

# Utilising the Peer Workforce to Enhance Suicide Support Services

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# Acknowledgement of Country

*We pay respect to elders past, present and future and recognise these lands have always been places of traditional healing and medicine, and this plays a role in shaping future health services.*







## Our Vision

Well People, Resilient Communities  
across the Murrumbidgee

## Our Purpose

Create connected, dynamic, equitable  
healthcare through empowered  
workforce and communities

# Our Peer Work Journey

- Background
- Key Achievements
- Trial evaluation findings
- Current Status
- Lessons learnt



# Guiding Principles of Peer Work

Recovery focused

Self-determination

Lived experience as expertise

Strengths based

Voluntary

Humanistic

Person directed

Trauma informed

Relational

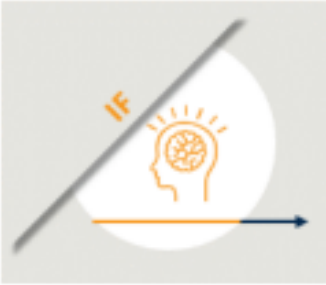


# Background

- Enhancement to The Way Back Support Service (TWBSS)
- MPHN chosen as the trial site in 2020
- Provide community-based peer support to TWBSS clients
- Model co-designed with Beyond Blue, Roses in the Ocean and TWBSS provider

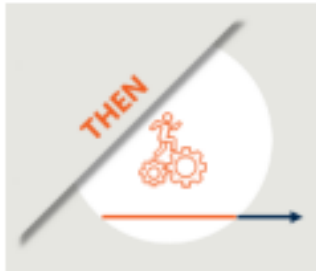


# Peer Support Enhancement Theory of Change



## Specific to the Peer Support Enhancement

An individual and/or the family of an individual referred to The Way Back is connected with a Peer CARE Companion or Peer Family Worker who has experienced a similar situation. They receive support for up to three months through face-to-face and informal catch ups (alongside the support provided through the core model).



## Specific to the peer support enhancement

The individual and family receiving peer support is more likely to engage with and feel understood by a peer who has experienced a similar situation. They come to feel a greater sense of hope, belonging and purpose. Additionally, families learn more about how to respond to a loved one living with suicidality and to feel more confident about seeking help when required.



# Objectives of the Peer Enhancement Trial



- Support clients to build self resilience and capacity to seek help and live safely
- Improve recovery outcomes
- Improve client uptake and engagement
- Improve knowledge and confidence of families

