ACT Mental Health Consumer Network Inc.
The Griffin Centre, Level 2, Room 11
20 Genge Street, Canberra City, 2601
G.P.O Box 836, Canberra, ACT, 2601
Phone: 02 6230 5796
Email: research@actmhcn.org.au
Website: www.actmhcn.org.au

Submission: Review of Canberra Health Services Mental Health Justice Health and Alcohol & Drug Services Peer Pathways Model of Service

Submitted by email to:

Genevieve Whitlam
Director of Lived Experience
CHS MHJHADS
Genevieve.whitlam@act.gov.au

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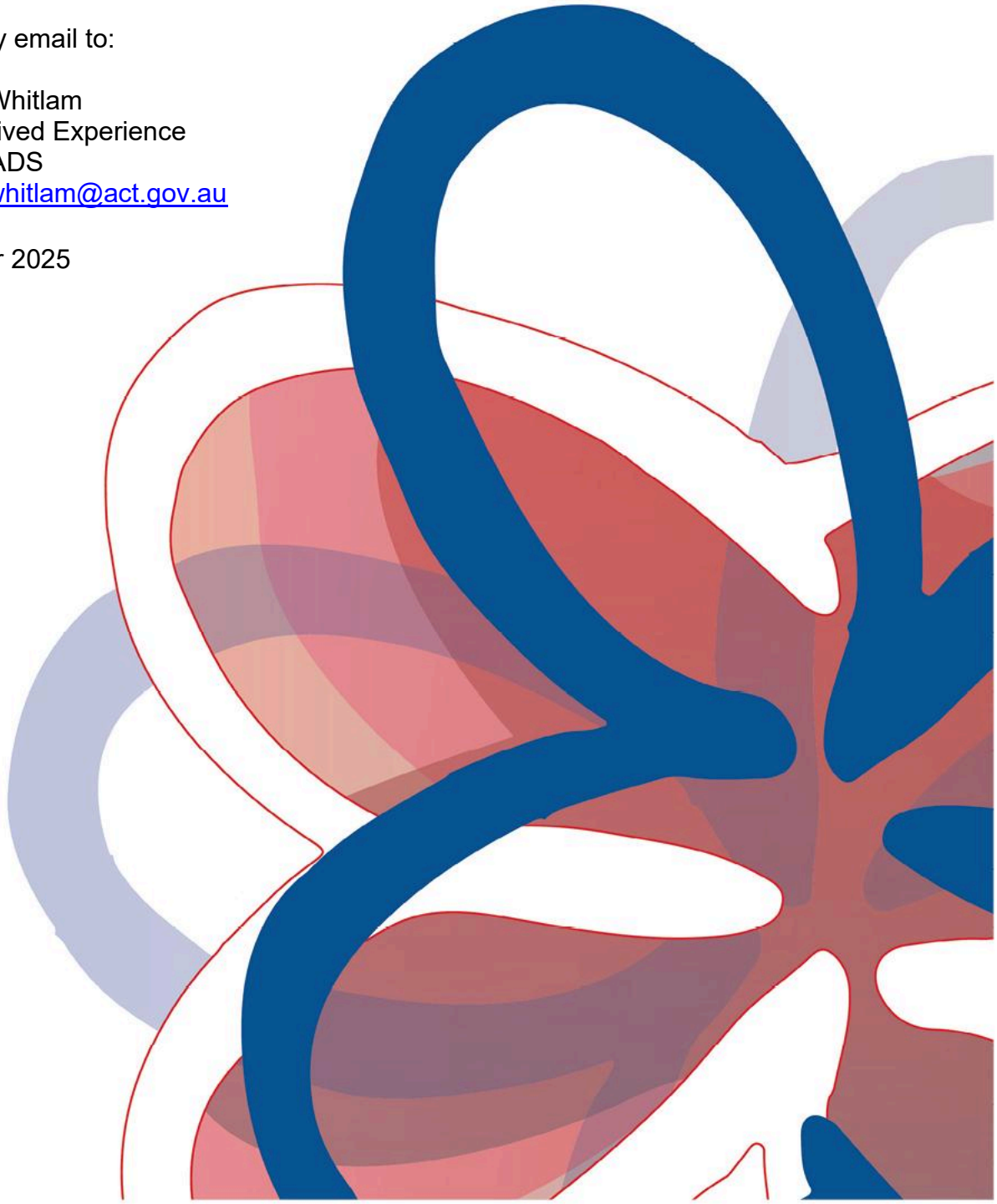

Submission: Review of Canberra Health Services Mental Health Justice Health and Alcohol & Drug Services Peer Pathways Model of Service.

