# Peer support workers – a guidance paper

# Peer Support Workers – A Guidance Paper

ARI
Advancing Recovery in Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

# Contents

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**A Note on Authorship:**

Authored on behalf of the Advancing Recovery in Ireland national office by Lynda Naughton, Pádraig Collins and Michael Ryan. June 2015.

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## EXECUTIVE SUMMARY

This document aims to provide practical guidance to those interested in employing Peer Support Workers (PSWs) in their services. It sets out the key lessons from much of the published literature in this area, specifically exploring the various definitions of the role and the benefits and challenges that have emerged from the employment of PSWs. It goes on to discuss issues around 'organisational readiness'. In particular it looks at the important issues of the employer, line management, clinical supervision and confidentiality. It also explores the practical issues of remuneration, union representation, recruitment and self-care. In keeping with the aim of supporting local initiatives in the area, it sets out a prototype for a business case for employing Peer Support Workers and discusses the important issue of gaining and sustaining the support of key stakeholders.

# Chapter One:

## Introduction

*I believe it is a spirit of hope that gathers us here today*

Patricia Deegan (1996)

## 1.1 *The Evolution of the Peer Support Worker Role*

A Vision for Change (Chapter 9, p 195) states that "Within the expanded model of the community mental health team it is proposed to create a new position of mental health support worker. These new workers in the mental health system will provide service users with companionship, friendship and practical support with daily living activities. They will help service users gain access to services and resources such as housing and employment. These new staff may come from a wide range of educational backgrounds with diverse personal experience and qualifications. Some may be users, carers, nursing assistants or retired staff. They should be offered flexible arrangements in terms of working hours to maximise their value to the service user". In line with this, a recommendation was put forward in that "the position of mental health support worker be established in the mental health system to support service users in achieving independent living and integration in their local community".

The explicit reference to "some may be users, carers …" sets the context for the importance of peer support in mental health services. The concept of peer support is, however, not new to the mental health services. Since people began using mental health services, they also began helping each other by sharing coping strategies, offering support and by creating friendships (Davidson et al., 2012).The value of such relationships was recognised and culminated in the creation of formal peer roles, beginning in the United States (Daniels et al., 2010). This recent advancement amongst mental health services has also spread to Australia (Franke et al., 2010) New Zealand (Scott, Doughty & Kahi, 2011) and other parts of Europe (Castelein et al., 2008). In the UK peer support has played a central role throughout the voluntary sector, yet the employment of individuals for such roles in statutory services has been much slower to occur (Repper, 2013). Illustrating the recent nature of this movement, Repper (2013) notes that prior to 2010, it would have been difficult to find a peer support worker (PSW) employed in the mental health services in England. Now, however, PSWs are employed within the Nottinghamshire Healthcare NHS Trust, Cambridgeshire and Peterborough NHS Foundation Trust, as well as the Central and North West London NHS Foundation Trusts. In England, the Joint Commissioning Panel for Mental Health recommends that Peer Support Workers be employed to work on "self-management, advocacy, training and mentorship programmes in order to improve personal understanding and responsibility for wellbeing" (JCPMH, 2012, p. 9). People who have experienced mental

health difficulties have shared their experiences and knowledge in a variety of settings including Alcoholics Anonymous and GROW. However, what is new is the creation of specific roles for peer support workers within the mental health service. The formalisation of peer support roles brings both challenges and opportunities for growth to existing mental health teams. This document aims to reduce the challenges faced by organisations by providing some guidance on how best to integrate a peer support worker into an existing mental health service.

In this regard it may be helpful to explore some of the definitions of peer support from the published literature.

Basset, Faulkner, Repper and Stamou (2010) stated that

"*The essence of peer support begins with informal and naturally occurring support, which is normally the bedrock of service user groups. In essence, service users use their own knowledge and expertise to help both themselves and others. This help has the authenticity of being rooted in personal experience, which is acknowledged as the most powerful and effective way of learning. As peer support becomes more structured and organised, it can become more focused and helpful, but care must be taken that its essence is not lost within these more formal and professional structures".*

Thus, peer support encompasses a unique relationship of mutual support, whereby individuals with similar lived experiences can offer support symbiotically to both the service user and the peer support worker themselves. The following statements attempt to define what exactly a peer support worker is. Solomon (2004, p 393) stated that

*"Peer support is an emotional support, frequently coupled with instrumental support, which is mutually offered or provided by persons having a mental health condition to others sharing a similar mental health condition to bring about a desired social or personal change".*

Mead et al, (2001) defined it as a

"*System of giving and receiving help founded on the key principles of respect, shared responsibility and a mutual agreement of what is helpful".*

Davidson, Chinman, Sells and Rowe (2006, p 443) described it as being

"*Based on the belief that people who have faced, endured and overcome adversity can offer useful support, encouragement, hope and perhaps mentorship to others facing similar situations"*

Whilst Stroul (1993) claimed that

*"Through the process of offering "support, companionship, empathy, sharing and assistance", "Feelings of loneliness, rejection, discrimination, and frustration"… are countered".*

Encompassing many elements of the definitions described above, peer support work has also been defined as including "mutual support, participation in consumer or peer-run programs and the use of consumers as providers of services and supports" (Davidson, Chinman, Sells, & Rowe 2006). The complexity of peer support can be viewed in Figure 2 (Davidson, Chinman, Sells, & Rowe, 2006).

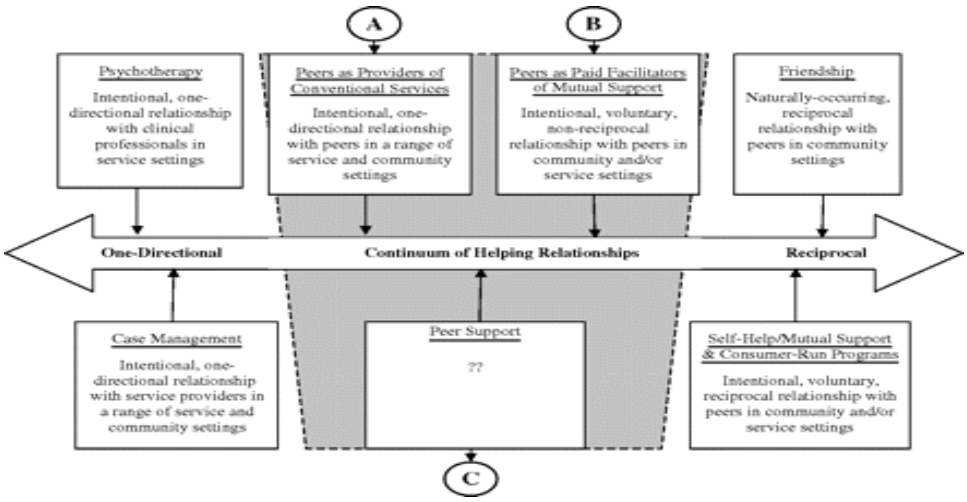



***Figure 2. Outlining the complexity of peer support work.***

Although the definitions as to what constitutes a PSW differ somewhat in terms of wording and the service provided by them, the essence throughout is similar in nature. Although professionals within the mental health team may themselves have personal experience of mental health difficulties 'peer to peer support' is distinct from 'expert worker support' (Repper, 2011). In no way does this imply that PSWs are non-expert in their role and as mentioned in training for PSWs in Arizona 'Peer support is about being an expert at not being an expert, and that takes a lot of expertise' (Repper, 2011). Barkman (1976) differentiates, however, between the roles of expert and peer support worker by describing key attributes which PSWs attain, those being "Experiential Knowledge" and "Experiential Expertise". Experiential knowledge refers to information which an individual acquires as they go through their unique recovery. Experiential Expertise relates to how an individual transforms their acquired knowledge into the skill of helping another in the hope of achieving

and sustaining recovery. It is important to acknowledge the lived experiences of staff that may have experienced mental distress at one point or another. In doing so, the quality of the service may be enhanced, as mental health staff may be inclined to utilise their own experiences to inform their work (Repper, 2013). Peer support workers can empathise with any frustrations experienced by the service user with regards to the mental health system, due to their own understanding of the service. Repper (2012) points out that "it is through this trusting relationship, which offers companionship, empathy and empowerment, that feelings of isolation and rejection can be replaced with hope, a sense of agency and belief in personal control" (p 4). Sometimes sharing experiences is not enough for an individual to feel supported and that is why on-going training, supervision and support are crucial for peer workers who are employed in the services. These topics are explored further later. A difference between existing staff such as a psychologist, nurse or psychiatrist, and a PSW, may reside in the fact that these professionals are employed in order to utilise their professional expertise and often, in their professional training, can be advised to put their personal experience aside when working with service users.

