A photograph of a concrete tunnel with a staircase leading up to a bright circular opening at the end. The tunnel walls are made of large concrete blocks with visible joints. The staircase is made of metal railings and concrete steps. The light from the opening creates a strong contrast with the dimly lit interior of the tunnel.

Developing a Peer Workforce for Eating Disorders

An NEDC Resource

The Evidence for Change



- ◆ Peer reviewed and policy literature from general mental health
- ◆ Survey of peer workers, clinicians and people who have received peer support
- ◆ Interviews with peer workers and leaders from selected peer programs in Australia

Programs included:

- Instilling Hope for a Brighter Future Mentoring Program, Western Sydney University
- Peer Mentor Program - Eating Disorders Victoria
- Body Esteem Program – Women's Health and Family Services, West Australia
- Reaching Out for Hope – Princess Margaret Hospital Western Australia
- Peer Mentor Program – Eating Disorders Queensland
- Carer Consultant – Victorian Centre of Excellence in Eating Disorders (CEED)



“A Unique Discipline in the Field of Mental Health”

People with lived experience can develop ways of knowing and understanding their experience that are uniquely different to those of other health professionals.

Roper, Grey and Cadogan, 2018

Peer Work

Peer workers draw on their lived experience and knowledge of recovery from an eating disorder to help others achieve improved recovery outcomes.

- ◇ Non-clinical collaborative approach
- ◇ Lived experience and self-disclosure are essential criteria
- ◇ Working directly with peers or indirectly with health professionals and other service providers
- ◇ Formal employment (paid or voluntary) with a contract of employment, and access to training, supervision and employee benefits
- ◇ Out of scope – clinicians with lived experience; consumer and carer representation; informal peer support.



Thinking Differently



Unique tools – using lived experience to facilitate change

Peer workers draw on their personal experience to help others navigate their own recovery

Building trusting relationships

Peer workers provide a safe, supportive environment in which people are able to openly share and reflect on their experience

A collaborative approach – working through mutual help

Peer work requires a commitment from all participants to listen and learn from each other.

A different goal – discovering life through personal recovery

The focus of peer work is on personal recovery; a focus on the person rather than the illness.



“Peer workers should be a core component offered to all people with lived experience, their families and carers.

(NEDC Survey Feedback, Q7, no 37).

Reasons to Include Peer Work in the System of Care

- ◆ Improved motivation, engagement and commitment to treatment
- ◆ Reduced conflict with treatment team
- ◆ Stronger at-home support
- ◆ Development of stronger person-centred and recovery oriented approaches
- ◆ Supporting self-directed recovery
- ◆ Reduction in re-entry to treatment and hospitalisation
- ◆ Reduced symptoms

Challenges

- ◇ Negotiating boundaries for roles which blur the usual boundaries between informal relationships and professional service provision
- ◇ Developing clear role expectations and descriptions while maintaining flexibility in role activity
- ◇ Providing access to training and supervision to support safe and effective peer work
- ◇ Robust recruitment strategies and selection criteria relevant to safety concerns for peer workers and participants
- ◇ \$\$\$ Finding adequate resources to support peer work initiatives