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from the Canberra Health Services (CHS) Mental Health Justice Health and Alcohol & Drug Service (MHJHADS).

Acknowledgment of Country

We wish to acknowledge the Ngunnawal people as traditional custodians of the land upon which we sit and recognise any other people or families with connection to the lands of the ACT and region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people may be reading this submission, and we recognise the ongoing contributions of all Indigenous peoples to ACT society and Australia more broadly.

Recognition of lived experience

We wish to recognise people with mental health illness whose resilience and work contributes to creating a better mental health system for the Australian Capital Territory (ACT) and a more compassionate society for all.

The ACT Mental Health Consumer Network

The Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

A hybrid Policy Forum event was hosted by the Network and additional feedback was sought via email in relation to the CHS MHJHADS Peer Pathways Model of Service (the PPMoS). This submission incorporates both verbal and written feedback from consumers.

General comments.

The Network welcomes this opportunity to contribute to the PPMoS. Overall, consumers approved of the PPMoS in principle and were supportive of MHJHADS' commitment to developing a peer workforce and peer support services. The Policy

Forum convened by the Network focused on the consumer and peer-worker aspects of the MoS. This submission does not address matters that relate to Carers as this subject is beyond the remit of Consumers and the Network. General feedback from consumers stressed that the terms used in the PPMoS need to be consistent and that a strengths-based framing should be employed throughout the document. Likewise, when a term or concept is identified as being important or central to the PPMoS, it should be clearly defined and detailed. For example, the PPMoS states that "social prescribing" (p. 10) is central to the peer-worker role but does not specify what social prescribing entails. Consumers outlined several areas of concern regarding:

- The duration of Peer Pathways service engagement;
- Peer worker safety and supports;
- Peer workforce management; and
- The future of the Peer Pathways service.

Each of these points are discussed below. A list of consumer recommendations is provided in the final section.

Duration of Peer Pathways service engagement

Consumers expressed concern about the proposed duration of engagement and the effect this may have by delimiting the goals of the consumer and achieving desired outcomes. Consumers stated that relationship focused support takes time because cultivating rapport is important for achieving consumer identified goals and these are unlikely to fit neatly into an eight-to-twelve-week time-period. Some consumers expressed the view that the PPMoS appears oriented towards achieving the health system's goal of reducing short-term readmission rates rather than consumers' recovery goals. Because of the design of the PPMoS it will be very important for peer-workers and service materials to clearly communicate what the service does and does not involve.

Consumers noted that, if the role of the Peer Pathways service is to facilitate connections with other services, then achieving a consumer's post-admission goals is fundamentally a collaboration between Peer Pathways and other services. This raises the question of how Peer Pathways outcomes are to be properly understood and measured. Reduction in short-term readmissions to in-patient facilities is a short-term indicator for Peer Pathways, but this would not provide insight into whether the consumer was supported to achieve their long-term recovery goals. This prompted consumers to ask,

- *how will Peer Pathways assess the efficacy of the program in terms of achieving outcomes for consumers?;* and
- *Will there be any mechanisms for assessing whether the connections facilitated by the Peer Pathways program resulted consumers achieving their recovery goals in the long term?*

Consumers therefore recommended that the PPMoS should include a review process for assessing long-term consumer outcomes due to the support provided by peer workers.