### 1.2 *The Peer Support Worker Role*

The inclusion of a PSW within a mental health team can act as a powerful support to the broader movement towards a more recovery-focused transformation within the HSE. The addition of PSWs may act as key drivers of recovery-focused organisational change (Repper, 2013). Differing roles exist for PSWs within any mental health setting. Roles may be voluntary, paid, or involve working in private or public services. According to Repper (2013) there are three differing types of peer support (a) informal or naturally occurring, (b) peers participating in consumer or peer-run programmes alongside formal mental health services and (c) employing people with lived experience within the services. There are varying dimensions to the types of support provided. Factors affecting the work of the PSW include how many people are involved in the groups, the level of choice in terms of engagement, the rules governing the relationship and the similarity or discrepancy between the PSW, the service user and their own stages of recovery (Repper, 2013).

As PSWs can be employed for a variety of roles within a mental health service, it is crucial to stress that PSWs are an addition to any given mental health team and are not to be

viewed as a substitute for other professionals. They bring with them a particular focus on personal recovery and therefore having a PSW as a member on a team will not only be beneficial to the service users involved with that individual, but may be beneficial in terms of shifting the focus of the team towards recovery strategies and goals. PSWs may work in dedicated teams and may respond to referrals, work in specialist community teams or Community Mental Health Teams (CMHTs), provide specialist advice in terms of recovery focused programs such as WRAP (Wellbeing Recovery Action Plan) or provide a multitude of services within the team such as speaking at inductions, reviewing policy documents or providing mentorship (Repper, 2013). For example, a PSW may facilitate in the earlier discharge from inpatient wards, may spend time planning for life in the community and then continuing that support by conducting home visits, meeting the service users friends and creating community contacts. PSWs may also aid in the service users creation of goals and support the service user in elaborating upon what 'recovery' means for them, or how best to convey any questions or concerns to professionals. PSWs may also co-produce and deliver modules in Recovery Colleges (Perkins et al., 2012). In essence, PSWs are employed specifically to help support others by utilising their own personal experience (Repper, 2013) and by helping others to their own strengths and expertise. These many different facets of the role all require the active support of the mental health service, without which much of the value and potential of peer support can be lost. Information on employing PSWs and the associated organisational challenges inherent in this will be discussed further on in this document.

**Table 1. Elements of the Peer Support Worker role.**

***What Peer Support Workers Do***

- Draw on their lived mental health experience to support others.
- Empathise with mental health service users.
- Offer emotional and practical support to service users.
- Be present with service users in times of distress.

- Offer hope and the possibility of recovery to service users.
- Empower service users in self-efficacy and self-management concerning their own recovery.
- Support the service user in developing their recovery through personal development and social integration.
- Provide a recovery resource to the service and team.
- Promote safe recovery.
- Improve communication between service user and provider.
- Support recovery focused care planning.
- Provide a training resource on recovery to the service.
- Help reduce stigma.
- Model good recovery practice.
- Model appropriate disclosure

### 1.3 *The benefits of Peer Support Working*

Internationally, the employment of PSWs in mental health services has increased, coinciding with the promotion of recovery-oriented approaches in the mental health sector. As the focus on peer support working increases, so too does the research being conducted in the area. Evidence surrounding PSWs suggests that they benefit service users across a range of areas including increased community tenure, improved social functioning, enhanced quality of life and decreases in hospitalisation (Moll, Holmes, Geronimo & Sherman, 2009). In their literature review of the area, Repper (2011) reported that seven randomised control trials had met their criteria for inclusion for their review (Clarke et al., 2000; Davidson et al., 2004; Dummont & Jones, 2002; O'Donnell, Parker, & Proberts, 1999; Rogers et al., 2007; Sells, Davidson, Jewell, Falzer, & Rowe, 2006; Solomon & Draine, 1995). However, the findings of these RCTs were restricted by the use of varied outcome measures. Therefore, Repper (2011) included a wider evidence base incorporating follow-up studies and naturalistic comparison studies in her analysis of the literature. Key findings are outlined briefly below.

In terms of admission rates and residence within the community, Solomon and Draine (1995) in their 2 year outcome study reported care provided by peers resulted in no worse

levels of hospital admission rates or length of stay when comparing with care as usual. O'Donnell et al., (1999) incorporated three separate conditions into their analysis of peer support (a) standard case management (b) client-focused case-management or (c) client-focused case management with peer support and reported no significant differences in admission rates. However, Clarke et al., (2000) found that individuals who worked alongside peer-support teams, as opposed to non-consumer community teams, seem to have spent longer time within the community before their first experience of psychiatric hospitalisation. Chinman, Weingarten, Stayner and Davidson (2001) found that there was a 50% reduction in rehospitalisation amongst those receiving peer support when compared to the general outpatient population and only 15% of those who engaged in peer-support were re-hospitalised within the first year after the study. Forchuck, Martin, Chan and Jensen (2005) reported similar findings in that outpatient readmissions significantly decreased, whilst length of inpatient stay decreased. An Australian investigation conducted by Lawn, Smith and Hunter (2008) found that the provision of peer support saved approximately 300 bed days within 3 months, indicating that peer support work can be highly effective as a supplementary addition to mainstream health services.

Qualitative research has also indicated the benefits of employing Peer Support Workers. Recovery focused healthcare models nurture and promote empowerment amongst service users. Empowerment is multifaceted and encompasses a number of psychological concepts including establishing meaning, building competence and cultivating self-determination. Ochocka, Nelson, Janzen and Trainor's (2006) longitudinal study of the impact of participation in 'consumer' initiatives found increased rates of both empowerment and independence. Contributing to their sense of empowerment was their acquired stability within their place of work, education or training as well as an increase in perceived control over symptoms or problems experienced. This increase in control stemmed from service users becoming more actively engaged in terms of researching their illness, and subsequently becoming more involved in their treatment options and recovery goals. An increase in social contact also enhances opportunities for service users to re-engage in terms of creating new relationships. Repper (2011, p 5) states that they can "practice a new identity (other than that of mental health patient) in a safe and supportive environment". Kurtz (1990) suggests that increases in social contact may also enhance problem solving and coping skills of service users as their contact with peer support workers with varying perspectives increase. Ochocka

et al., (2006) also reported in their study that at 9 and 18 months follow-up, service users reported having a wider network of friends, as well as more social support in general. This is mirrored in a study by Forchuk et al., (2005) whereby service users engaging with peer support workers had heightened social skills and improved social support culminating in increased social functioning. Henderson (2013) also reported similar findings in that the main influences of a peer worker included motivation, heightened social interaction, making healthier lifestyle choices, increased confidence and enhanced mental health. PSWs can also find rewards in their work as the role of a PSW may lead to personal growth, increases in confidence, reductions in hospitalisation and financial remuneration.

The benefits of PSWs to an organisation also appear to be significant. In their qualitative research, Mead et al., (2009, p 453) reported that PSWs enhanced existing services with one manager stating that "Having [peer provider] there, offering her experience, her support, that whole hope piece, has been a really nice addition". The peer support worker can act as a role model for the recovery process and through their work may instigate change within the organisation as a whole. As well as being seen as a supplementary service, some organisations saw the work of the peer supporter as providing a unique service alternative to that provided by professional staff. In their qualitative work, Mead et al., (2009) stated that a service which was being facilitated by a staff member and subsequently a peer support worker had grown in popularity and participation "We've seen a lot more participation now from folks and people have connected with her, whereas before they saw the staff person as a staff and so it wasn't running in the same manner" (2009, p 453).

### *Economic benefits*

Research has shown that the benefits of PSWs also extend into financial aspects. Through supporting individuals in their recovery the number of relapses and admissions to hospitals appears to decrease. In terms of the paper mentioned previously by Lawn, Smith and Hunter (2008) approximately $93,150 AUS dollars were saved due to reducing a total of 300 bed days, as well as savings in administration costs of approximately $19,850. Alleviating untoward pressure on hospital bed usage is a common challenge for most health services. Table 2 includes information regarding how employing PSWs has aided in the reduction of bed days for service users.

