

1.00pm – 4.00pm
Wednesday 24 March 2010

Contact Point
Barony Housing Association
411-417 High Street
Kirkcaldy KY1 2SG

Introduction to Peer Support

Programme

1.00pm	Introductions
1.20pm	Recovery
1.40pm	What is Peer Support?
2.00pm	Feedback
2.10pm	Benefits of Peer Support
2.30pm	Comfort Break
2.40pm	Experience, Skills, Qualities
3.00pm	Feedback
3.10pm	Confidentiality
3.30pm	Risks, Boundaries
3.50pm	Winding up, conclusion

Facilitator:
Chrys Muirhead

Feedback Report

Workshop Agreement

- Confidentiality – what's said here stays here
- Challenge constructively
- Respect others' opinions
- Being able to talk without interruption
- Nae swearing
- Be supportive to each other

HOPE

Recovery – definitions

- Regaining personal control
- Improved quality of life
- Self development
- Being happy
- Acceptance of illness
- Medication can be useful
- Stopping self-medication
- Achieving new directions
- Re-establish self belief, social contact
- Recreating new skills, achievable
- Not always accepting 'expert's' opinion
- Back to where you were
- Becoming a new person
- Developing new coping strategies
- Recognising support & TRUST – allow time, easier for some

What is Peer Support?

- ✓ Discussing things with someone on same road
- ✓ Understanding a person's need
- ✓ Passing on helpful strategies based on experience
- ✓ Equal balance of power – mutuality
- ✓ Different level of sharing, be themselves, on same wavelength
- ✓ Credibility
- ✓ Role of PS Worker – paid or unpaid
- ✓ Affinity – trust
- ✓ Supervision – responsibility, accountability
- ✓ Telling your own story
- ✓ Role model
- ✓ 2 in relationship, different levels of recovery
- ✓ Time out
- ✓ Confidentiality
- ✓ Volunteer – test waters eg getting up in the morning
- ✓ Benefits – wage (benefits/payroll dept)
- ✓ Disability Employment Advisor, MH Co-ordinator (Wm Pratt, Fife)

Experience, Skills, Qualities of PS volunteer/worker

Experience	Skills	Qualities
MH crisis & recovery	Communication, listening	Non-judgemental, non-discriminatory
Life experiences – rearing a family, having a partner, relationship breakdown	Record keeping	Positive role model
Hobbies eg play guitar	Groupwork skills	Supportive
Work eg teacher	Good organiser	Confident – self esteem, continuum
Awareness of social, vocational opportunities	Decision-making	Want to help someone else
Age & maturity	Able to challenge	Like other people
Keeping up to date with info & in society	Motivated	Capitalise on strengths
	Reflective	Self awareness
		Being aware of limitations
		Resilient
		Sense of humour
		Approachable
		Honest

Confidentiality – Risks & Boundaries

- Agreement or policy, procedure
- Consent Form – where/what to share, control, supervision – confidential space
- Danger to self or others, children
- Vulnerable Adults Policy – seek advice – (eg financial abuse)
- Information being held – signed re kept on file
- Anyone can see their own records – 3rd party info, guidance?
- Acknowledging person outwith PS setting – wait until person says hello first
- Meet in homes? Risk Assessment, lone working policy, Guardian Angels

This worked well ... room for improvement

- Discussion around recovery was useful
- Lots of brainstorming, working in small groups & feeding back worked well
- Reinforcement of my belief in value of peer support
- To share & develop knowledge & experience
- Group discussions & group involvement worked well
- Inspirational for me on Peer Support
- Great to mix with people with different experiences
- Great to find out about sources of funding
- Useful to find out sources of funding for PS
- Opportunity to learn new skills & meet lots of people with new ideas
- Information on what is PS
- Group discussion worked well
- Shared thoughts & experiences
- Good to hear the views from those taking part who have experience of PS
- Considering recovery & discussion on same
- Maybe some more detailed info on where project is at, what stage funding, results from pilot studies etc
- More time
- Time to meet others informally & network
- Would like to know more about setting up PS Groups
- More support & info for PS and more meetings
- An awareness of & info on the practicalities of developing PS in Fife

Recovery

"As a process, recovery is a complex and nonlinear evolution that *Ridgeway* (2001) describes as being comprised as a series of journeys including:

- reawakening of hope after despair
- breaking through denial and achieving understanding and acceptance
- moving from withdrawal to engagement and active participation in life
- active coping rather than passive adjustment
- no longer viewing oneself as primarily a person with psychiatric disorder and reclaiming a positive view of self
- moving from alienation to a sense of meaning and purpose"

[Pathways to Recovery, School of Social Welfare, University of Kansas]

WRAP stands for **W**ellness **R**ecovery **A**ction **P**lanning (*Mary Ellen Copeland*)

WRAP is a self-management and recovery system developed by a group of people who had mental health difficulties and who were struggling to incorporate wellness tools and strategies into their lives. WRAP is designed to:

- Decrease and prevent intrusive or troubling feelings and behaviours
- Increase personal empowerment
- Improve quality of life
- Assist people in achieving their own life goals and dreams

www.copelandcenter.com

www.mentalhealthrecovery.com

The Tidal Model of Recovery and Reclamation

"The Tidal Model acknowledges that the person's experience of health and illness is a fluctuating one and that the causes of psychiatric crisis can be diverse as well as cumulative.