Peer worker safety and supports

Consumers expressed several concerns about peer worker safety and supports. These related to 'moral injury', the safe interaction of peer workers and consumers, and workplace supports. While consumers approved of the fact that the PPMoS acknowledges the risks of moral injury, they stated that it needs to be addressed in greater detail. This is important for setting a clear understanding for staff of what moral injury entails, its potential impacts and how it can be prevented and managed. Consumers therefore recommended that the PPMoS should expand the discussion of moral injury to detail:

- What moral injury is;
- What its impacts can be; and
- The general mechanisms and/or steps that the Peer Pathways service will enact to proactively manage this risk.

Concerning safe interaction between peer workers and consumers, consumers asked about how the new requirement for two workers to be present at home visit appointments might affect the Peer Pathways service.

- *Will there be a requirement for two peer workers to attend all appointments with a consumer in the community? or*
- *Will this only apply to appointments that are to take place at the consumer's place of residence?*

Consumers recommended that the PPMoS clarify how home visitation safety rules will apply to the Peer Pathways service.

As well, consumers enquired about boundary setting between peer workers and consumers for both support planning and communications. For example, consumers highlighted that it will be important for consumers who are engaging with a peer worker service for the first time to have a clear understanding of the program's

parameters and the acceptable communication methods. Likewise, clear guidance and instruction for peer workers regarding appropriate support activities, communication methods, and documentation will be important for both safety and accountability. Consumers highlighted that this is especially important if a consumer is involved in an incident and a peer worker's interactions with them are subject to either internal or external review. Consumers acknowledged that these issues may be more suited to the Operational Procedure, however, they recommended that the PPMoS recognise safe peer-worker and consumer interaction and communication as a priority for the service.

Consumers stressed that appropriate workplace supports were vital to ensuring both service outcomes and peer worker safety. They observed that peer workers may be at an elevated risk of experiencing psychosocial harm in the course of their work due to both the nature of the work itself and their own particular histories. For instance, a peer worker may experience elevated stress if their own mental health declines and they are also worried about letting down the consumers they are supporting and/or of its effect on their employment. Consumers highlighted that supportive management and debriefing were important aspects of proactively supporting peer workers, facilitating open discussion of issues and early intervention on any matters of concern. Consumers therefore recommended that Work Health and Safety provisions, Employee Assistance Programs, and case load management practices should be tailored to maximise supports for peer workers.

Peer workforce management

Consumers expressed some concerns about the governance and workforce management aspects of the PPMoS. There was unanimous agreement among consumers that the Peer Pathways service should aim for all positions to be advertised and filled as lived-experience-identified roles. Consumers stated that having non-identified roles in key clinical and administrative positions could undermine the coherence of the service. They argued that lived experience benefits all aspects of a peer service and therefore recommended that lived experience ought to be a criterion for all positions in the service.

Other concerns were raised about how Peer Pathways will work alongside and with other MHJHADS services. In particular, consumers highlighted the stigmatisation of peer workers in traditional medical health care settings. Consumers related that some clinical practitioners 'look down' on peer-worker qualifications and that such attitudes can lead to inefficient and frustrated collaboration between peer workers and clinicians. Consumers noted the measures outlined in Section 17 that aim to address this stigma; however, consumers remained sceptical about the prospect that

these would be sufficient to prevent stigma from negatively affecting the service. Consumers also observed that, while the structure of the Peer Pathways service is outlined in Section 10 in figure 2 on page 19, there is no similar figure or explanation that details the lines of responsibility for coordinating with CHS and MHJHADS services. For instance, it is unclear which members of the Peer Pathways program have responsibility for liaising and coordinating with relevant CHS and MHJHADS counterparts in the event of an emergency. Consumers noted that the full explanation of these responsibilities are more likely to be included in the Operational Procedure; however, they nonetheless recommended that at least some information about these channels for coordination should be documented in the PPMoS.