Although a body of evidence is increasingly growing in this area, future research is clearly warranted. Further research is warranted both nationally and internationally if preliminary results are to be outlined. In particular, research into peer support workers and their roles in an Irish context is warranted if the challenges and benefits of such workers are to be validated here. International research has been conducted as is illustrated in the above section; however, research into Peer Support Worker roles, benefits and challenges must be examined in the Irish context.

**Table 2.** Benefits to an Organisation

| Study | Time Period | Cost Per PSW | Value for Bed Days Saved As PSW | Benefits;cost ratio | Estimated number of bed days saved per PSW |
|---|---|---|---|---|---|
| **Chinman** | 6 months | £16,742.50 | £142,989 | 8.54:1 | 433 |
| **Klein** | 6 months | £16,742.50 | £41,679 | 2.49:1 | 394 |
| **Lawn** | 12 months | £33,485.00 | £239,910 | 7.16:1 | 727 |
| **Rivera** | 12 months | £33,485.00 | -£43,560 | 1.30:1 | Increase of 132 |
| **Salzer** | 12 months | £33,485.00 | £23,826 | 0.71:1 | 72 |
| **Sledge** | 9 months | £25,113.75 | £130,018 | 5.18:1 | 394 |

## 1.4 *Potential Barriers to Peer Support Working*

Some of the benefits of having PSWs on any mental health team have been outlined above. However, the role of a PSW does not go without its own set of challenges. Organisations must be vigilant of the demands which can be placed on a PSW. They are beginning a new role surrounded by established professionals and it may take time for them to develop the boundaries between seeking support from colleagues and maintaining their professional stance. Mead et al., (2009) state that support from staff was seen as a double edged sword whereby the PSW found it easy to connect to and talk to staff but that it may be easy to fall into the role of a consumer rather than colleague "I needed to be more professional around staff because it just made it harder for us to communicate, you know, when they felt like they maybe couldn't – they couldn't help me you know" (p 454). Instead, the group who trained the PSWs, ran a bi-weekly support session in order to help establish work boundaries and to

support the workers in their jobs. As mentioned previously, the readiness of organisations to employ a PSW is crucial if benefits are to be reaped.

Repper (2011) mentions challenges in terms of boundaries, power, stress, accountability and the maintenance of their distinct PSW role itself. Questions have arose surrounding the establishment of boundaries in terms of PSWs and service users. Their role encourages them to be open about their experiences and to disclose personal information about themselves. This may lead to a lack of definition in terms of how a PSW conducts their role. Mowbray et al., (1998) noted that difficulties arose when more emphasis was placed on what were deemed to be friendship roles. This was an issue as it was not clear as to what hours the PSW were eligible to be paid for. Coleman and Campbell (2009) conducted the Nottingham project and subsequent interest arose into how service users may socialise with peer support workers. Different forms of recreation included dancing, drinking or sharing lifts home together, potentially making it difficult to return to a more therapeutic role whilst at work. Mead et al., (2001) argues that this type of relationship may actually be beneficial as both the PSW and service user can establish and grow meaningful relationships thereby reducing traditional roles of power in therapeutic relationships.

Mead et al., (2001) noted that it was inevitable for power differences to occur when peer roles are formalised through payment, training and by offering titles to the workers. It is crucial to take account of such power differences as peers need to feel as though they can be honest and speak about issues at ease without fear of retribution. Staff on a mental health team may find themselves working alongside a PSW who they had previously treated in the past (Fisk, Rowe, Brooks, & Gildersleeve, 2000). This may lead to unequal relationships within a team as staff may unknowingly not treat PSWs as professional equals. Mowbray et al., (1998) reported that some PSWs felt as though they were part of a team, but as a lesser important member. These attitudes, if not identified and addressed, may significantly impair the PSW's capacity to functions effectively within a service.

A potential challenge also resides in the fact that PSWs are in close contact with service users and stressful situations may arise as part of their work. Chinman, Young, Hassell and Davidson (2006) found that agencies had concern over the possibility that PSWs may experience stress which may trigger the onset of symptoms which may result in their rehospitalisation. Such an event would be disadvantageous to the PSW as well as the individual with whom they were working, as their sense of hope and recovery may be

damaged. In 2003, Yuen and Fossey reported that PSWs involved in their study stated that they felt they needed to monitor their own workloads as well as being able to take time off when needed. The need for sufficient support and training is also emphasised in Mowbray et al., (1998) where the PSWs who participated in their study reported feelings of shock and reluctance to work with certain service users due to their levels of disturbance. Mowbray et al., (1998) also uncovered the issue that some PSWs did not feel as though they could admit their feelings to the staff team, with some stating that they found it hard to work out what they were supposed to do. Therefore role clarity, including the appropriateness of seeking support from colleagues when needed, is a necessary factor in order for PSWs to do their job effectively. This uncertainty amongst certain PSWs identified in some studies illustrates why proper training and supervision are necessary if the benefits of employing PSWs are to be garnered.

Moran, Russinova, Gidugu and Gagne (2013) conducted qualitative research to assess challenges which PSWs may encounter in their work. Their grounded theory approach led to the creation of three domains; work environment, occupational path and the peer provider's mental health state. Some PSWs mentioned feeling overloaded with work in that "work becomes the entire thing, and that's not healthy" (Moran et al., 2013, p 284). PSWs mentioned difficulties when there was a lack of a recovery environment, issues in relating to other staff members and direct or indirect feelings of prejudice. In terms of the occupational pathway, PSWs in the study mentioned that insufficient training, unclear job descriptions and difficulties in establishing peer helping relationships affected how well they did their job (Moran et al., 2013).

Chinman et al., (2006) conducted a study and found that PSWs voiced concerns over accountability and risk. In this regard, Mead and Macneil (2006) wrote about a shared responsibility between the PSW and the service user. Risk assessments are less frequently used within the relationship and instead the focus shifts towards a mutually responsible relationship (Repper & Carter, 2011). This is often referred to as relational risk management or negotiated safety planning. Ultimately control, as far as possible, remains with the person who appears at risk (Repper & Carter, 2011). PSWs ultimately need to feel fully supported by their colleagues in the mental health team in any safety planning work that they undertake. As mentioned by Repper and Carter in their 2011 review of PSW literature, PSWs appear to offer unique characteristics and experience which is currently not provided by mental health

services. PSWs differ in terms of the type of relationship they can offer a service user in that they instil reciprocity. Solomon (2004) notes that "consumer provided services need to remain true to themselves and not to take on characteristics of traditional mental health services" (p.8). Challenges as mentioned previously, may result in a PSW working in a manner that is more reflective of a professional role model in the team perhaps as a result of prejudice, or being under-valued by a team. Also mentioned previously was the importance of language in terms of separating peer roles from traditional mental health roles. Mead and Macneil (2006) highlight the importance of language and state that PSWs may not wish to talk about peers using medical terms in order to communicate or to fit in on a team, rather, language should be conveyed which maintains the essence of the PSW themselves. Should this concept be undermined, then the potential benefits of peer support may suffer.

## Chapter Summary

**Peer support is not an entirely new concept to mental health as individuals have been helping each other by sharing experiences and coping strategies for centuries. The formal role of a peer support worker has advanced significantly in the US, and more recently in the UK and Ireland. A wide range of definitions were illustrated and specific elements to the role of a peer support worker were described. PSWs, as additions to current mental health teams, can bring a multitude of benefits to a service. Benefits to service users include improved social functioning, enhanced quality of life, and decreases in hospitalisation. Benefits to the organisation include fostering a more recovery-oriented culture within which service users as seen as active partners as distinct from passive recipients of services. Potential barriers may arise if the team had not had training in recovery principles or if there is not sufficient "buy-in". Peer support workers can, however, bring significant benefits to mental health services open to developing these roles.**

# Chapter Two:

# Employing PSWs –

# Organisational Challenges

*"Those leading the recovery movement are clear that it is neither about an unrealistic hope of magical transformation, nor about the impossible prospect of returning to whatever preceded illness. Instead, it is an open-ended and cautiously optimistic process of sketching out a path forward and developing hope for a more satisfactory life alongside whatever remains of the illness.*

Glenn Roberts and Paul Wolfson, "The rediscovery of recovery: open to all". (2004).

