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Working Relationally with Lived Experience: Evolving Consumer Led Clinical Services with Peer Support Workers
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Learning Goal:
This presentation aims to contribute toward understanding the importance of working relationally with lived experience in promoting mental health service change. We share our learnings and challenges from the last two years integrating a youth and family carer peer workforce within Western Sydney headspace’s Youth Early Psychosis Program (hYEPP).

Abstract Text:
Public Mental Health Services need to move beyond outdated, top-down conventions in how they are designed, delivered and evaluated. This presentation includes our contributions to the BPS Working Relationally series, which aims to assist practitioners and commissioners alike in understanding why and how lived experience plays a pivotal role in this sector change. The booklet includes our learnings from the last two years integrating a youth and family carer peer workforce within Western Sydney headspace’s Youth Early Psychosis Program (hYEPP). Some applied psychologists are converging with counselling psychology on the importance of working relationally with personal experience and prioritising collaborative forms of formulation over reductionistic diagnostics. Likewise, segments of clinical psychology are developing socially contextualised understandings and practices (eg. Power Threat Meaning Framework). We argue that these shifts align with expanding multidisciplinary teams to include peer workers as a key way of improving user engagement, service design and delivery. Consulting lived experience can simultaneously prioritise working relationally with service users and promote more humane ways of delivering mental health services. Professionals, particularly applied psychologists, can play an important role in supporting the introduction and expansion of the peer workforce. Peer Support is distinct from therapeutic and counselling practices yet shares some commonalities, such as good communication skills, recovery practices and intentional use of the relational self. The service level challenges we have faced are offered as learning opportunities, in promoting organisational change and adoption. Key resistance to peer work is understood in part to be the administrative pressures placed upon care coordinators, alongside their personal priorities based upon professional strengths and preoccupations. Likewise, the prevailing risk mitigation mantra regularly overrules more open forms of dialogue. We conclude with our other major ongoing challenge of how we capture and evidence consumer engagement alongside promoting more meaningful outcomes.