Using the Guide

Part A: Exploring the Evidence for Peer Work

Part B: Understanding Peer Work

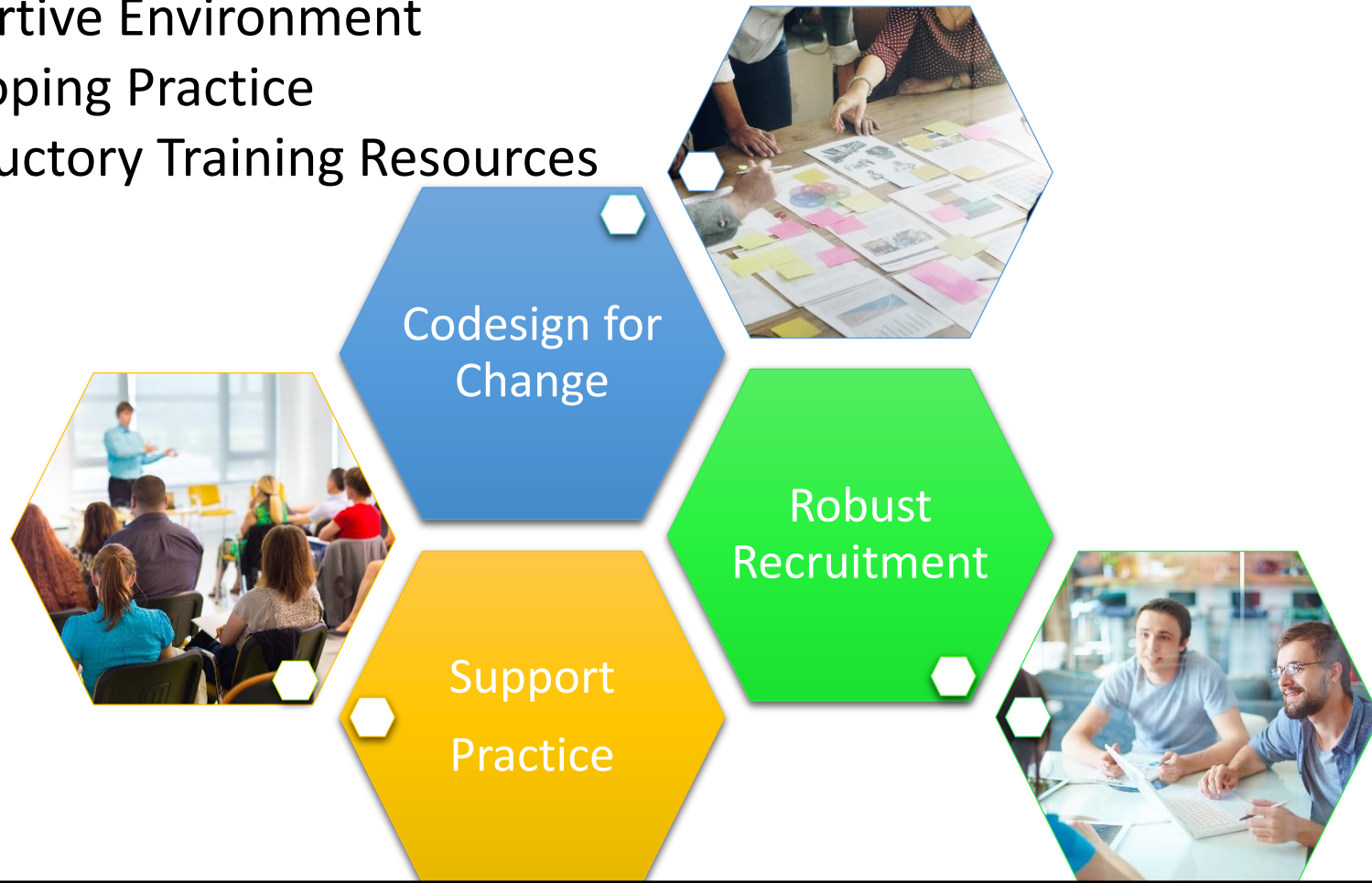
Part C: Organisation Matters

C1. Codesign for Change

C2. Supportive Environment

C3. Developing Practice

C4. Introductory Training Resources



A Skills Based Approach

Competency Group 1: Knowledge and lived experience of recovery from an eating disorder

Competency Group 2: Purposefully apply lived experience to promote and support recovery

Competency Group 3: Establish relationships of mutual trust and respect

Competency Group 4: Work collaboratively to enhance recovery outcomes



Purposeful and Planned



Peer work requires a commitment from all participants to listen and learn from each other.'

(NEF, 2011).

- ◇ Codesign clearly defined roles and strategies
- ◇ Integrate with other roles – key members of the team
- ◇ Address workplace barriers
 - Lack of respect for lived experience
 - Workplace stigma, bullying and harassment
 - Lack of reasonable adjustment to positions to accommodate needs
 - Isolation – engaging sole lived experience workers without access to support from their peers

Fitting into the System



Community Based Services



Part of the Health Service Team



PEER WORK ACTIVITY	MEASURABLE OUTCOMES
SUPPORTING ENGAGEMENT AND COMMITMENT TO TREATMENT	<ul style="list-style-type: none"> – Rates of uptake of treatment – Retention rates – Motivation and hope for recovery – Symptoms of depression
EMBEDDING PERSON-CENTRED AND RECOVERY-ORIENTED APPROACHES IN MENTAL HEALTH SERVICES	<ul style="list-style-type: none"> – Service user satisfaction – Service user participation rates – Commitment to recovery-oriented practice standards
SUPPORTING SELF-DIRECTED RECOVERY	<ul style="list-style-type: none"> – Reduced rates of relapse – Use of recovery planning tools – Improved use of natural supports and decrease in family stress (Thompson, Norman, 2008)
REDUCTION IN RE-ENTRY TO TREATMENT	<ul style="list-style-type: none"> – Reduced symptoms of eating disorder – Reduced rates of re-hospitalisation – Reduced demand for intensive treatment
REDUCED SYMPTOMS	<ul style="list-style-type: none"> – Reduced eating disorder behaviours – Improved personal recovery outcomes



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- Eating Disorders Queensland (EDQ)
- Eating Disorders Victoria (EDV)
- National Eating Disorders Collaboration Steering Committee (NEDC)
- Tasmania Recovery from Eating Disorders (TRED)
- Victorian Centre of Excellence in Eating Disorders (CEED)
- West Australia Eating Disorders Outreach and Consultation Service (WAEDOCS)
- Women's Health and Family Services West Australia (Body Esteem Program)



“Peer workers should be a core component offered to all people with lived experience, their families and carers.

I have a lived experience and found the absence of lived understanding and support from people of a similar age to me led to profound and ongoing isolation and conflict between me and the treating team, and similarly a lot of isolation, stress and despair for my family.

Seeing people who are living well but know how difficult the journey can be, and what you might be experiencing, is important to feeling like you are not alone in the dark, cold torment of an eating disorder”

(NEDC Survey Feedback, Q7, no 37).