### 2.1 *Organisational Readiness*

Detailed preparation is required from organisations in order to set up and maintain efficient systems supporting the employment of PSWs. Organisations might find it beneficial to discuss their view of recovery within their team, and ask questions surrounding the concept of recovery in the workplace. Barriers may reside in the fact that organisations may see a degree of tokenism in terms of service planning and delivery, perhaps generated by 'political correctness' (Nestor & Galletly, 2009). Often, obstacles tend to be more pronounced in teams that did not initially buy into the PSW program in the beginning (Nestor & Galletly, 2009). Repper (2013) states that there are sequential phases to the creation of PSW roles. Organisations must explore the parameters of a PSW support system (see Figure 1), this takes in the organisation as a whole, the team the peer will work on and the peer themselves. Preparation may involve improving already existing systems and supports or creating such systems in the organisation for the first time. Repper (2013) recommends the creation of a project steering group which may include members from Human Resources, management, service users as well as their family and friends. Once established, a clear plan could be created, whereby financial resources and timelines are assessed. The group may wish to include an external monitor to track their progress. Repper (2013) states that fundamental questions need to be asked initially such as "Why do we want to employ peers?" and "What difference do we hope they'll make?". It is crucial for the organisation to question their primary motives for the creation of PSW roles. Repper (2013) states that there are dangers, in recessionary times, of organisations seeing PSW roles as merely a channel for saving money, or as scape-goats for carrying out tasks that other members of staff wish to avoid. Organisations need to have vision and dedication in spreading the concept of recovery through relevant departments such as HR, where the aims and philosophies of PSWs can be articulated, as well as the details on how recruitment, interviews, notification of rejection or acceptance, and supervision will operate, can be worked out. Occupational Health must be placed at the forefront to ensure on-going engagement and support.

The work environment itself may present as a challenge for PSWs if staff are unwilling to engage with the PSW themselves. Staff members may vary in their levels of comfort working with peer providers. It may take time for staff members to adjust to working with a peer worker, particularly if the peer worker is employed part-time. One manager noted that "Integrating this position into the organisation at the level of one day a

week has made it really, really slow. I'm not sure that we could have done it any other way… but that- that has been a concern and frustration" (Moll et al., 2009). It may also be difficult for PSWs to move from being a consumer of mental health services, to being employed by it. There is a balance to maintain between being professional, but not so professional that the essence of the peer support work is lost. This is also a challenge for PSWs in that they may feel particularly isolated if they feel as though they don't belong in either world (Moll et al., 2009). Although PSWs may alleviate the workload for team members, their role is not primarily to free up time for other professionals. Establishing boundaries, relationships and work roles will take time. Similarly, it may be that only over time will the clients and staff become aware of the value of peer support work (Moll et al., 2009). Nestor and Galletly (2008) state that barriers most often reported in terms of PSWs doing their job as best they can lay within the attitudes of mental health professionals towards their work. Medically oriented staff members are reported to be more cynical towards the idea of PSWs, based on fears surrounding the use of experiential knowledge (Hodges & Hardiman, 2006). Kemp and Henderson (2012) reported that the solution to issues that peer support workers raised as barriers to them doing their job successfully could be found in adequate education in the principles of recovery for the team as a whole as well as adequate training for the peer support worker. Education, in terms of a peer support manual or handbook, could be useful to managers and other staff members for the purpose of role clarity. Peer support programs will have the best chance of success if mental health professionals are educated in terms of how beneficial such roles can be in the journey of recovery.

Although the aforementioned challenges are important for organisations to overcome, the broader readiness of the organisation in terms of adopting a recovery oriented approach is essential if the inclusion of PSWs within the mental health team is to be successful. The acceptance of teams is crucial if a wider recovery-focused transformation of services is to occur. Ideally, teams will already have accessed training in how to be recovery-oriented in their work, as well as having a commitment to making the service recovery-oriented (Repper, 2013). The organisation must lay these preliminary building blocks for recovery if the approach is to flourish. The creation of numerous opportunities for teams to work together as a whole would be beneficial, whereby PSWs and other mental health workers can engage and communicate. Discussions might arise surrounding concerns, hopes, fears, the role of PSWs and how they differ from others on the team. Teams may revise job descriptions and responsibilities to ensure they embody the core principles of recovery as well as have

opportunities to discuss a number of other relevant issues. As mentioned previously, it might be beneficial for staff to be reminded that although they may bring personal experience of mental health problems, their profession and ethical code may limit them on how they go about expressing this experience, whereas PSWs are employed for this sole purpose. In combining lived experience with academic knowledge, it is hoped that the service user will obtain the best possible help in terms of dealing with their mental health issues and their subsequent recovery. If the aims and objectives of the team are in line with one another and if adequate preparation and discussion surrounding recovery has occurred then conflict or worries regarding role replacement can be minimised.

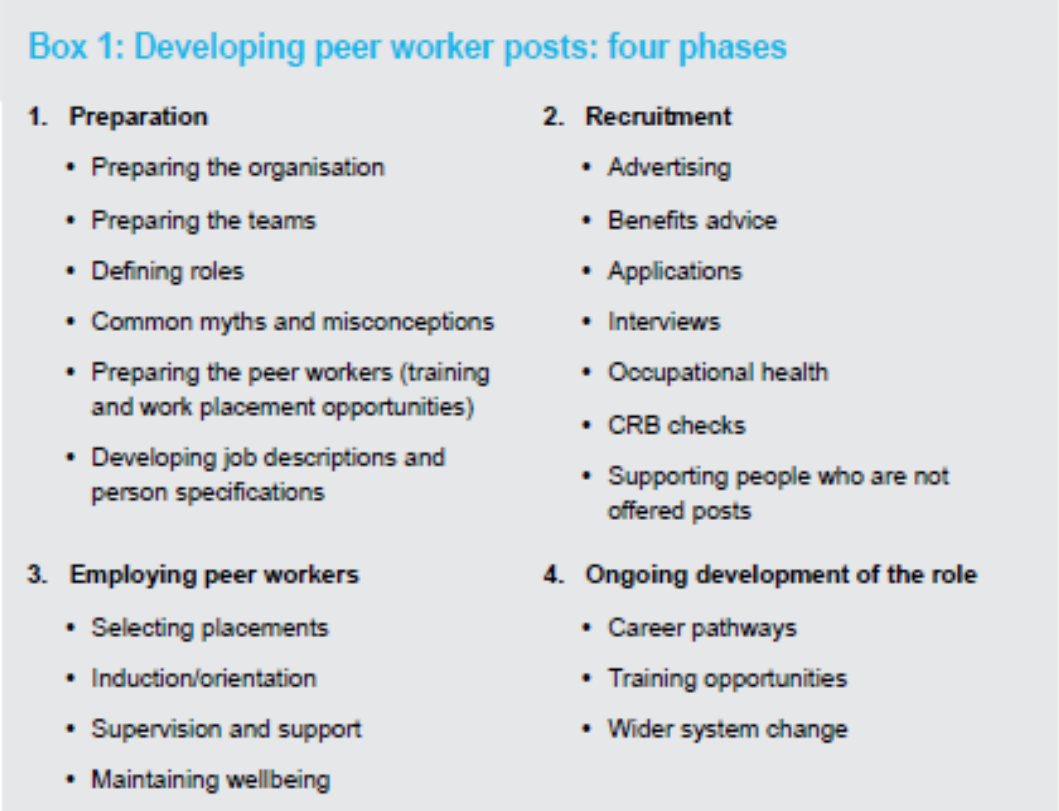
### *Training*

Some organisations wish to fully train PSWs prior to employment, whilst others wait until employment has commenced (Repper, 2013). Training has been developed and delivered in a number of countries and settings. Repper (2013) mentions a number of training programs such as Working to Recovery in Scotland (www.workingtorecovery.co.uk); Recovery Innovations in Arizona, USA (www.recoveryinnovations.org), Mental Health Kokua in Honolulu (www.mentalhealthkokua.org); University of Texas, US (http://www.blogs.utexas.edu/mental-health-institute) and the Institute of Mental Health Nottingham (www.institutemh.org.uk). Repper (2013) recognises that varying levels of depth exist within the programs, as well as duration and intensity of the teaching. Training might work upon existing strengths, offer constructive feedback, value differences and opportunities as well as foster active listening and problem solving skills. Organisations might find it beneficial to assess training programs in their vicinity in terms of quality and consider if they have the capacity to develop their own should suitable courses be unavailable. Organisations may consider that just like other staff members, PSWs will benefit from access to other training courses, mentorships and workshops (Repper, 2013).

