opposed to learned via study or employment. This may include diagnosis and service use (private or public, community or clinical, traditional, or alternative). To be able to provide authentic peer support, it is important that the peer worker is truly a *"peer"*. That means the peer worker's own lived/living experience needs to closely align with the experiences of the people they

will be supporting. For example, it is preferable that a peer worker employed on an in-patient mental health unit has experienced being admitted for in-patient treatment.

The role of a peer worker or carer peer worker is multi-faceted. In addition to drawing on their own personal lived/living experience to provide peer support to people using Gold Coast Health Mental Health and Alcohol and Other Drugs Services (MHAODS), peer workers use flexibility and openness to promote messages of recovery to clinical teams. Peer workers also work with allies in clinical/other roles and organisational leaders to drive and implement change at the service-delivery level.

The current qualification which addresses the foundational training needs for the Gold Coast Health Mental Health Peer Workforce is the Certificate IV in Mental Health Peer Work. It is recommended that all peer workers hold this qualification. The qualification introduces the broader knowledge that peer workers draw on, beyond their own personal lived/living experience. This includes the experiences and perspectives of consumers and carers (including peer workers) known as the *"Lived Experience Perspective".*

The Lived Experience Perspective is further developed *"on the job"* through professional and peer practice supervision. Peer workers are expected to continue to expand their knowledge and understanding by reading research and literature, networking with and learning from peers and developing an understanding that their own perspectives may not apply to the people they are working with. Becoming aware of historical influences within the Recovery Movement is also vital and protects against peer workers becoming acculturated into clinical cultures.

The Recovery Movement arose out of the civil rights movement of the 1960s and 70s. It brought attention to the widespread abuse of people with a mental health diagnosis. Since the 1990s, the movement has seen the fruition of some of the changes it has sought, including the employment of consumers and carers within the mental health system, as peer workers and within leadership positions. Thanks to the Recovery Movement, the mental health system is shifting from coercive treatment to upholding human rights; and becoming more recovery focused and trauma informed.

In recognition of the value of peer work and lived experience leadership roles most Hospital and Health Services (HHS) throughout Queensland have established paid peer worker/lived experience roles within their mental health service lines. These roles are like other disciplines in that they require access to regular supervision. However, the model, practice and delivery of peer practice supervision is unique and essential to the professional development of the Gold Coast Health Mental Health Peer Workforce.

To align with the *Queensland Health Mental Health Peer Workforce Development and Support 2019* (Queensland Health, 2019*)* we have chosen to use the terminology peer work and peer worker which is inclusive of the following positions:

AO2 peer assistant, AO3 peer worker, AO3 carer peer worker, AO4 advanced peer worker and AO4 advanced carer peer worker.

The aim of this document is to support the implementation of peer practice supervision for Gold Coast Health MHAOD peer workers who provide direct peer support to the consumers, carers and families of our service. We acknowledge that the Gold Coast and other HHS have lived experience leadership positions (AO5-AO8), therefore, section 21 has been created to address the supervision needs of lived experience leadership positions such as team leaders (AO6) and directors (AO8) (lived experience workforce.)

Currently a global definition for peer practice supervision has not been agreed upon, however, for the purpose of this document we have defined peer practice supervision as an essential and distinct formal activity where peer workers collaboratively come together for the purpose of strengthening, supporting, deconstructing, and exploring the principles of peer practice. The shared understanding of the authentic peer experience creates a safe space for peers to unpack workplace experiences and recalibrate their peer practice.

***Emerging best practice:** peer practice supervision is different from supervision that is provided by a clinician who identifies as having lived/living experience. Clinicians receive professional direction and governance from their discipline specific unions, frameworks and registering bodies. The Queensland Health MHAOD Peer Workforce is a non-clinical workforce that is currently paid under the administration stream although they are not administration officers by role. It is imperative that peer workers are supervised by peer practice supervisors who have had the robust experience of navigating the systemic challenges that peer workers encounter when working in a biomedical setting.

This peer practice supervision strategy is supported by the following two frameworks.

4. Queensland Health Mental Health Framework Peer Workforce Support and Development 2019

Values	Definitions
Self-determination	Being aware of power imbalances and their effects, knowing and respecting human rights, facilitating personal agency and choice.
Connection	Lived/common experience is used to make connection in the relationship. Connection is the basis on which trust, and meaningful, effective learning is possible.
Mutuality	Both people learn, grow and are challenged through the relationship. Mutuality means being in relation with another person, developing skills and expertise while staying present and aware of our own reactions, viewpoints, needs and assumptions.
Lived/living experience as expertise	The expertise that arises from a lived/living experience is of equal value to other types of expertise including lived experience of being a peer worker or carer peer worker.
Responsibility	We are not responsible for the other person, we are responsible for or own thoughts, feelings and actions. We are considerate and share responsibility for the relationship. We acknowledge and respect each individual's boundaries.
Authenticity	We are honest in relating with one another and act from our fundamental humanity.
Transparency	Availability of full information required for collaboration, cooperation and decision making without hidden agendas.
Hope	Having an expectation of positive outcomes for each other.
Equity	We are fair and impartial, acknowledging that our individual differences influence our lived/living experience.

(Queensland Health, 2019)

5. Queensland Framework for the Development of the Mental Health Lived Experience Workforce

Values	Skills	Theories
Recognise the value of lived/living experience	Group facilitation	Recovery framework
Respect	Use of skills and knowledge to benefit others	Trauma-informed
Capacity to be vulnerable	Communication skills	Strengths-based
Value experientially gained knowledge	Lived experience work as coach or mentor	Psychosocial
Consultative approach	Purposeful use of experience	Humanistic
Equity	Working collaboratively “we are all in this together”	Holistic perspectives
Inclusion and valuing diversity	Demonstrated ability and skills to overcome adversity	
Authenticity	Appreciating other’s world views	
Non-judgmental	Linking to community	
Dignity of risk	Non-judgmental	
Empathy		
Openness		
Social justice		
Human rights		
Personal investment in the work		

(Byrne, Wang, Roennfeldt, Chapman & Darwin, 2019)

6. Definitions and descriptions

Peer practice supervision is an essential and distinct formal activity where peer workers collaboratively come together for the purpose of strengthening, supporting, deconstructing, and exploring the principles of peer practice. The shared understanding of the authentic peer experience creates a safe space for peers to unpack workplace experiences and recalibrate their peer practice.

A peer practice supervisor may be an internal Gold Coast Health Mental Health advanced peer worker, senior peer coordinator, or an external lived experience professional who is available for the provision of peer practice supervision.