The Tidal Model assumes, however, that the person's experience is a constant across this ever-changing scenario.

The Tidal Model focuses on the process by which the person was metaphorically 'washed ashore' as a result of the psychiatric crisis. Once a crisis has been identified, the person's lived experience becomes the centre-piece for an in-depth, collaborative assessment of what 'needs to be done' to help to 're-float' the shipwrecked person."

Prof Phil Barker & Poppy Buchanan-Barker www.clan-unity.co.uk www.tidal-model.com

"Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process."

Scottish Recovery Network www.scottishrecovery.net
[based on experiences shared on the narrative research project]

"Hope is critical for recovery, for our despair disables us more than our disease ever could" *Leete (1993)*

Recovery-oriented practice

1 **Hope is communicated** at every level of service delivery system.

2 The **relationship** between the service provider and participant is based on **compassion, understanding and knowing each other as unique individuals**, and is the basis for good work to happen.

3 There are **high expectations for recovery** and it is considered the outcome of service.

4 **Work with people is purposeful and designed to assist people in their growth and recovery toward their dreams, desires and goals.** The primary mechanism that drives this process is with proactive, planned contact using written goals and steps toward achieving goals.

5 **Self-care, self-management and education are emphasised.** People are supported in becoming experts of their own self-care. People are educated about medications, self-help, coping strategies and symptom management. Information is openly shared and consumers have access to information.

6 **Community integration** is the central focus of practice. This includes normal, integrated housing, real work experiences, linking to members of community, social and recreational activities, with less emphasis on mental health programming and groups.

7 People are **supported to take risks** (failure is part of growth of individuals).

8 **People receiving services are involved at every level of decision-making** and directors of their own care: as directing the goal planning process, directing the amount and type of services, and directing programme planning and policy-making.

9 **Peer support and mutual self-help are encouraged and valued.**

10 **Staff anticipate crisis and do pre-crisis and crisis planning** with consumers

Non-recovery practice

There is little communication of hope.

Controlling, caring for, and protecting people is the basis of the work.

Stabilisation is the expected outcome of service.

Work with people lacks direction and is crisis-oriented. There is little or no use of planned purposeful contact.

Written goal planning, not used; goals are driven by service delivery or service providers.

Compliance is desired. Professionals are seen as knowing what is best for consumers. Information is withheld on the basis that consumers do not understand or will not make good use of it.

There is an emphasis on use of mental health programmes for work (eg sheltered work, pre-vocational work units and classes), social and recreational endeavours (psychosocial groups).

Protection and emotional safety are of primary concern.

Professionals reserve decision-making power and know what is best for consumers.

Peer support and mutual self-help are not talked about or supported by service providers.

Staff do not spend time on health and wellness or wellness planning and therefore spend much time tending to crisis.

[Taken from 'The Strengths Model', C Rapp & R Goscha, , Oxford University Press, 2006, p 32]

Peer Support

"A system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement on what is useful" *Mead, Hilton & Curtis, 2001*

Recovery Innovations, USA www.recoveryinnovations.org

- Mutuality: Giving and receiving help and support with respect based on a shared experience
 - Empathy: Understanding through the personal experience of having "been there"
 - Engagement: Sharing personal recovery experiences. "If she/he can do it, so can I"
 - Wellness: Focussing on each person's strengths and wellness
 - Friendship: Promoting recovery through relationship and friendship
-

Peer support, recovery and possible benefits

This model of formalised peer support neatly fits a recovery ethos and approach, as developed internationally over the last twenty years in the following ways:

1. They value the lived experience of recovery, powerfully demonstrating the principle that having experienced mental health problems need not necessarily be entirely negative
2. They offer a chance for people with experience of mental health problems to contribute or 'give back', commonly identified as being helpful in promoting recovery
3. They offer much needed training and employment opportunities for people who have experienced mental health problems
4. They offer a supportive and well managed work environment for peer support workers and clients - both may have fluctuating levels of health and particular support needs
5. They work around recovery planning methods using tools specifically designed to promote the recovery experience, for example, Wellness Recovery Action Planning (WRAP) or the Strengths Model
6. They emphasise learning – both in their emphasis on training and self management skills
7. Clients who opt to use one of these services should be prepared to actively engage in a recovery planning process
8. Because many are newly developed projects they are based from the outset around the principles and values which have been described in the international literature as being helpful towards promoting recovery
9. Through their very nature they provide a level of empathetic and therapeutic relationship between peer worker and client not always possible between peer and professional
10. They can promote engagement with people who have shunned professionally led services. Complementing existing services with peer support could also offer new options to people who currently fall out with the remit of secondary mental health services

SRN Briefing Paper December 2005