Some core principles around training may include:

- A centralised and standardised single training programme ideally would be considered.
- All PSW training would be at a consistent accredited standard (QQI Level 7 or 8).
- PSW training would include supervised practice placement.

- PSW training would explore defining Recovery in a mental health context.
- PSW training would equip the participant with the skills to practice as a professional PSW in multiple settings e.g. acute units and community settings.
- PSW training would in equip participants with collaborative working skills to prepare them to be part of an MDT.
- PSW training would address confidentiality and data protection issues.
- PSW training would emphasise the need for self-care.



**Box 1: Developing peer worker posts: four phases**

1. **Preparation**
   - Preparing the organisation
   - Preparing the teams
   - Defining roles
   - Common myths and misconceptions
   - Preparing the peer workers (training and work placement opportunities)
   - Developing job descriptions and person specifications
2. **Recruitment**
   - Advertising
   - Benefits advice
   - Applications
   - Interviews
   - Occupational health
   - CRB checks
   - Supporting people who are not offered posts
3. **Employing peer workers**
   - Selecting placements
   - Induction/orientation
   - Supervision and support
   - Maintaining wellbeing
4. **Ongoing development of the role**
   - Career pathways
   - Training opportunities
   - Wider system change

***Figure 2. Repper's (2013) stages for setting up PSW roles.***

## 2.1 *The Employer*

If PSWs are directly employed by the HSE they would thus fall under their governance and employment structures. Although other employment models exist (e.g. through 3rd parties) direct employment may be optimal from the point of view of embedding the recovery and lived experience expertise on the team. In the absence of the direct employment option, a secondment arrangement may be the next most effective arrangement with peers in direct

contact with members of teams. Any deployment of peers other than directly integrated into teams reduces the impact of peer support.

### 2.3 *Line Management*

A number of options could be considered in relation to line management and supervision of peers:

- Direct line management and supervision by the head of service user engagement on the AMT.
- Line management from the team coordinator or nominated 'PSW co-ordinator'.
- Creation of a senior peer support worker role who would provide line and practice supervision to their fellows.
- Alternatively practice supervision could be brought in from an outside source with line supervision internally.

As previously mentioned, an effective supervision and support mechanism is imperative to peer support workers, particularly as the discipline initially develops as a profession. Guidelines for developing peer support in Scotland (Maclean, 2009) noted the importance for line managers and supervisors to understand and be encouraging of the peer worker role. This is especially necessary when peer workers join non-peer teams.

*"I think that your first line manager, the person that's really your main supervisor, has to be really supportive, has to be willing to listen, has to also not be too sensitive about criticism. I don't mean that any criticism that I've given is insensitive but I think that they have to be flexible and open and listen and be able to hear some things that maybe they don't want to hear and not take it personally"*

(McLean et al., 2009)

McLean et al., (2009) conducted a pilot evaluation to assess five Health Board areas in Scotland. The evaluation looked at how PSWs were trained, the impact of their role on service users, their integration into the wider service system as well as investigating the process associated with implementing the scheme and national and local levels.

### 2.4 *Clinical Supervision*

The support and supervision of PSWs is of the utmost importance in order to maintain a viable and successful recovery programme. A positive supervisory experience models a partnership approach in which both the PSW and supervisor reflect upon their work. A close relationship with the service user is central to the role of a PSW. This can be difficult for PSWs as they will be sharing their own lived experiences, yet will have to maintain boundaries as their role is one of support and recognition. As mentioned previously, the creation and maintenance of boundaries can raise issues for some PSWs as they may find it hard to initially differentiate between both the role of a PSW and as a companion of the service user. Supervision can create a space where PSWs can air their views, as well as their concerns or questions surrounding boundaries. Discussions surrounding how relationships can be built and maintained, how boundaries are established and how to end a relationship when the time arises can all occur during the supervisory process. Successful supervision should

- Adapt a "coaching" approach, instilling self-learning and growth, reflecting a recovery approach.
- Create opportunities for group supervision and reflection whereby PSWs can come together to discuss challenges, accomplishments and to discuss problem solving skills.
- Make use of the advancing technologies available i.e. Skype meetings, web-based forums or online interaction.

It is important for supervisors to bear in mind the orientation and culture of the organisation as a whole. Strategies for supporting wellness and recovery would be encouraged to be readily available to PSWs and equally to all staff members. PSWs can encounter periods of intense stress, and as McLean et al., (2009) noted in their pilot evaluation. However, most of those who did become unwell during their employment returned to work feeling stronger and with enhanced capability towards their role. Triggers and stressors in peer relationships are bound to arise at some point and may arise due to-

- PSWs feeling as though they are responsible for an individual's recovery (or lack of)

- Increased worry as to what will be said should they themselves become unwell
- Engaging in the role of problem-solving as opposed to that of supporting self-directed recovery

Clarification and negotiation by supervisors about their role with the PSW as well as professional boundaries could also be discussed. This allows the PSW to explore the type of support that can be sought outside work and will instil trust and respect in the relationship.

### 2.5 *Data Protection and Confidentiality*

Peer support workers will adhere to the same limits of data protection and confidentiality as other staff in the workplace. In accordance with HSE guidelines "anyone processing personal data must comply with the eight enforceable principles of good practice. These state that data must be: fairly and lawfully processed; processed for limited purposes, adequate, relevant and not excessive; accurate; not kept longer than necessary; processed in accordance with the data subject's rights; secure; not transferred to countries without adequate protection" (HSE online, 2013).

Although PSWs share their lived experiences with service users, attention could be brought to the development of professional boundaries. Active reflection will allow for the PSW to remain vigilant in their disclosures and the boundaries surrounding their work. Confidentiality is as an important factor for peer workers as it is for other mental health practitioners. Training and supervision will reinforce that PSWs will be required to observe formal rules relating to confidentiality. PSWs will therefore be obliged to work within the organisational limits of both data protection and confidentiality.

### 2.6 *Self-care*

Self-care is an important concept in any profession. It is important that PSWs monitor their wellbeing and practice self-care. This may be through reflective exercises, enhancing personal growth and resiliency or recognising their own needs. Engaging in self-care practices may instil a sense of mastery over one's life, potentially leading to a heightened sense of resiliency. By engaging in reflective practices, the PSW will become more attuned to stressors or stress levels which may be affecting their well-being. Being aware of such

stressors, as well as utilising an enhanced resiliency, will empower the PSW in their work as well as their community.

### 2.7 *Remuneration*

It is imperative that the profession of peer support is recognised and authenticated by aligning it to a comparable and appropriate grade and salary. The current Social Care Worker pay scale is probably the most appropriate equivalent.

### 2.8 *Union Representation*

Peer support workers will be open to joining employee representative groups as per other HSE employees. Employees in such a role will have the same union membership rights as other professionals on the team.

### 2.9 *Recruitment*

Unless proper planning has gone into the role of PSWs, then they face the prospect of being set up to fail. Recruitment can only begin when this initial stage has been completed. Wider advertising may be necessary as potential peer workers may not be actively in contact with mental health services and some may not read professional journals or newspapers. Therefore, organisations may consider going directly into the community and advertising amongst groups. However, a broad approach may be more beneficial, not limited exclusively to those who have attended a community group programme. Repper (2013) also points out that it is important to provide benefit advice to people or to advise them to go to agencies which can address their queries or concerns in relation to the maintenance of their claim if taking up a new position.