An operational supervisor (also known as line manager) is responsible for the oversight of the day-to-day tasks and responsibilities of the designated service line or mental health unit. This may include recruitment, monitoring and reporting on service activity and outcomes, financial management, quality assurance, performance management, professional development plan reviews, strategic planning, and service improvement.

***Emerging practice:** peer practice supervision should not be provided by an operational supervisor including lived experience operational supervisors.

A professional supervisor (also known as a professional lead) practices from the same professional discipline as their supervisee. Responsibilities may include guidance, instruction, direction, and leadership to members of the same profession.

A clinical supervisor (also known as clinical practice supervisor) provides clinical practice supervision. It is recommended that they also meet the clinical supervisor competence, training accreditation and registration as outlined in the *Clinical Supervision Guidelines for Mental Health Services* (Queensland Health, 2009.

Internal peer practice supervision is available internally within the Gold Coast Health Mental Health Peer Workforce from either an advanced peer worker or senior peer coordinator. An internal peer practice supervisor is chosen by the peer worker in collaboration with the team leader (lived experience workforce).

External peer practice supervision is provided externally by a peer practice supervisor, who is contracted by Gold Coast Health. Currently the Gold Coast Health Mental Health Peer Workforce is creating a database of available external supervisors. The external peer supervisor is chosen by the peer worker in collaboration with the team leader (lived experience workforce). It is at the discretion of the team leader (lived experience workforce) if available external peer practice supervisors are suitable for the Gold Coast Health Mental Health Peer Workforce.

Group peer practice supervision takes place in a small group setting that caters for the group's stream of practice (consumer or carer). Group supervision may be facilitated by either an internal or external peer practice supervisor.

Individual peer practice supervision takes place between the peer worker and their peer practice supervisor. Individual supervision may be provided by either an internal or external peer practice supervisor.

De-briefing is when Gold Coast Health colleagues come together for the purpose of unpacking an event or situation. It may be assumed that debriefing is only for critical incidents. However, the discharge of emotional content should be regular so colleagues can move beyond the event or situation.

Co-reflection may be referred to as *"peer to peer supervision"* in clinical professions such as psychology or *"co-supervision"* in international models of peer work. Co-reflection is when two peer workers of similar experience engage in a co-reflective process to improve their peer practice.

Mentoring is the relationship between two peer workers where the primary goal is the development of the less professionally experienced peer worker. The more professionally experienced peer worker shares their knowledge, experience, and advice to the less professionally experienced peer worker.

Coaching is the process of supporting/coaching a peer worker in achieving a specific skill. For example Gold Coast Health Mental Health peer workers may coach a new peer worker on the skill of recovery-oriented and ethical documention.

The frequency of peer practice supervision should be discussed and arranged between the peer worker and the peer practice supervisor. The frequency of peer practice supervision should be documented in the supervision agreement.

Confidentiality should be discussed, agreed upon and documented in the supervision agreement during the first formal peer practice session. Gold Coast Health Mental Health peer workers, internal peer practice supervisors and external peer practice supervisors who are contracted by Gold Coast Health, are to comply with the Queensland Health Code of Conduct.

Goals should be discussed, agreed upon and documented in the supervision agreement during the first formal peer practice session. A peer worker may choose their peer practice supervisor based on their goals. For example a peer worker may want supervision about role clarity, role conflict and work-related stress, therefore, they may choose a peer practice supervisor who is more experienced in this area. Having goals for your peer practice supervision sessions helps to strengthen, support, deconstruct, and explore the principles of peer practice.

Agenda setting for peer practice supervision is encouraged and gives the peer worker the opportunity to have a specific agenda to discuss. The peer worker may

also chose to change their agenda during their supervision session. The agenda topic may be documented in the supervision record.

The supervision agreement is a formal agreement between the peer worker and the peer practice supervisor. The peer worker, peer practice supervisor and the team leader (lived experience workforce) should all receive a copy of the agreement. In accordance with Queensland Health's General Retention and Disposal Schedule of Administration Records the agreement should be stored securely for seven years. A sample peer practice supervision agreement has been provided in APPENDIX A.

***Emerging best practice:** it is recommended that at the beginning of each peer practice supervision session the peer worker and the peer practice supervisor do a brief informal verbal agreement outlining the parameters of confidentiality for the session. This creates a safe space for the peer worker to relax and take control of the session's agenda. The peer practice supervisor may ask *"what do you want from supervision today?" or "what do you need from me today?"* The peer worker may request that they need a sounding board or to unpack a specific agenda item.

The supervision record documents the date and time of the supervision session and any relevant comments. The peer worker, and the peer practice supervisor should both receive a copy of the record. A sample record of peer practice supervision has been provided in APPENDIX B. A supervision record is not a mandatory process and the peer worker has the option as to whether they would like the peer practice supervisor to keep a supervision record.

***Emerging best practice:** it is recommended that only global concepts be documented in the comments section of the agreement to maintain confidentiality of the peer practice session.

Evaluation is the formal assessment of peer practice supervision sessions. It is recommended that evaluation takes place every three months. In accordance with Queensland Health's General Retention and Disposal Schedule of Administration Records the agreement should be stored securely for seven years. An evaluation template has been provided in APPENDIX C.

Feedback of peer practice supervision is an informal activity which involves the ongoing feedback between the peer worker and the peer practice supervisor about the progress of the supervision sessions. Feedback is not a mandatory process and the peer worker has the option as to whether they would like to give or receive feedback.

***Emerging best practice:** it is recommended that informal feedback (if requested) be briefly discussed in the last 15 minutes of each supervision session. The peer practice supervisor may ask "*how do you feel after today's session, is there anything you really needed to discuss or explore?"*

Delivery Modes for peer practice supervision may consist of face-to-face or Microsoft Teams. Flexibility accessing peer practice supervision is a must in times such as these where public health situations (such as the COVID-19 pandemic) has brought change to the way we access professional development services.