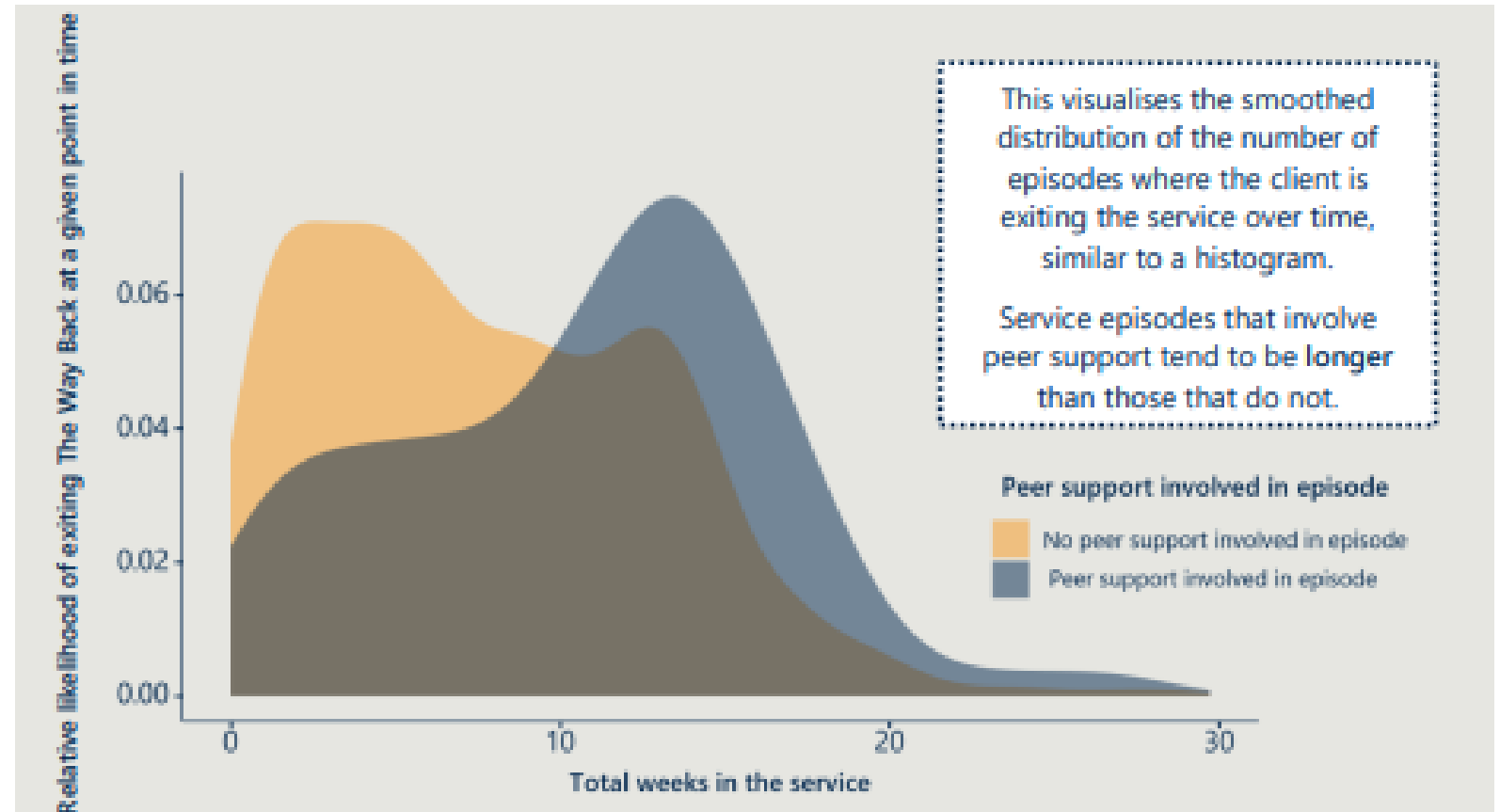




# Evaluation findings

- Peer CARE Support accepted by 41% of TWBSS clients
- Family Support accepted by 8%
- Clients remained in service for 9+ weeks

Figure 1 | Episode length for episodes involving peer support compared to those without<sup>17</sup>



# Evaluation findings continued

- Clients more likely to complete their service episode (74%)
- 54% of service contacts delivered by a Peer CARE Companion
- Qualitative feedback – positive, client satisfaction was high
- Peer support bolsters the mechanism of change
- Sometimes a lack of clarity of role definition





## What consumers have said

“This is the first time all year I have left my house for a coffee and a walk”

“There are too many positive things to put into this small space but this program quite literally helped to save my life.”

“Getting out of the house and meeting for an informal chat/check-in was so beneficial. This program was so positive and I've enjoyed being able to reflect on many aspects of life.”

# Key Achievements

- 2,491 service contacts
- 149 clients
- Average of 36% of TWBSS clients accepting Peer Support service
- Development of skilled local Peer workforce
- Enhancing of local networks
- Development of local Peer Worker Service Model
- Decision to continue past trial end





# Key lessons learnt



- ✓ Clear role definition required
- ✓ Consent processes for Family Peer Support work
- ✓ Challenges of data and outcome measures
- ✓ Minimal uptake of Family Peer Support
- ✓ Geographical barriers

# Current Status

- Current contract to 2025, funded under Mental Health schedule
- Further development of service model
- Incorporated both TWBSS and ASSP clients
- Reviewing data collection



# Key Contacts

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Many thanks for listening