Applicants to PSW roles may have been out of employment for some time or may lack the confidence or skills to apply. Most modern applications tend to include filling out a form (either hard-copy or online), which may assume familiarity with IT, as well as being Garda Vetted (which may lead to having to speak about potential convictions) as well as talk about interruptions in employment or housing (Repper, 2013). These issues are potential barriers to people who may be the most helpful PSWs; in that they have experience which may be similar to that of the service users. The Central and North West London NHS Foundation Trust has a designated ‘senior peer support employment specialist’ to aid potential applicants in the completion of any necessary documents as well as interview

preparation. Applicants may need further support as interviews can bring about anxiety. It is crucial that applicants feel supported throughout the process. This may involve initial interview prep or waiting room assistance on the day of the interview. Garda Vetting will be required, with participants who attain an adequate Garda Vetting moving forward, and so applicants may need support in acquiring this. As mentioned previously, occupational health is important for all members of staff, including PSWs, and analysis of current occupational health policies may be helpful in the long-run for all staff members. The organisation may specify work hours which take account of personal issues such as side-effects of medication or issues with morning rush hour traffic. PSWs may be offered assistance with aspects that are particularly challenging due to their mental health challenges; for example, sealing envelopes may be an issue for individuals who are compelled to check, or individuals suffering from anxiety about making potential mistakes at work may benefit from specific supports. (Repper, 2013).

### *Job Description*

See Appendix I for a draft PSW job description.

## Chapter Summary

**Organisational readiness is crucial to the successful employment of PSWs. The issue of training of PSWs was explored, outlining potential roles for national and locality-based trainings. Core principles around this training were discussed, as were the four phases of developing a peer support worker post. The chapter went on to discuss issues surrounding employment and line management. Obtaining appropriate supervision was emphasised and guidelines were established surrounding what supervision might entail. In line with this, the areas of self-care, remuneration, union representation and strategies for recruitment were discussed. A potential job description was also included (Appendix I). Overall, this chapter focuses on the 'how' of employing PSWs.**

# Chapter Three:

# Peer Support Workers: Supporting Local Services - Next Steps

*"Recovery' is an idea whose time has come. At its heart is a set of values about a person's right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms"*

Geoff Shepherd, Jed Boardman & Mike Slade, Making Recovery a Reality (2008)

### 3.1 *Developing an appropriate business plan*

The organisations ability to create an appropriate business plan for the employment of PSWs is crucial. As organisations become more recovery focused, the number of organisations seeking funding for recovery colleges or PSWs may increase significantly. Therefore, an organisation who presents a strong business plan may be more likely to be successful with funding. A positive business plan will indicate a high level of knowledge surrounding PSWs, their role and the organisation's readiness. Simpson, Quigley, Henry and Hall (2014) conducted an evaluation surrounding the selection, training and support of peer support workers in the United Kingdom which may be useful as a tool when thinking about creating a business plan. The following could be used as a template when thinking about creating a business plan. Sites may wish to consult the outline of a "Peer Support Worker Business Plan Template" attached (see Appendix II). The following tips can be used as a guide for sites wishing to apply for funding.

#### *Background*

- Introduce the area: Highlight the organisations knowledge of PSWs. Illustrate knowledge of the recovery movement in Ireland as well as its importance including reference to policy documents such as "A Vision for Change".
- Outline the role of a PSW. Outline the benefits to the service user: This may include increased ability to maintain employment or increased self-esteem. Outline the benefits to the organisation: PSW as catalyst for recovery oriented change in the organisation.
- Outline the challenges associated with employing a PSW: By doing so, the organisation is acknowledging the fact that organisational readiness is key if the role of the PSW is to be successful. Are there cultural challenges in terms of the organisation? Will the organisation be able to support a PSW – think about the education of staff and PSWs, potential conflicts regarding information sharing, support and supervision. How will the organisation overcome such obstacles? What may be the challenges for the PSW themselves? Illustrate how the organisation aims to prevent or ameliorate such challenges (training, education, supervision?).

*Site Specific Proposal*

- Introduce the sites individual business proposal. Will the project be rolled out on a phased basis?
- Outline the regional context of the site. Are there recovery initiatives already in place that the organisation has successfully implemented?
- How many PSWs does the site propose to recruit and in what roles will they be employed?
- How will PSWs be line managed and supervised in the service?
- How will the employment of PSWs benefit the services in the local region?
- Refer back to the previously mentioned challenges in the business plan. With reference to cultural, organisational and PSW challenges, outline how the site hopes to manages such challenges at a local level.
- Outline the financial costs of employing a PSW. This will include outlining the salary of a PSW, associated training for PSWs, supervision costs and Community Mental Health Team training
- Conclude the business plan with a synopsis as to the benefits and challenges of employing a PSW. Reiterate plans to overcome such challenges, and refer to how PSWs will enhance the work of the CMHT.

*Strategies to aid in the employment of PSWs*

The following are a list of strategies that may be useful for PSW employment as well as their successful integration into mental health services as adapted from Berry, Hayward and Chandler (2011)

- Clarity regarding the peer support worker role and job description (McLean et al., 2009);
- Offering full-time and permanent employment with the same terms and conditions as non-peer staff (Gates & Akabas, 2007; McLean et al., 2009);
- Espousing peer support in the organisation mission statement (Gates& Akabas, 2007).

- Strong support from senior management and psychiatrists (McLean et al., 2009) and from occupational health and human resources (Rinaldi et al., 2004)
- Training for the peer support worker concerning workplace policies and practices (Gates & Akabas, 2007; McLean et al., 2009);
- Training for all staff around workplace and boundary issues (Gates & Akabas, 2007)
- Awareness-raising regarding the peer support worker role and benefits and challenges of peer support (McLean et al., 2009).
- Ensuring that peer support supervisors have also attended the peer support worker training (McLean et al., 2009)
- Hiring multiple peer support workers simultaneously to establish a network (Solomon & Draine, 1995)
- Ensuring that the employing service is recovery-focused (McLean et al., 2009)
- Consider the use of a "Ulysses" agreement whereby PSWs can discuss, with the service director, the action they would like taken should they become unwell whilst working as a PSW. Provisions may include contact with the psychiatrist, offering usual medication or making adequate transport arrangements should the PSW be unable to drive. Some feel that Ulysses agreements should be compulsory as a safeguard for both the PSW and the service provider (Nestor & Galletly, 2009).

### 3.2 *Seeking and gaining support of core stakeholders*

Individuals who are passionate about recovery act as catalysts within their organisations in the refocusing of services towards a more recovery-friendly approach. However, it is crucial that the support of core stakeholders is sought and hopefully gained in order to achieve the goal of creating a recovery oriented service. Stakeholders may include the Area Manager, Executive Clinical Director, Area Director of Nursing, Head of Occupational Therapy, Business Manager, Principal Clinical Psychologist, Principal Social Worker, Service User Advocate, Service User Groups, Local Consumer Groups and the HR Administration Team.

Support may or may not initially be available and queries or concerns surrounding the introduction of PSWs to the team are encouraged to be voiced and discussed in an open manner. Small changes within an organisation can ripple and amplify out to other teams, but the key is in beginning the process. Carrie and Kendall (1995) describe inter-disciplinary work as "implying a willingness to share and indeed give up exclusive claims to specialist knowledge and authority, if the needs of clients can be met more effectively by other professional groups", with a team described as "a group of people with complementary skills who are committed to a common purpose, performance goals and approach, for which they hold themselves mutually accountable". Teams have to have shared goals and values, with individuals recognising the competency of other teams as well. Team readiness is a crucial building block for the advancement of PSWs and in assisting the refocus of teams into a more recovery-oriented service. As mentioned in "A Vision for Change", before teams embark on any journey it is crucial to establish where you're starting from. Teams that are not in agreement as to the employment PSWs should refrain from doing so until they reach consensus about the associated challenges, how to overcome such challenges and the benefits to the organisation. As previously mentioned organisational readiness is crucial if PSWs are to be successful in their role.

### *Linking in with supportive agencies (ARI, other sites)*

The recruitment and employment of PSWs may incur challenges along the way as issues such as organisational readiness which may hinder the process depending on the stance of the organisation in terms of recovery. It is worth noting however, that the HSE has made an explicit commitment to developing services that are recovery focused (e.g. Mental Health Division National Operational Plan 2015). This suggests that sites will be encouraged to adopt a recovery-based approach in their work in the near future if not already doing so. The national Advancing Recovery Ireland (ARI) team are also available as supports to sites and organisations and encourage sites to share their expertise and learning widely throughout a supportive network.