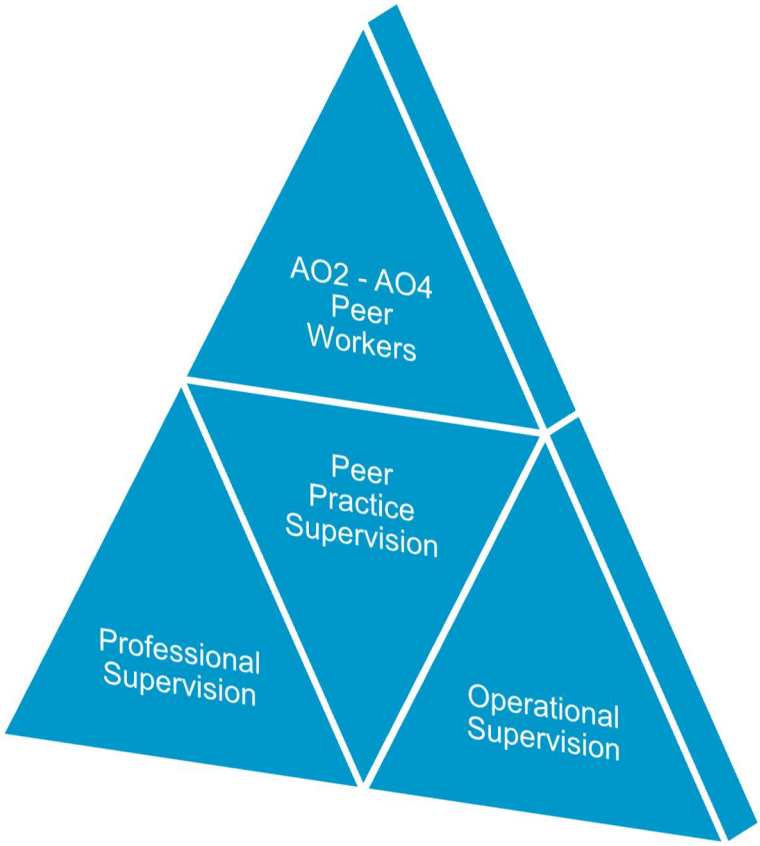
Supervision of supervision is when the peer practice supervisor accesses supervision surrounding the delivery and practice of their supervision. Supervision of supervision for advanced peer workers may be accessed through the senior peer coordinator responsible for the non-operational stream of the Gold Coast Health Mental Health Peer Workforce or through an external supervisor. The senior peer coordinator should have access to supervision of supervision through an external lived experience professional.

Rupture of the supervisory partnership is when there may be conflict, disagreement or disengagement between the peer worker and peer practice supervisor. The possibility of rupture and how how to repair rupture should be discussed in the supervision agreement.

7. Different reflective practice options

	Debrief	Co-reflection	Mentoring	Coaching	Peer practice supervision	Professional supervision
Between peer workers/lived experience professionals		✓	✓	✓	✓	✓
Between colleagues	✓					
Is a formal activity		✓	✓	✓	✓	✓
Is an informal activity	✓					
The peer worker has choice	✓	✓	✓	✓	✓	
Is based on skill development		✓	✓	✓		✓
Requires an agreement					✓	✓
Requires quarantined time		✓	✓	✓	✓	✓
Is immediate	✓					
Is about a specific event or agenda	✓				✓	
Is trauma informed	✓	✓	✓	✓	✓	✓

8. The Gold Coast Health Mental Health Peer Workforce Supervision Structure



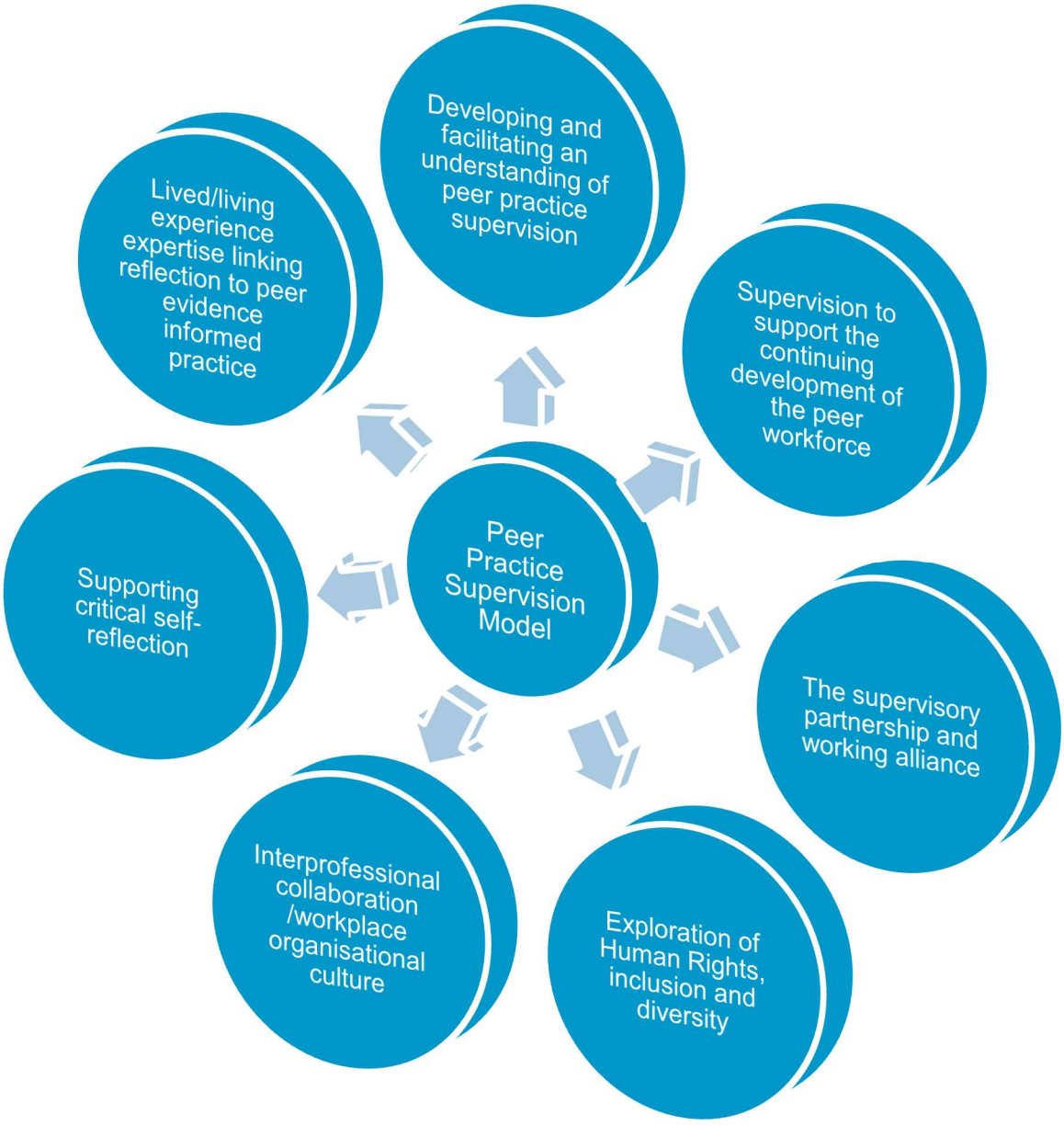
Operational supervision for the Gold Coast Health Mental Health Peer Workforce is provided by the peer workers team leader (lived experience workforce) or nurse unit manager (NUM)/team leader of the team or unit in which the peer worker has been assigned to.

