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Peer Support & Recovery in Primary Care

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Welcome to the fifth edition of the Scottish Primary Care Mental Health Research and Development Programme Bulletin: a series of newsletters to highlight the activities of the programme; to highlight research in the field; and to connect with and showcase examples of good practice from across Scotland.

This edition will focus on the concept of Peer Support and Primary Care, how this works with the current healthcare model and the role of a Peer Support Worker.



The first bulletin was released in January 2009 and outlined the main focus of the programme.

The Scottish Primary Care Mental Health Research and Development Programme, jointly led by the Universities of Stirling and

The key objectives for the programme have been to;

1. Increase primary care professionals' knowledge, capacity and capabilities in mental health and;
2. To build capacity for mental health research in primary care.

Edinburgh and the Scottish Development Centre for Mental Health (SDC).

For more information on the body of projects addressing key areas within the mental health agenda in Scotland, visit the SDC website www.sdcmh.org.uk.

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The Role of Peer Support in Primary Healthcare Settings

For those of us who have chronic conditions that significantly impact on our day-to-day lives, we are not only faced with managing those illnesses to limit adverse impacts, but we also face the challenge of coming to terms with our changed circumstances, seeing beyond the losses we face, recognizing our strengths and finding new ways to make the most of our lives. Sometimes this requires a complete re-think of our plans and aspirations and of our roles at home or at work, even the way we see things. If we do not make these adjustments, we are less likely to play an active role in protecting our own health and wellbeing, regardless of the quality of the professional advice we receive.

For professional healthcare workers in primary and secondary care, there is often insufficient time available to both oversee ongoing treatment and to undertake work aimed at supporting people to come to terms with their new circumstances and to live well, even flourish, in

the presence of the chronic condition.

In this article we will propose that the recent peer support experience in the mental health field may be equally relevant in physical healthcare, particularly in primary healthcare settings.

The mental health experience is that people who themselves have learned to live well in

in the presence of ongoing conditions.

The concept of peer support is not new. All of us are using peer support when we talk to a family member or friend about our problems. Within healthcare settings there have been many volunteering programmes whereby patients spend time with others recently diagnosed with the same condition, or people join



the presence of chronic conditions can, with the right training and supervision, support others to do the same. In fact, in many instances, they prove more effective than health professionals in this role, by the very fact that they, themselves, provide the living proof that people can flourish

together to form peer support groups. In the substance abuse field, this was taken a step further. Peer support was the basis of many early forms of treatment and continues to be actively used today.

In mental health over recent years, a new form of peer support has emerged as part of the health workforce. This



INTERNATIONAL INITIATIVE FOR MENTAL HEALTH LEADERSHIP

MAKING SERVICES WORK FOR CONSUMERS

new development has involved training and credentialing people to work as peer support specialists either within secondary/specialist mental health services or within Non Government Organisations, often governed and operated by peers. Pioneers of these developments were Jen Koberstein in Wisconsin, Larry Fricks in Georgia, and Lori Ashcraft and Gene Johnson in Phoenix.

As evidence of the effectiveness of this approach becomes available and the credentialing of staff more robust, these successes have rapidly been adopted within other countries such as New Zealand, Canada and Scotland (where the Scottish Recovery Network has taken a lead).

What do we mean by peer support in this context?

Peer support is a new discipline of healthcare worker. People in these roles have had specific training to enable them to use their own personal experience of overcoming the adverse effects of illnesses, and sometimes of treatments, to support others to similarly flourish. This workforce is distinct from other healthcare disciplines in that peers are trained not to be the expert, but instead to honour people's expertise in living their own

lives. Peers therefore do not provide any information about illnesses or their treatments. The support they provide is more like a coaching role, enabling people to play their own part in the treatment partnership with healthcare professionals.

What are the benefits of these approaches?

These new services are proving highly effective in instilling hope and in motivating people to assume responsibility for their own recovery and wellbeing, and the resultant changes are commonly exceeding healthcare professionals' expectations. The peer support work itself is proving very fulfilling, providing an income and reducing reliance on sickness benefits.

Introduction of peer roles enables rapid expansion of the health workforce, with the mix of peer support staff closely reflecting the demography of those who use services. With the right training, this new workforce also has the potential to inspire those delivering conventional health services to form better relationships and connections with their patients or clients.

Finally, as a result of taking a more active role in their own wellbeing, people supported by peers use their healthcare

professionals' time to better effect and may even require less healthcare professional time. In this way development of a peer workforce can assist in addressing professional workforce shortages, by freeing time for healthcare professionals to see other patients.