The future of the Peer Pathways service

A general feature of the PPMoS that consumers commented on was that the document needs to be clearer about how the Peer Pathways pilot program is presently being implemented and what it is anticipated to be expanded to include. For example, the Hub and Spoke Model outlined in Figure 1 on page 10 identifies the service infrastructure that is in the development pipeline. However, the PPMoS does not detail the particular locations and/or in-patient units that the pilot program will initially operate from and then expand to include. Likewise, the PPMoS does not indicate what the full suite of in-patient facilities and consumer-cohorts it is envisaged to encompass. For instance, will the Peer Pathways program eventually be extended to support consumers transitioning out of Dhulwa? Consumers acknowledged that the PPMoS is a dynamic and living document that will be revised and developed as the program moves from being a pilot program to an established program. However, the lack of clarification here led some consumers to wonder when, or if, other service areas would benefit in future from such a peer worker service. In view of this, consumers recommended the inclusion of an outline of the consumer and carer cohorts and in-patient services that the program will initially serve, and then indicate the other services that the program may encompass when fully established.

In the same discussion, consumers noted that the PPMoS mentions that “Peer-led groups (such as PeerZone … Ending self Stigma, the Honest, Open, Program, etc.)” (p. 17) will be implemented within six to twelve months. However, the PPMoS provides no information about what these groups are or what activities they involve. Additionally, the role of such peer-led groups within the broader Peer Pathways service is not sufficiently described. Will the peer-led groups exclusively serve to support consumers and carers who are unable to access the full Peer Pathways program? Or will consumers and carers receiving support through the service also

be able to access these groups? Consumers therefore recommended expanding Section 5.10 to provide additional detail about the role of and access to peer-led groups in the Peer Pathways program.

While consumers held concerns about the PPMoS, there was nonetheless broad agreement about the positive potential for peer work to provide vital supports throughout MHJHADS operations. In view of this, many consumers were curious about the future of Peer Pathways and peer-work in MHJHADS. For instance, some consumers highlighted the potential for Peer Pathways to develop streams that support specific ACT cultural groups. Similarly, other consumers noted the potential for peer-led support in the justice space, especially when returning to the community. Consumers recognised that such service areas may not fall within the scope of the Peer Pathways program, but they were eager to see development of such services in future.

Recommendations

Recommendation 1:

In Section 5 on page 10, “social prescribing” should be defined, detailed and then added to the Glossary of Terms in Section 20.

Recommendation 2:

In Section 19, The PPMoS should include a review process for assessing long-term consumer outcomes as a result of connecting consumers with services in the community.

Recommendation 3:

In Section 2.2, the PPMoS should state the definition of moral injury, detail its potential impacts and the steps that the Peer Pathways service will take to proactively manage this risk.

Recommendation 4:

In Section 5.11, the PPMoS should further clarify how home visitation safety rules will apply to the Peer Pathways service and under what circumstances it will be permissible for a consumer to meet with and be supported by one peer worker.

Recommendation 5:

In Section 7, the PPMoS should recognise safe peer-worker and consumer interaction and communication as a priority for the service. This section should also specify the permitted communication devices and apps that peer workers and consumers can communicate via.

Recommendation 6:

CHS and MHJHADS should closely examine Work Health and Safety provisions, Employee Assistance Programs, and case load management practices to assess how they can be tailored to maximise supports for the Peer Pathways peer workers.

Recommendation 7:

Consumers strongly recommended that lived experience should be a criterion for all positions in the Peer Pathways service, including the Nurse Practitioner/Advanced Practice Nurse and Administration Officer roles.

Recommendation 8:

In Section 10, the PPMoS should include information about the channels for liaising and coordinating work between the Peer Pathways services and other key areas of CHS MHJHADS operations.

Recommendation 9:

In Section 5, the PPMoS should provide an outline of the consumer and carer cohorts and in-patient services that the program will initially serve and then indicate the other services that Peer Pathways may be expanded to when fully established.

Recommendation 10:

In Section 5.10, additional detail should be provided about the role of and access to peer-led groups in the Peer Pathways program.

Conclusion

Consumers welcomed the opportunity to provide feedback on this important Model of Service. These recommendations, based on verbal and written consumer feedback, are intended to enhance the PPMoS. The Network looks forward to continuing to work with CHS MHJHADS on the development of peer-led services in the ACT.