Professional supervision is provided by the Gold Coast Health Mental Health Peer Workforce team leader (lived experience workforce).

Peer practice supervision is optional and can be accessed through the Gold Coast Health Mental Health advanced peer workers, senior peer coordinators and external peer practice supervisors.

***Emerging best practice**: the peer workers operational supervisor and professional supervisor should collaboratively work together to support the professional development of the peer worker.

9. The Queensland Health Mental Health Peer Practice Supervision Model



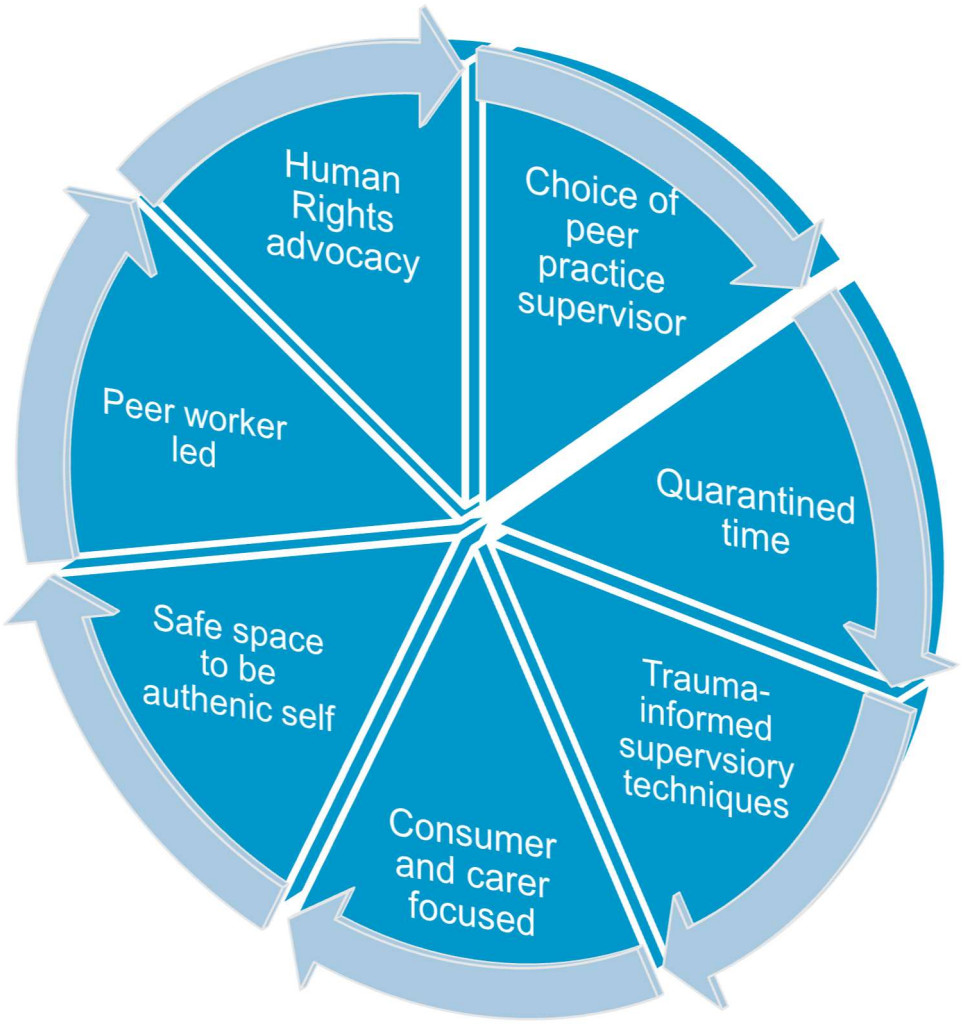
(Edwards, Macaulay and Hamilton, 2021)

The Queensland Health Mental Health Peer Practice Supervision Model was developed during a collaborative mapping exercise (between authors) which explored what was essential for the successful implementation of peer practice supervision at a state-wide level.

Model components	Description
Developing and facilitating an understanding of peer practice supervision	The Queensland Health Mental Health Peer Workforce recognises the importance of the provision of peer practice supervision and supports the implementation of peer practice supervision at a statewide level.
Supervision to support the continuing development of the peer workforce	Peer practice supervision is essential for the professional development of the Queensland Health Mental Health Peer Workforce. Peer work is an emerging non-clinical profession that requires leadership, supervision, education, training, research, and evaluation.
The supervisory partnership and working alliance	The supervisory partnership and working alliance is transparent, authentic and safe.
Exploration of Human Rights, inclusion and diversity	Human Rights advocacy and rights-based practice are at the core of peer work practice.
Interprofessional collaboration/workplace organisational culture	Emotional intelligence, interpersonal communication, allyship and leadership are all needed for an organisational culture (clinical and non-clinical) that challenges systemic discrimination and is consumer and carer focused.
Supporting critical self-reflection	Peer practice supervision creates a safe space for peer workers to critically self-reflect on their practice as a professional peer worker.
Lived/living experience expertise linking reflection to peer informed practice	Acknowledges the value and expertise that lived/living experience perspective guides our service delivery and supports positive consumer outcomes.

*The Queensland Health Mental Health Peer Practice Supervision Model will be published in the updated Clinical Supervision Guidelines

10. The Gold Coast Mental Health Peer Workforce Peer Practice Supervision Principles



(Edwards and Macaulay, 2021)

The Gold Coast Health Mental Health Peer Practice Supervision Principles are the underlying values that support the implementation of peer practice supervision.