It has taken decades for mental health to learn from the peer support experience in the addictions field. It is our hope that this article may prompt an exploration of whether mental health's recent peer support developments have applicability for people who have chronic physical conditions, particularly in primary healthcare settings.

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February 2010



Evaluation of the Delivering for Mental Health Peer Support Worker Pilot Scheme

The need to adopt and promote a recovery-based approach to mental health support was described in 'Delivering for Mental Health' and later in 'Towards a Mentally Flourishing Scotland'. In support of this, 'Delivering for Mental Health' included a commitment to support the development of the Peer Support Worker role within mental health services in Scotland. As a result pilot schemes were developed in five Health Board areas where Peer Support Workers were trained, and then employed, to fill new positions within NHS teams in a range of settings, including inpatient and community-based services. These new workers, who were required to have a lived experience of mental health issues, drew on a range of skills to share their lived experience with the intention of supporting others in their recovery journeys.

An evaluation was commissioned by the



scottishdevelopmentcentre
for mental health

Scottish Government to assess the impact of the peer support pilot on service users, peer support workers and the wider service system as well as assessing the process of implementation at national and local levels. This



evaluation was conducted by SDC, the University of Edinburgh and the University of Stirling.

The research concluded that the roll-out of peer support working across mental health services in Scotland, and beyond, would be beneficial for service users, peer support workers and mental health teams. Peer support can be successfully implemented in a wide

variety of service settings, and works best in settings that are open to and practising recovery-orientated support.

On the whole, peer support workers were welcomed by service users who reported high levels of satisfaction with the service; peer support workers were able to give hope to service users, reduce feelings of fear and self-stigma amongst service users, enable life skills, and encourage service users to take on new strategies for recovery and have more control over their wellbeing.

However, key challenges remain for developing best practice in relation to defining and implementing peer support roles.

The published report can be found on the Scottish Government website:

[http://
www.scotland.gov.uk/
Publications/2009/11/13112
054/0](http://www.scotland.gov.uk/Publications/2009/11/13112054/0)



Peer Support Works!

As a mental health survivor and carer I am convinced that peer support works. Peers have supported me in acute wards of psychiatric hospitals and in the community, getting alongside and giving me the benefit of their wisdom and experience. And I have done the same for them, whether listening or sharing, there has been solidarity and a sense of 'shoulder to shoulder' on the road to recovery. The PS Worker role is a recognition of the value of shared experience and an opportunity for training, reflective practice and inclusion.

My background in community development and postgraduate study persuaded me that empowerment made sense as a philosophy and in practical terms. For nearly 30 years I have worked with people in the community, developing projects in a variety of settings with people of all ages. I have also supported many close family members experiencing mental ill health in addition to my own breakdowns in 1978, 1984 and 2002, so I resisted working in mental health.

But I was drawn into the recovery movement through reading about developments on SRN's website and in December 2005, I attended the Peer Support conference in Glasgow organised by SDC. This event made a big impact



To view the Peer
Support Fife
Bulletin please
visit:

www.peersupportfife.org.uk

on me, in particular the presentations from Larry Fricks and Gene Johnson, and the workshop led by Dr Lori Ashcraft. I spoke to Lori that day and was impressed by the content and delivery of the workshop, her sincerity and stories of people whose lives had changed because of the Peer Support Specialist programme at Meta Services (now Recovery Innovations RI). I began to have Email contact with Lori and was keen to do the PEER SUPPORT training with RI.

In May 2006 I got a FT job at Adam Smith College, and had applied because it involved developing a student mentoring project. I thought that if I couldn't find a PS development post then mentoring might be useful practice. And I continued to explore the PS model, reading up about international

projects and keeping an eye on the Scottish scene. On the Recovery Innovations website I noticed that Chris Martin was coming over to Scotland in November 06 to train Peer Support Workers at Penumbra, so I phoned to ask if I could get a place at the training. Regretfully I couldn't afford the course fee (£700) and added to this I would have had to take a two week holiday from work. I hoped there would be more training and continued to read up about Peer Support. At college I started doing a few hours lecturing in care subjects and studying for a postgraduate TQFE (Teaching Qualification Further Education) at Stirling University.

In summer 2007 I decided to organise a recovery conference in Cupar (April 2008), to raise awareness of recovery initiatives nationally, including a Peer Support workshop led by Moira Gillespie, Peer Support Worker. I had hoped to access local funding but eventually contacted SRN who agreed to sponsor the event. Towards the end of 2007 I wrote a proposed descriptor on *Mental Health Peer Support* for an optional unit on the HNC Social or Health Care and sent it to SQA, SRN also requested a copy.