## Chapter Summary

**Chapter Three aimed to look at the next steps involved in the employment of PSWs. As the recovery focus within the mental health service gains momentum, an increase in those seeking funding for recovery focused initiatives may increase also. Therefore, a strong business plan could greatly increase the chances of attaining funding for Recovery initiatives such as employing Peer Support Workers. The chapter provides a guideline which readers may find useful in creating a business plan in their particular service. As mentioned in other areas of this guidance paper the attainment of 'buy in' was noted to be important particularly in terms of core stakeholders. The Advancing Recovery in Ireland team is available as an additional support to sites and organisations engaged in this work.**

## Concluding Remarks

Peer Support is based on the oldest of principles, that of solidarity for each other in the face of distress. What is unique about the Peer Support Worker role is the way in which having 'lived experience' of mental health distress is actively valued. As such, this reverses centuries of stigma associated with the experience of mental distress, and liberates us from the concept that such experiences are indicative of weakness and devoid of potential benefit. For Peer Support Workers to be actively employed at the heart of mental health service provision exemplifies the degree to which our services are transforming themselves in pursuit of being genuinely 'recovery -oriented'. This initiative is not without its challenges, as with anything that aims to result in meaningful change. However, these challenges – as clearly demonstrated elsewhere- are far from insurmountable. With the right leadership and a commitment by mental health services to continually challenge ourselves about how we are serving our communities, such initiatives have a real chance of success. Patricia Deegan (1996) reminds us that such endeavours commence in the 'spirit of hope'. It is now up to us

all to transform this hope into the meaningful change that will endure as a positive legacy to all those who have advanced the employment of Peer Support Workers in Ireland.

## References

Basset, T., Faulkner, A., Repper, J. & Stamou, E. (2010). Lived Experience Leading the Way Peer Support in Mental Health. London.: Together for Mental Wellbeing.

Berry, C., Hayward, M. I., & Chandler, R. (2011). Another rather than other: experiences of peer support specialist workers and their managers working in mental health services. *Journal of Public Mental Health*, *10*(4), 238-249.

Brown, S. L., Nesse, R. M., Vinokur, A. D., & Smith, D. M. (2003). Providing social support may be more beneficial than receiving it results from a prospective study of mortality. *Psychological Science*, *14*(4), 320-327.

Castelein, S., Bruggeman, R. J., van Busschbach, J. T., van der Gaag, M., Stant, A. D., Knegtering, H. & Wiersma, D. (2008) The effectiveness of peer support groups in psychosis: a randomized controlled trial. *Acta Psychiatrica Scandinavica*, 118, 64-72.

Chinman, M., Young, A., Hassell, J., & Davidson, L. (2006). Toward the implementation of mental health consumer provider services. The Journal of Behavioral Health Services & Research, 33(2), 176–195

Clarke G, Herinckx H, Kinney R, Paulson R, Cutler D, Lewis K, *et al*: Psychiatric hospitalizations, arrests, emergency room visits, and homelessness of clients with serious and persistent mental illness: findings from a randomized trial of two ACT programs vs. usual care. *Ment Health Serv Res* 2000, 2(3):155–164.

Clarke, G., Herinckx, H., Kinney, R., Paulson, R., Cutler, D., & Oxman, E. (2000). Psychiatric hospitalizations, arrests, emergency room visits, and homelessness of clients with serious and persistent mental illness: Findings from a randomised trial of two ACT programs vs. usual care. Mental Health Services Research, 2, 155–16

Clarke, G., Herinckx, H., Kinney, R., Paulson, R., Cutler, D., & Oxman, E. (2000). Psychiatric hospitalizations, arrests, emergency room visits, and homelessness of

clients with serious and persistent mental illness: Findings from a randomised trial of two ACT programs vs. usual care. Mental Health Services Research, 2, 155–164.

Coleman, R., & Campbell, J. (2009). Roads to recovery peer development project: The first year. Ongoing evaluation of the developmental process. Working to Recovery Publications.

Daniels, A., Grant, E., Filson, N., Powell, I., Fricks, L., & Goodale, L. (2010) *Pillars of Peer Support: Transforming Mental Health systems of Care through Peer Support Services.* Available from: www.pillarsofpeersupport.org

Davidson L, Shahar G, Stayner DA, Chinman MJ, Rakfeldt J, Tebes JK: Supported socialization for people with psychiatric disabilities: lessons from a randomized controlled trial. *J Community Psychol* 2004, 32(4):453.

Davidson, L., Bellamy, C., Guy, K. & Miller, R. (2012) Peer support among persons with severe mental illness: a review of evidence and experience. World Psychiatry: 11, (2), 123-126.

Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: a report from the field. *Schizophrenia bulletin*, *32*(3), 443-450.

Davidson, L., Shahar, G., Stayner, D.A., Chinman, M.J., Rakfeldt, J., & Tebes, J.K. (2004). Supported socialization for people with psychiatric disabilities: Lessons from a randomized controlled trial. *Journal of Community Psychology*, 32, 453–477.

Dummont, J.M., & Jones, K. (2002). Findings from a consumer/survivor defined alternative to psychiatric hospitalization. Outlook, Spring, 4–6.

Felton, C., Stastny, P., Shern, D., Blanch, A., Donahue, S., Knight, E., & Brown, C. (1995). Consumers as peer specialists on intensive case management teams: Impact on client outcomes. Psychiatric Services, 46, 1037–1044.

Fisk, M., Rowe, M., Brooks, R., & Gildersleeve, D. (2000). Integrating consumer staff members into a homeless outreach projects: Critical issues and strategies. Psychiatric Rehabilitation Journal, 23(3), 244–252.

Forchuk, C., Martin, M.L., Chan, Y.C.L., & Jensen, E. (2005). Therapeutic relationships: From psychiatric hospital to community. Journal of Psychiatric and Mental Health Nursing, 12, 556–564

Franke, C., Paton, B. & Gassner, L.(2010) Implementing mental health peer support: a South Australian experience. *Australian Journal Primary Health*. 16(2):179–86.

Gates, L. B., & Akabas, S. H. (2007). Developing strategies to integrate peer providers into the staff of mental health agencies. *Administration and Policy in Mental Health and Mental Health Services Research*, *34*(3), 293-306.

Health Service Executive, (2013). Frequently Asked Questions on Data Protection. Accessed via: www.hse.ie/eng/services/yourhealthservice/info/DP/Frequently_Asked_Questions/

Henderson, A. & Kemp, V. (2012). Australian consumer perceptions of peer support. *Asia-Pacific Psychiatry.* 5(*3*), 152-156. DOI: 10.1111/j.1758-5872.2012.00226.x

Hodges, J. Q., & Hardiman, E. R. (2006). Promoting healthy organizational partnerships and collaboration between consumer-run and community mental health agencies. *Administration and Policy in Mental Health and Mental Health Services Research*, *33*(3), 267-278.

Joint Commissioning Panel for Mental Health (2012) *Guidance for commissioners of primary mental health care services.* London: Royal College of Psychiatrists

Kemp, V., & Henderson, A. R. (2012). Challenges faced by mental health peer support workers: Peer support from the peer supporter's point of view. *Psychiatric Rehabilitation Journal,* 35, *(4)*, 337-340.

Kurtz, L.F. (1990). The self-help movement: Review of the past decade of research. Social Work with Groups, 13, 101–115.

Lawn, S., Smith, A., & Hunter, K. (2008). Mental health peer support for hospital avoidance and early discharge: An Australian example of consumer driven and operated service. Journal of Mental Health, 17(5), 498–508O'Donnell, M., Parker, G., & Proberts, M. (1999). A study of client-focused case management and consumer Advocacy: The community and consumer service project. Australian and New Zealand Journal of Psychiatry, 33(5), 684–693

Mead, S & Macneil, C. (2006) Peer Support: What makes it Unique? *International Journal of Psychosocial Rehabilitation*, *10*(2), 29-37.

Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. Psychiatric Rehabilitation Journal, 25(2), 134–14

Moll. S., Holmes, J., Geronimo, J., & Sherman, D. (2009). "Work transitions for peer support providers in traditional mental health programs: Unique challenges and opportunities". *Work: A Journal of Prevention, Assessment and Rehabilitation.* 33(4), 449-458

Moran, G. S., Russinova, Z., Gidugu, V., & Gagne, C. (2013). Challenges experienced by paid peer providers in mental health recovery: a qualitative study. *Community mental health journal*, *49*(3), 281-291.~~

Mowbray, C. T., Moxley, D. P., & Collins, M. E. (1998). Consumers as mental health providers: First-person accounts of benefits and limitations. *The journal of behavioral health services & research*, *25*(4), 397-411.