Principle	Description
Choice of peer practice supervisor	The peer worker must have choice when choosing their peer practice supervisor.
Quarantined time	The peer worker must have quarantined time to access peer practice supervision.
Trauma-informed supervisory techniques	Peer practice supervision must have a trauma informed lens that focuses on self-care, prevention of re-traumatisation, acceptance of early compassion fatigue and moral injury. **Emerging best practice:** A peer practice supervisor should have a broad understanding of attachment theory, core sensitives and adverse childhood experiences (ACE). Understanding the theory behind trauma may help the peer practice supervisor support peer workers with trauma histories.
Consumer and carer focused	Peer practice supervision is always consumer and carer focused.
Safe space to be authentic self	Peer practice supervision is a safe space for the peer worker to be their authentic self and reflect on their peer practice.
Peer worker led	Peer practice supervision is a peer worker led activity. This means the peer worker determines what will be discussed during supervision and has the unconditional regard of the peer practice supervisor.
Human Rights advocacy	Human Rights advocacy is at the core of peer work practice.

11. Trauma informed peer practice supervision

Gold Coast Health Mental Health peer practice supervisors are encouraged to use trauma informed supervisory techniques. This means the peer practice supervisor should have a broad understanding of attachment theory, core sensitivities and adverse childhood experiences (ACE).

People who receive mental health services and/or a mental health diagnosis often report adverse childhood experiences and poor attachments. Hence, peer workers are most likely to be individuals with significant trauma histories working with individuals who also have significant trauma histories. Understanding and exploring these complex relationships in the context of peer practice supervision, requires a peer practice supervisor who has robust understanding and competency in trauma informed practice. This competency then ensures that the peer worker has access and opportunity to reflect on how their personal peer practice progresses or hinders trauma informed care.

Additionally, as peer workers with trauma histories often have elaborate and robust trauma defense systems which activate when they feel threatened by someone's power (i.e. they feel attacked, judged, being coerced or silenced). A peer worker's unique trauma and attachment history most often results in the formation of core sensitivities (separation sensitive, esteem sensitive, safety sensitive). In understanding these sensitivities, peer practice supervisors can adapt their interpersonal communications to ensure that the peer worker continues to feel safe and valued, creating the conditions where the peer worker can be vulnerable enough to explore their practice through self-reflection.

12. Benefits of peer practice supervision

Supports best outcomes for consumers, carers and families of Gold Coast Health MHAOD Services.

Supports best practice for the Gold Coast Health Mental Health Peer Workforce.

Reduces the risk of acculturation into clinical frameworks or practice.

Creates a safe space to address the challenges, barriers, conflicts, issues that peer workers face when working in an identified role.

Incorporates rights-based practices and frameworks.

Encouragers peer workers to critically reflect on practicing from a lived/living experience perspective.

Supports peer workers to develop appropriate strategies to successfully navigate dual relationships.

Discourages peer workers/carer peer workers who have clinical qualifications from practicing from a clinical framework. Co-opting is seen as a serious threat to the ongoing authenticity of the peer workforce and the preservation of the discipline specific model of practice.

Reduces the risk of vicarious trauma, burnout, re-traumatisation and retriggering. Some peer workers may be at higher risk because of their own trauma backgrounds. Whilst all models of peer work practice are trauma informed, the occupational hazard of being exposed to secondary trauma and experiencing compassion fatigue is an identified risk for all disciplines when working in mental health care.

Addresses isolation. Due to the comparatively smaller size of the peer workforce, the ratio of peer workers is greatly outnumbered by clinical staff, therefore, peer workers are often faced with the challenges of working from a unique perspective.

Promotes the development of professional boundaries. Peer workers are often approached by other staff members (including clinically trained professionals) with requests for informal peer support regarding their own personal mental health and/or their family's mental health.

13. Peer practice supervision IS

- Driven by the peer worker
- Transparent and authentic
- Empathic, understanding and empowering
- Validating and encouraging
- Individualised support, which focuses on the peer workers practice
- A safe space to critically think, self-reflect and problem solve
- The promotion of personal recovery, self-care and wellness
- Evaluated
- Trauma-informed

14. Peer practice supervision is NOT

- Mandatory or compulsory
- About power or control
- Debriefing, co-reflection, mentoring or coaching (but these are encouraged for peer workers to engage in)
- Therapy or counselling
- A Professional and Appraisal Development Plan (PAD), Professional Development Plan (PDP) or equivalent HHS practice
- A disciplinary or performance management process
- Operational supervision or professional supervision

15. What is needed for the successful implementation of peer practice supervision

Funding to be quarantined for the provision of external peer practice supervision.

A database to be created of internal and external peer practice supervisors who are available for the Gold Coast Health Mental Health Peer Workforce, and that the database to be regularly updated by the senior peer coordinator.

Career progression within the Gold Coast Health Mental Health Peer Workforce, such as specialist roles in supervision, education, and research. It is important that the peer workforce provides opportunities for peer workers to develop skills and be trained in supervision, education and research.

Formal connection opportunities with local, national, and international peer workforces/networks for the purpose of sharing resources and establishing supportive professional relationships.

16. What peer workers need to access peer practice supervision

- Quarantined time
- Choice of peer practice supervisor and control of agenda
- Formalised supervision agreements that are regularly evaluated and renewed
- Awareness of external peer practice supervisor options and provided with the resources to access if requested
- Access to guidelines, frameworks, resources, training, and peer networks that support peer practice supervision
- It is recommended that peer workers complete QCMHL course - QC8 Best Practice Models of Supervision
- It is recommended that peer workers complete Cunningham Centre Online Supervisee Training

17. Recommended internal peer practice supervisor competencies

- Certificate IV Mental Health Peer Work
- Certificate IV Training and Assessment
- QCMHL course – QC4 Supervisor
- QCMHL course - QC8 Best Practice Models of Supervision
- QCMHL course – QC12 Best Supervising Supervisors
- Cunningham Centre Online Supervisor Training

- Participates in the ongoing professional development of supervision practices, strategies, and skills
- Accesses supervision of supervision

18. Why can't a clinician who has lived/living experience provide peer practice supervision?

It is not appropriate for clinicians to provide peer practice supervision while performing a non-lived experience role. Clinicians use clinical forms of expertise (other than lived experience expertise) to inform their work and are accountable to discipline specific policies, frameworks, and standards. Therefore, clinicians with a lived/living experience are unable to align their work primarily and consistently with the lived/living experience values and principles.

A clinician may not have the expertise necessary to provide appropriate peer practice supervision if they have not engaged in the variety of processes in which lived/living experience expertise is developed such as embedding oneself in the lived/living experience community/movement, engaging with other people with lived/living experience, participating in collective awareness-raising, critically reflecting on both personal and collective experience and integrating these different perspectives.

A clinician may not have the expertise necessary to provide appropriate peer practice supervision if they do not have experience working in an identified lived/living experience role, the lack of experiential knowledge only develops in the context of performing lived/lived experience and peer worker roles (that comprises part of the required expertise for peer practice supervision).

However, this should not exclude peer workers who were once employed as clinicians, and who have made the theoretical and practical transition to be involved in peer practice supervision.

19. Lived experience leadership roles and peer practice supervision

Lived experience leadership roles (AO5-AO8) require lived experience leadership supervision. It is important to note that lived experience leadership is different from other leadership models.

> *"One of the key features of acts of lived experience leadership is that they are informed by a very complex form of knowledge: people with lived experience's knowledge of themselves simultaneously as individuals and as a collective, via experiential and systems-informed lenses. This knowledge is extremely sophisticated, developed via processes of tapping into*

experiential (body) knowledge, engaging in reflection on oneself and one's own experiences, being in relationship and ongoing conversation with other people with lived experience and learning about their experiences and understandings of their experiences, analysing patterns across these experiences and applying systemic lenses (formally or informally, this doesn't necessarily look like systematic research, say, but can happen more conversationally), engaging in collective awareness-raising on a broader scale (groups, organisations, peer support, writing, speaking, sharing, being in solidarity), using this knowledge in practice and using that practice to in turn inform knowledge development, etc, etc, etc- and integrating all these different perspectives and forms of knowledge." (Stewart, 2021).

Lived experience leadership positions within the Gold Coast Health Mental Health Peer Workforce don't typically provide direct peer support to consumers, carers and families. The focus of these positions is workforce development, systemic reform, innovation, project management, education and training, research, evaluation and lived/living experience perspective to support decision making. Due to the current structure of Gold Coast Health Mental Health Peer Workforce the senior peer coordinators and team leader (lived experience) should have to access external supervision.

20. Diversity and inclusion

For Aboriginal and Torres Strait Islander peer workers it is recommended to have access to both cultural conferencing and peer practice supervision. Gold Coast Health Mental Health peer workers are encouraged to reach out to their Aboriginal and Torres Strait Islander colleagues and make an enquiry about cultural conferencing.

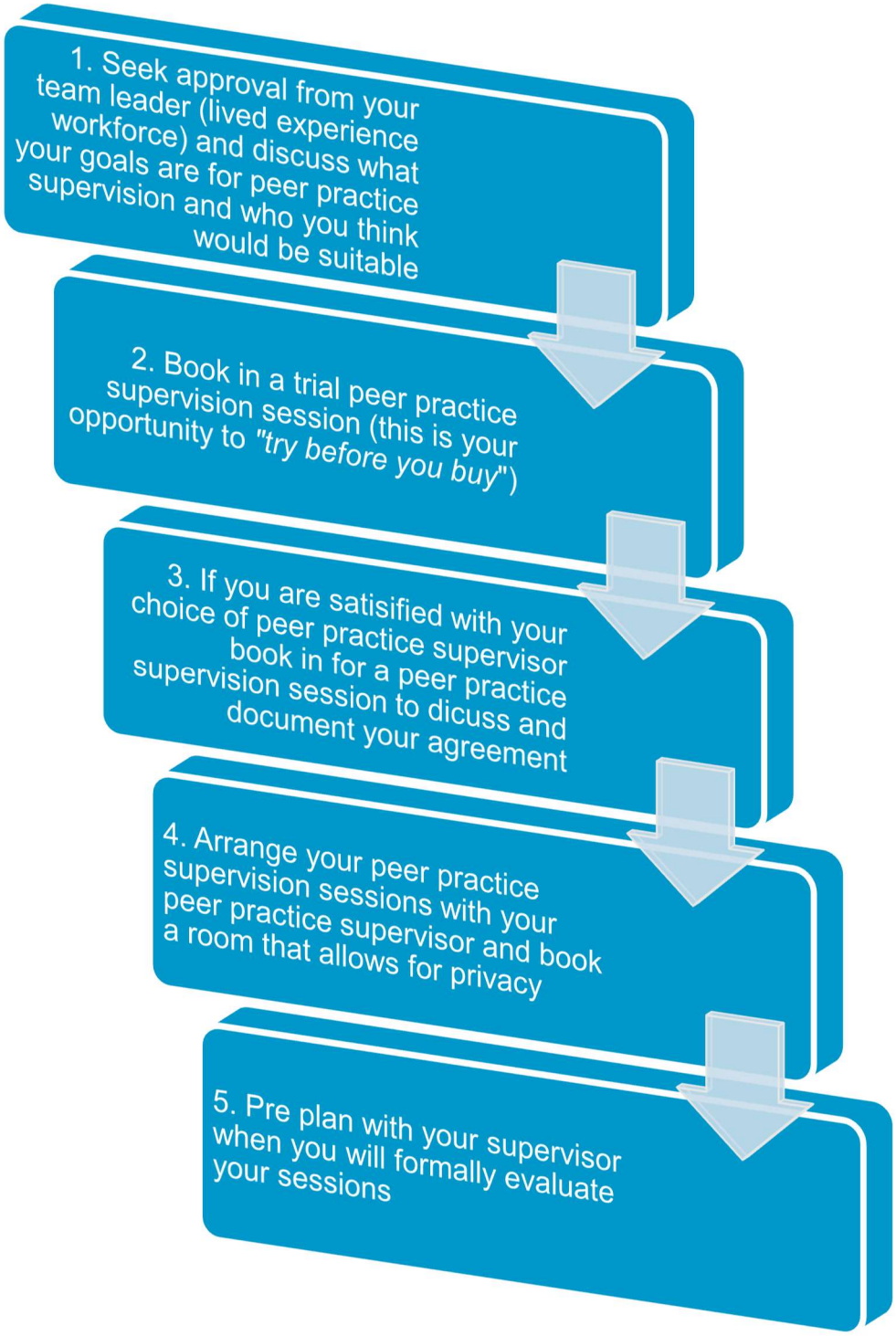
For peer workers who identify as a member of the Culturally Linguistic and Diverse (CALD) community it is recommended that additional supervision be accessible for the purpose of reflecting on areas such as language barriers and cultural issues. Gold Coast Health Mental Health peer workers are encouraged to reach out to their CALD community members and make an enquiry about supervision from a CALD perspective.

For speciality peer workers it is recommended that they access additional supervision from their peer/lived experience and clinical colleagues with expertise in areas such as eating disorders, OCD, AOD, perinatal and youth/adolescent mental health, etc.

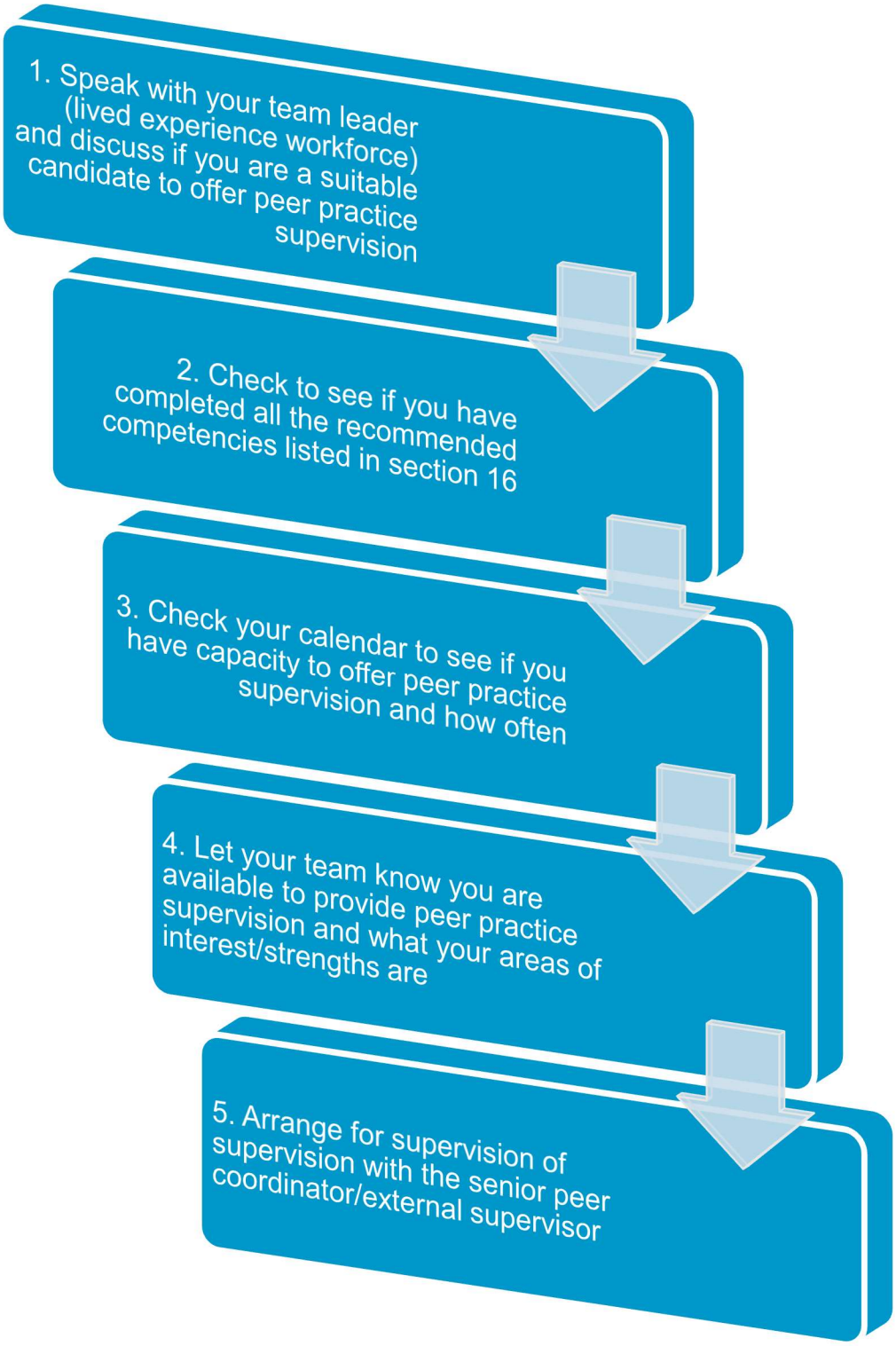
21. Future peer practice supervision training/resources to be developed and created

- Peer practice supervisee fact sheet
- Peer practice supervisor fact sheet
- How to incorporate trauma informed supervisory techniques into peer practice supervision
- Information sheets for clinicians as to why peer practice supervision is uniquely different to clinical supervision
- Information sheets for clinicians about the value of peer work *"Peer engagement and connection is more than just having a chat!"*

22. How to access internal peer practice supervision



23. Pathway to becoming an internal peer practice supervisor



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26. Consultation

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Nadine Robertson, Project Lead for Comprehensive Care GCMHSS/Senior Clinical Psychologist GCMHSS/ Project Officer for the Brief Breakthrough Collaborative on Formulations

Trish Tran, Peer to Peer Supervisor and Trainer

Joy Mcguire, Cirlcle of Security Facilitator and Mentor

Cherie McGregor, Teacher Cert IV MHPW, East Coast TAFE/PhD Candidate, Australian National University

Stephanie Stewart, PhD Candidate University of Melbourne

Victoria Stewart, Lecturer, PHD Candidate Griffith University

Dr Maddy Slattery, Program Director - Mental Health Practice Programs, Program Advisor - Master of Social Work/Master of Mental Health and Bachelor of Psychological Science/Master of Mental Health

Dr Amanda Wheeler, Professor Mental Health, Co-Lead Changing Health Systems (CHESS)
Menzies Health Institute Queensland, School of Health Sciences

27. APPENDIX A – PEER PRACTICE SUPERVISION AGREEMENT

	AGREEMENT
Peer worker	
Peer practice supervisor	
Date of agreement	
Frequency of sessions	
Duration of sessions	
Evaluation and feedback	*How often you will formally evaluate your supervision – (eg every 3 months?)* *Do you want to give and receive feedback?*
Confidentiality	*Discuss what confidentiality means/looks like for you!*
Goals	*What are your goals?*
Signature of peer worker	
Signature of peer practice supervisor	
Signature or peer workers professional lead	