Peer Support Works contd/

It was considered by an SQA Stakeholder group but a stand alone Peer Support award is now being developed.

The Peer Support Worker pilots were in 5 health board areas but not in Fife and because of this I decided to create an organisation locally to promote the Peer Support model, Peer Support Fife, constituted in January 2008. It's been a rocky road and we have considered the social enterprise/firm structure but have persevered in the voluntary sector, wanting to raise

awareness locally of the benefits of the PSW role. I tried again to access PSW training delivered by RI at the beginning of 2008, to potential Peer Support Worker's on the pilots, getting on the reserve list. And in June 08 I completed a WRAP Facilitator course (and graduated with TQFE), soon delivering WRAP workshops in different areas of Scotland, then Peer Support workshops to service users and staff in Turning Point Scotland.

I welcomed the *Evaluation of the Delivering for Mental Health Peer Support*

Worker Pilot Scheme which affirmed the positive impact of the Peer Support Worker role while also recommending areas for improvement and look forward to the employment of Peer Support Worker's in Fife by both statutory and voluntary sector, in hospital and community. I'm continuing to deliver Peer Support workshops because I know that peer support works.

Chrys Muirhead

January 2010

Introduction to Peer Support Workshops

1.00pm – 4.00pm, Wednesday 17 February 2010

OR

10.30am – 1.30pm, Friday 5 March 2010

at

Contact Point

Barony Housing Association, 411-417 High Street, Kirkcaldy

Facilitator: Chrys Muirhead

To book a place contact: Billy Moyes at Contact Point

Or Chrys Muirhead, T 01334 656341, E chrismuirhead@aol.com

The key role of peer support and mentoring as part of employability support

The key role of peer support and mentoring as part of employability support

Ever since Dame Carol Black's *Working for a Healthier Tomorrow* report showed the importance of "good work" to health, there's been a growing push to link healthcare and employability and helping people who are off sick to get back to work. But what does that involve?

The Department of Work and Pensions has recognized that most people on Incapacity Benefit and Employment Support Allowance need more than a bit of training and a new CV. The Scottish Government sees employability as a gradual pathway of development where a whole range of barriers can be addressed, from health issues to money advice and confidence building. This more holistic approach leads to a healed and confident person equipped to stay in work and develop in an area they are truly interested in.

Peer support and mentoring a key ingredient

One important aspect of holistic employability support that is growing in profile is peer support and mentoring. This human touch, which can go above and beyond normal services, can work in a variety of ways along the employability pathway. For isolated people and people with low confidence, and any degree of mental health problems, peer support and mentoring is an especially important catalyst to make their lives healthier and their progress more steady.

The Scottish Government

Employability Learning Network last year commissioned learning points and case studies on how to use peer support and mentoring within employability services. They will be following this with an event on 16 February in Glasgow, where people from a variety of challenging backgrounds can tell their stories. The research was conducted in partnership with a group of peer mentors, and those from the Dundee Association for Mental Health (DAMH) said, "I wish doctors knew about peer support so they could prescribe that and not just medicine."

All along the employability pathway

Peer support and mentoring can help in different ways along the employability pathway, moving especially from a focus on people with the same problems to people in the wider world. Here we highlight how it can help at each stage.

Getting people started – Peer support for credibility and hope

For people who believed they would never work again, hearing from someone who knows what they have been through and has made progress themselves is a powerful way to show people what can be possible for them too. It helps to start them thinking that they can move forward, gives them hope, and encourages them to take up support services. It allows them to think, "If you could do it, maybe I could too."

Meaningful activity and self-development – discovering potential

Getting out of the house, trying new things, building a new self-image, new ways to address challenges and developing strengths and interests – all these are an important stage of the recovery process, of self-managing conditions and of the employability pathway. They can also be brand new to someone who has been isolated or had no hope. People with mental health problems are particularly likely to feel that no one understands them and that they have to keep their problems to themselves. Peer support changes all that. People in the research highlighted several benefits:

"Having friendly people around gives me courage to try new things, and I also often get tips for dealing with different stressful or practical situations."

"I can pick up the phone or meet up for a chat instead of staying down."

"Now that I have friends from the group, I don't need to be supervised by my CPN anymore, and that has given me a lot more control of my life."



The key role of peer support and mentoring as part of employability support contd/

A powerful factor in peer support is that it is mutual. Not only do people receive support but they have something to give. Helping and giving has been shown to release endorphins, reduce pain and even increase longevity. Helping also increases confidence and self-esteem to try new activities.

