

Whakamōhiotanga whānui | Overall summary

This paper draws from multiple data sources to shine a light on the peer support and lived experience workforce

[He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction](#) highlighted the vision tāngata whaiora had for a mental health and addiction system that provides peer support in a range of settings (Government Inquiry into Mental Health and Addiction, 2018). Following the inquiry, a number of policy and strategy shifts have occurred that support this vision, including the [Oranga Hinengaro System and Service Framework](#) (Ministry of Health, 2023c). This paper brings together evidence on the value of the peer workforce, information about the workforce, and the voices of people with lived experience. It establishes a baseline from which we can grow our collective understanding and advocate for growth of this important workforce.

Evidence shows that the peer support workforce benefits people using services

Available research findings from Aotearoa New Zealand as well as internationally show that the use of peer support within mental health services contributes to greater hope, satisfaction, and quality of life for tāngata whaiora. It also contributes to modest improvements in psycho-social outcomes and probably a small reduction in admission or readmission to crisis services, including hospital services. We need more research on the effectiveness of peer support in Aotearoa, including studies that focus on measuring outcomes that are important from a lived experience perspective, effectiveness of peer support in alcohol and other drug services, and the delivery and effectiveness of Māori models of peer support based on a Te Ao Māori worldview.

Peer support FTE positions are increasing in number but remain a small proportion of the workforce

The number of peer support¹ full-time equivalent (FTE) positions increased by 18 per cent across four years, from 361 FTE in 2018 to 425 FTE in 2022. At the same time, the total mental health and alcohol and drug workforce has grown, with the result that peer support within adult mental health and addiction non-government organisations

¹ These data include both peer support (consumer and service user) workers and peer support (family and whānau) workers.

(NGOs) remains at 3.4 per cent of the total adult mental health and addiction workforce (including Te Whatu Ora). In addition, the proportion of peer support contacts being delivered in specialist mental health and alcohol and drug services has remained constant.²

Lived experience leadership roles are critical enablers for growing and developing the peer support workforce

Growing the capacity of the peer support workforce is an important goal that also requires a shift towards a recovery-focused paradigm. Achieving this shift needs leadership from people with lived experience across all levels of the system to clearly present the ‘value proposition’ for peer support and shift the attitudes of other staff working in the health sector. The health reforms, including the establishment of Te Whatu Ora—Health New Zealand and Te Aka Whai Ora—Māori Health Authority, provide an opportunity to embed lived experience positions in places where they can lead and influence policy, planning, monitoring, and commissioning discussions.

Development of peer support needs to include models based on a Te Ao Māori worldview

We have a significant opportunity to improve the mental health and alcohol and drug workforce by developing and delivering models embedded in mātauranga Māori. Māori told us that they want to establish ‘by Māori, for Māori’ models of peer support and develop their own roles, language, training, and resources to deliver what whānau need.

Developing and embedding Māori models of peer support means Māori are involved at all levels of the system. It requires development of a workforce of kaimahi tāngata whaiora Māori to reflect the service user population and different cultural worldviews that tāngata whaiora hold. Current guidance from Te Rau Ora (2019a, 2019b) on developing the Māori workforce includes acknowledging the Māori workforce will require ongoing professional and cultural development that enhances mātauranga Māori and cultural capabilities, as well as supporting opportunities for leadership development.

The peer support workforce presents an opportunity to transform the system and address workforce challenges

A workforce strategy and roadmap are required to determine what our health workforce of the future looks like and how we will get there from our current position. Expanding the peer support and lived experience workforce should be an objective in the workforce planning roadmap, which itself should be developed in partnership

² Based on analysis of T45 code (peer support) within PRIMHD over the last five years.

with lived experience leaders, who include Māori with lived experience, so it reflects what is most important to people. The roadmap should also cover:

- development of the workforce of kaimahi tāngata whaiora Māori
- training and education for the health workforce
- strategies to attract the peer support workforce.