28. APPENDIX B – PEER PRACTICE SUPERVISION RECORD

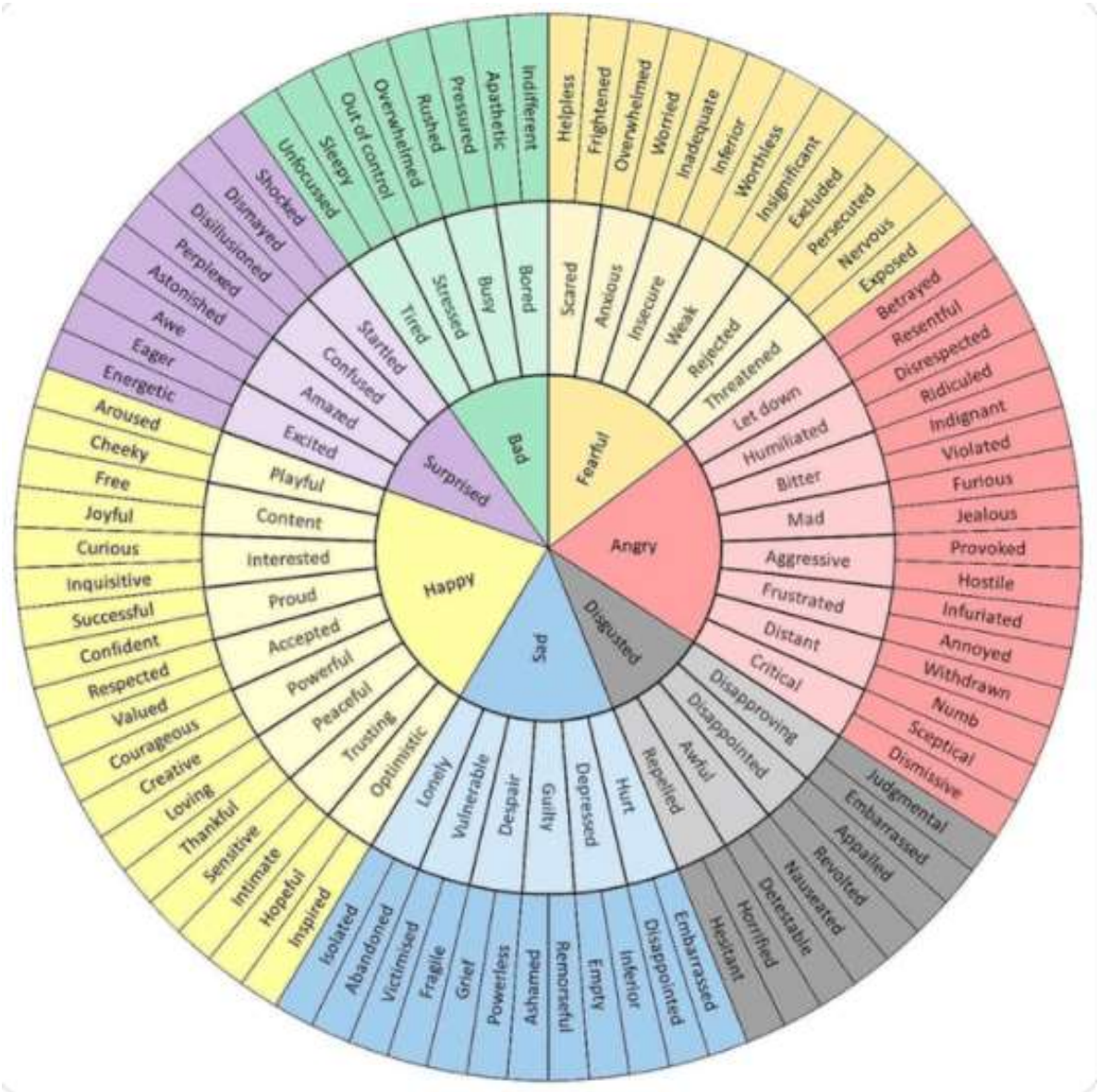
Date	Time	Comments	Peer worker signature	Peer practice supervisor signature
		This should be global comments/concepts/agendas		

29. APPENDIX C – PEER PRACTICE SUPERVISION EVAULATION

	EVALUATION
Peer worker	
Peer practice supervisor	
What went well	
What didn't go well	
What do you want from future supervision	
What don't you want from future supervsion	
Did you achieve your goals	
Did you receive feedback	
Was there any rupture to the supervision partnership	
Signature of peer practice supervisor	
Signature or peer workers professional lead	

30. APPENDIX D - SUPERVISION TOOL AND FEELINGS WHEEL

Situation *What is the situation/event/agenda item that the peer worker wants to unpack?*	**Feelings** *What is the peer workers feelings regarding the situation/event/agenda item?* Feelings only not thoughts or behaviors Use a feelings wheel as a guide!
Reflection *How may the other person feel regarding the situation/event/agenda item?* Feelings only not thoughts or behaviors Use a feelings wheel as a guide? What may be happening on "*the flip side"* of the situation/event/agenda item? Let the peer worker critically reflect!	**What does the peer worker need?** These may include: resources, time, support, skills etc.
What does the organization need/expect from the peer worker? Professional peer workers who are employed in an organization should have a role description which outlines their roles responsibilities. Let the peer worker critically reflect !	**Strategies and Outcomes** Create an action plan together! The peer practice supervsiosor may prompt!


Bad
Fearful
Angry
Disgusted
Sad
Happy
Surprised
Bored
Busy
Stressed
Tired
Scared
Anxious
Insecure
Weak
Rejected
Threatened
Let down
Humiliated
Bitter
Mad
Aggressive
Frustrated
Distant
Critical
Disapproving
Disappointed
Awful
Repelled
Hurt
Depressed
Guilty
Despair
Vulnerable
Lonely
Optimistic
Trusting
Peaceful
Powerful
Accepted
Proud
Interested
Content
Playful
Excited
Amazed
Confused
Startled
Indifferent
Apathetic
Pressured
Rushed
Overwhelmed
Out of control
Sleepy
Unfocussed
Shocked
Dismayed
Disillusioned
Perplexed
Astonished
Awe
Eager
Energetic
Helpless
Frightened
Overwhelmed
Worried
Inadequate
Inferior
Worthless
Insignificant
Excluded
Persecuted
Nervous
Exposed
Betrayed
Resentful
Disrespected
Ridiculed
Indignant
Violated
Furious
Jealous
Provoked
Hostile
Infuriated
Annoyed
Withdrawn
Numb
Sceptical
Dismissive
Judgmental
Embarrassed
Appalled
Revolted
Nauseated
Detestable
Horrified
Hesitant
Embarrassed
Disappointed
Inferior
Empty
Remorseful
Ashamed
Powerless
Grief
Fragile
Victimised
Abandoned
Isolated
Aroused
Cheeky
Free
Joyful
Curious
Inquisitive
Successful
Confident
Respected
Valued
Courageous
Creative
Loving
Thankful
Sensitive
Intimate
Hopeful
Inspired