The Orbit Approach run by DAMH encourages members to share their skills and interests with others by leading groups such as jewellery making, clay modelling, and hill walking, as well as less structured activities such as working in Orbit's allotment. Participants earn "galaxies" by leading or taking part in activities and they can then spend these on complementary therapies, which increase their wellbeing and self-esteem. Supporting others gives group leaders value and pleasure, and taking part in groups allows participants to show support for the group leaders. The activities also provide an informal opportunity to talk while doing something creative and healthy.

Thinking about work – mentors to support

Having become comfortable with other people and recognising and developing new skills, people can start to think about moving forward. This might be into part time work, volunteering, studying or some combination. There are many good support services at this stage, but having a mentor or a peer support worker can give courage and smooth the way. This is also a stage where

someone might *become* a mentor, either as a volunteer or within a paid role. In both cases, people have a chance to reflect on their development, gain confidence and build new skills that will help them move towards work that they are happy with. Mentors here are often volunteers with no targets to meet, so they are more intone with the person's real



needs.

Moving into work – having someone there

Not everyone will end up working full time, or even in paid work, but having a role, a purpose and colleagues are key parts of the wellbeing effects of work. Having a mentor in the workplace has been shown to make a significant difference to sustaining jobs, especially for people who have had to address a lot of barriers, such as mental ill health. Knowing someone is on your side, available to encourage you and give you advice or help you think through the answers yourself is invaluable. Workplace mentors are often not called mentors, but that's the role they have. Royal Mail helps vulnerable people settle in to work, providing someone to support and help them. Working Rite matches young men at risk of offending with mature tradesmen for six-month paid

work placements that often lead to apprenticeships, and the tradesmen guide the young men in how to learn on the job but also how to be mature and responsible grown-ups. Project Scotland provides mentors to young volunteers on work placements with voluntary organisations. The Scottish Mentoring Network has dozens of projects across Scotland and many are now focusing on employability and employment. The opportunities are increasing.

Conclusion

Work is becoming more of a realistic possibility for people with mental health problems because employability support services are becoming more holistic and human. Having the supportive human touch of those around you on a *peer* basis too – people who understand where you've come from and where you're going – completes the picture. We all need that support, but people who have missed that support especially need it.

Sabrina Allison, Director

Light on the Path

February 2010

For the learning points and case studies on Peer Support and Mentoring in Employability, including DAMH's experience, go to <http://www.employabilityinScotland.com/howtousepeersupportandmentoringinemployabi>

News & Publications

Risk and Opportunity: Exploring the Role of the Internet in Mental Health

25th February 2010, Edinburgh

Why the Internet?

We are keen for this event to discuss both the ways in which the internet can affect mental health, and how e-health and online strategies can be developed both to promote mental health and to assist with supporting people with mental health problems to recovery.

The programme will cover three broad themes:

- The Internet for Information about Mental Health
- The Internet for Delivering Services to People with Mental Health Problems
- The Internet as a Social Space, Affecting Mental Health

Confirmed speakers include:

- Dr. Rachel O'Connell, Vice President, AOL and Chief Security Officer, Bebo.com
- Professor Derek Richards, Technology for Wellbeing Forum, Trinity College, Dublin
- Professor Chris Williams, University of Glasgow
- Patrick Daniels, Advice and Volunteering Manager, YouthNet
- Jacinta Hastings, Chief Executive, Bodywhys: The Eating Disorders Association of Ireland

For further details and booking information please visit www.sdcmh.org.uk

or contact Janine Bowie

janine@sdcmh.org.uk (0131 555 5959)

Your contributions

We hope you find this bulletin interesting and we welcome any comments you may have, together with suggestions for future articles. The bulletins are produced quarterly in January, April, July and October, if you would like to submit to a particular issue, please contact sarah@sdcmh.org.uk to discuss submission dates, word limits and content.

Contact Us

The Scottish Primary Care Research and Development Programme is a partnership between the Scottish Development Centre for Mental Health and the Universities of Stirling and Edinburgh, funded by the Scottish Government to contribute to the following key objectives:

1. Capacity building for mental health in primary care: increasing professional knowledge, capacity and capability; developing services and working with Community Health Partnerships to set and implement priorities for primary care mental health
2. Capacity building for mental health research in primary care
3. Policy development
4. Disseminating learning around mental health in primary care – providing access to appropriate information and evidence to those with responsibilities for primary care mental health planning and service delivery.



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