Mowbray, C.T., Moxley, D.P., & Collins, M.E. (1998). Consumer as mental health providers: First person accounts of benefits and limitations. The Journal of Behavioural Health Services & Research, 25(4), 397–411

Nestor, P., & Galletly, C. (2008). The employment of consumers in mental health services: politically correct tokenism or genuinely useful?. *Australasian Psychiatry*, *16*(5), 344-347.

O'Donnell, A. M., & Topping, K. (1998). Peers assessing peers: Possibilities and problems. *Peer-assisted learning*, 255-278.7

O'Donnell, M., Parker, G., & Proberts, M. (1999). A study of client-focused case management and consumer advocacy: The community and consumer service project. Australian and New Zealand Journal of Psychiatry, 33(5), 684–693.

Ochocka, J., Nelson, G., Janzen, R., & Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part 3 – A qualitative study of impacts of participation on new members. Journal of Community Psychology, 34(3), 273–283

Perkins, R., & Slade, M. (2012). Recovery in England: transforming statutory services?. *International Review of Psychiatry*, *24*(1), 29-39.

Repper J (2013) Peer support workers. Theory and practice. London: Centre for Mental Health and Mental Health Network, NHS Confederation

Repper, J. (2013). *Peer support workers: Theory and practice*. London, UK: Centre for Mental Health. Retrieved from:

http://www.nhsconfed.org/Documents/ImROC%20Peer%20Support%20Workers%20Theory%20and%20Practice.pdf

Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health*, *20*(4), 392-411.

Rinaldi, M., Mcneil, K., Firn, M., Koletsi, M., Perkins, R & Singh, S. O. (2004). What are the benefits of evidence based supported employment for patients with first-episode psychosis? *Psychiatric Bulletin,* 28 (8), 281-284.

Rogers, S., Teague, G., Lichenstein, C., Campbell, J., Lyass, A., Chen, R., et al. (2007). Effects of participation in consumer-operated service programs on both personal and organizationally mediated empowerment: Results of multisite study. Journal of Rehabilitation Research and Development, 44(6), 785–800

Scott, A., Doughty, C. & Kahi, H. (2011) *Peer Support Practice in Aotearoa, New Zealand.* Christchurch, New Zealand: University of Canterbury.

Sells, D.L., Davidson, L., Jewell, C., Falzer, P., & Rowe, M. (2006). The treatment relationship in peer-based and regular case management for clients with severe mental illness. Psychiatric Services, 57(8), 1179–1184.

Simpson, A., Quigley, J., Henry, S. J., & Hall, C. (2014). Evaluating the Selection, Training, and Support of Peer Support Workers in the United Kingdom. *Journal of psychosocial nursing and mental health services*, *52*(1), 31-40.

Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits and critical ingredients. Psychiatric Rehabilitation Journal, 27(4), 392–401.

Solomon, P., & Draine, J. (1995). The efficacy of a consumer case management team: Two-year outcomes of a randomized trial. Journal of Mental Health Administration, 22, 135–146.

Stroul, B. (1993). Rehabilitation in community support systems. In R. Flexer & P. Solomon (Eds.). *Psychiatric Rehabilitation in Practice.* Andover Medical Publishers. Boston.

Yuen, M., & Fossey, E. (2003). Working in a community recreation program: A study of consumer-staff perspectives. Australian Occupational Therapy Journal, 50, 54–63.

# APPENDICES

# Appendix I

## JOB DESCRIPTION PEER SUPPORT WORKER

| | |
|---|---|
| JOB TITLE AND GRADE | Peer Support Worker |
| Competition reference | €27000 - €32000 |
| Location of Post | |
| Organizational area | |
| Reporting relationship | |
| Purpose of Post | The role of Peer Support Worker has been developed specifically to facilitate the utilisation of lived experience for the benefit of those currently experiencing of mental health distress. Through sharing wisdom from their own experiences, Peer Support Workers will inspire hope and belief that recovery is possible in others.<br><br>As part of the multi-disciplinary team, the PSW will provide formalised peer support and practical assistance to service users in order for them to regain control over their lives and develop their own unique recovery process. Within a relationship of mutuality and information sharing, they will promote choice, self-determination and opportunities for the fulfilment of socially valued roles and connection to local communities.<br><br>The PSW will act as a recovery champion within the community and an ambassador of recovery with external agencies and partner organizations. |

| | |
|---|---|
| Principal duties & | To establish supportive and respectful relationships |

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| responsibilities | with people using Mental Health Services.<br><br>Have a focus on the rights of service users at all times.<br><br>Work in a way that acknowledges the personal, social, cultural and spiritual strengths and needs of the individual.<br><br>Help individuals identify their own achievable and meaningful recovery goals and set recovery objectives, drawing on your mutual resources as peers and utilising a range of recovery tools, techniques and experience.<br><br>Use own initiative, personal experience and job related training in deciding on the approach and interventions required when working with a service user in delivering peer support.<br><br>Model personal responsibility, self-awareness, self-belief, self-advocacy and hopefulness via the telling of one's own recovery story in an appropriate manner to inspire and instil confidence in peers.<br><br>To support service users in identifying and overcoming challenges within a relationship of empathy and trust.<br><br>To explore ideas about ways of achieving Recovery goals, drawing on personal experiences and a range of coping, self-help and self-management techniques.<br><br>To sign-post to various resources, opportunities and activities within the community to promote choice and informed decision making.<br><br>To accompany service users to appointments/ meetings/ activities of their choice and performing a range of practical tasks, aligned to recovery goals.<br><br>Assist service users in developing and sustaining a Personal Recovery Plan (PRP), where appropriate.<br><br>Ensure that Service User's recovery goals are integrated into the care planning process and are reviewed on a regular basis as part of their role as an MDT member.<br><br>To undertake any other duties which may reasonably |

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| | be regarded as within the nature of the duties and responsibilities of the post as defined by their line manager<br><br>General:<br><br>To maintain up to date knowledge of legislation, regulations and standards relating to the delivery of mental health services and to follow all national and local policies relating to same.<br><br>To comply with all other relevant policies, procedures and guidelines, including those relating to Equal Opportunities, Health and Safety and Data Protection and Confidentiality of information and to be aware of any changes in these areas.<br><br>To ensure that all duties are carried out to the highest standard and in accordance with current best practice within the work area.<br><br>To jointly plan work and support schedules and ensure that there is open communication with service users and the MDT all times.<br><br>To manage a case load including maintaining records of contact and outcomes, and to review these regularly during individual and group supervision/ support.. Adhere to a PSW Code of Conduct so that the central focus of your work to inspire and promote recovery is not compromised in any way. |

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| Education and Development | Attend and complete agreed induction programme.<br><br>Successfully complete accredited Peer Support Worker Training Programme.<br><br>To identify personal developmental needs in conjunction with Line Manager and Recovery focused supervision and to undertake further training as necessary.<br><br>To participate in mandatory training as required. |

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| | Participate in regular supervision including recovery focused supervision.<br><br>Maintain a working knowledge of current trends in mental health, recovery and peer support by reading books, journals and accessing peer support networks. |
| Safe Recovery | To assist in safe recovery assessments with the Service User and multi-disciplinary staff as appropriate highlighting any changes in service users' presentation relevant to their safe recovery plan and feedback according as per the code of conduct. |

## Appendix II

**Outline Structure of a Business Plan for Peer Support Workers**

| *Background* | *Organisational Plan* | *Conclusion* |
|---|---|---|
| | | *Synopsis of Business Plan* |
| (i) Recovery Movement in Ireland | (i) Regional Context | (i) Acknowledge benefits and challenges |
| (ii) Peer Support Work | (ii) Recruitment | (ii) State measures to alleviate challenges |
| (iii) Challenges of Employing a Peer Support Worker | (iii) Benefits of PSWs in the region | (iii) Finalise Report |
| (iv) International and Local Experience of Employing Peer Support Workers | (iv) How the Site Hopes to Alleviate Potential Challenges | |
| | (v) Financial Costs of Employing a PSW | |

*Sites may wish to edit and adjust the job description encompassed within this report and use it as part of the business proposal

Notes: