



Developing peer support worker roles: reflecting on experiences in Scotland

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Abstract

This article describes the development of peer support roles and programmes in Scotland, and includes findings from an evaluation of a peer support worker pilot scheme. The evaluation assessed the impact of the pilot on service users, peer support workers and the wider service system, along with considering the issues involved in implementing peer support programmes.

Key words

Peer support; Mental health; Service users; Scotland

Understanding peer support

'The most help I got was from the other people in the ward who had gone through similar experiences... The nurses, they're great but you find, or I find ... the best people that helped me were other people that had been through psychosis, had some little pointers, were grounded, that's the thing.' (Brown & Kandirikirira, 2007)

For many years, people using mental health services have described the importance of support from others using the same service. This type of informal support can offer ideas and knowledge not necessarily gleaned from service providers. The idea of harnessing this shared experience as one means of promoting and supporting recovery, through the development of specific peer support worker roles, is now gaining prominence in Scotland, the UK and internationally. Since 2005, a programme

of development supported by the Scottish Recovery Network (www.scottishrecovery.net) has seen the creation of a number of peer support worker roles as one part of a wider programme of work to promote and support recovery.

Peer support workers are people with personal experience of mental health issues and recovery, who are trained, and then employed to work in support of others in recovery. They can operate in a variety of settings, but in Scotland and the UK many are attached to community mental health teams or inpatient settings, where they complement the skill set with the lived experience of mental health issues and recovery. Peer support workers can be described as modelling recovery within teams, offering a lived example of the possibility of progression and growth – both for people using their services and for other team members. They work in a way that embraces key recovery concepts such as focusing on strengths and hope. Of central importance is the peer support worker's ability to develop supportive relationships where the appropriate

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sharing of experiences can engender trust and a recovery-supporting environment. In the United States where peer-involved services have existed for some time, leading commentator and trainer Shery Mead has defined peer-support 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*' (Mead *et al*, 2001).

As peer support services have developed, an increasing evidence base is describing the impact and unique contribution of peer support workers within service systems. A literature review commissioned to inform the development of peer support in Scotland identified a range of benefits for people using peer support services, including reduced time spent in hospital, reduced isolation, as well as benefits for peer support workers, including enhanced well-being (Woodhouse & Vincent, 2006). More recently, as new evidence becomes available on the key role of empowerment and self-stigma in personal recovery, peer support involved services are seen as one way of promoting control and confidence for peer workers, while ensuring enhanced outcomes for people using peer support services (Warner, 2010).

Increasingly, policy-makers and planners describe the potential for the employment of peer support workers to offer multiple gains. The development of peer support roles has been cited as one example of good practice in relation to the employment of people with experience of mental health problems (Perkins *et al*, 2009). Elsewhere peer support services have been cited as a powerful means of promoting recovery-focused services that better value the lived experience of mental health issues (Shepherd *et al*, 2008).

Developing peer support in Scotland

In 2005, the Scottish Recovery Network held a conference to broaden awareness of the work of peer support services in the United States and to introduce the concept as one potential means of promoting recovery in Scotland. This event, which included input from leading exponents of peer support in the United States, had a powerful impact and generated considerable enthusiasm for the development of peer roles. Early developments following the conference included the opening of Scotland's first peer support service, Plan2Change

(a partnership between Penumbra and NHS Lothian) and work to assess and build on learning from peer-involved services elsewhere. In 2006, a commitment to recovery-focused practice and the development of peer roles was included in the Scottish Government's mental health service policy (Scottish Executive, 2006), and as a result pilot projects were developed in five health board areas, across which 15 peer support workers were employed in a range of community and inpatient settings.

National Peer Support Worker Pilot Scheme: key research findings

The National Peer Support Worker Pilot Scheme was evaluated by researchers from the University of Edinburgh and the Scottish Development Centre for Mental Health (McLean *et al*, 2009). The evaluation aimed to assess the impact of the pilot on service users, peer support workers and the wider service system, along with considering the issues involved in implementing this innovative pilot in both NHS and community-based settings. Here we present some key points from the evaluation about the overall implementation, and the impact on service users, peers and the service system.

Overall implementation

The overall message from the evaluation was that peer support can be successfully implemented in a wide range of settings, including acute inpatient care and community-based teams. Despite being challenging to implement, it offered positive benefits for service users, peers and the service system. One key finding, however, was that peer support works best when peers are based in settings that have a pre-existing commitment to the values and principles of recovery. Peer support workers greatly enhance that commitment to recovery, however the role should not be used to introduce recovery to settings that do not already have a commitment to the values of recovery.

Peer support workers had a unique and distinct role, offering mutuality, empowerment, modelling hope and the sharing of lived experience with service users. The way in which this was achieved varied depending on the setting the peers were based in. Activities undertaken by peers included running groups, drop-in sessions, having formal caseloads, developing and working towards

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recovery goals, supporting people to use wellness recovery action plans (WRAP), supporting people through transitions, participating in team meetings and raising staff awareness. The types of activities offered also depended on how the peer felt best able to share his or her lived experience. Wider service system staff were mostly very positive and appreciative of the role, seeing it as complementing the overall goal of supporting wellness and recovery for service users.

Impact on service users

Service users welcomed the peer support worker role, and a high level of satisfaction was reported. One key impact was the potential to improve relationships between people using and working in services – peers were widely perceived to be helping bridge the gap between ‘us’ and ‘them’. This included supporting staff to consider alternative perspectives about service user experiences, and supporting service users to understand staff expectations. Benefits reported by people using peer services included being encouraged to take more control of their own recovery, learning new self-management skills, reducing fear, challenging stigma and giving an important sense of hope for recovery.

‘Reassurance there is hope for recovery.’
(Service user)

‘A good source of encouragement and a good role model.’ (Service user)

Impact on peer support workers

Becoming a peer support worker was both challenging and rewarding. For many it marked a significant point in their own recovery journey. Peer support workers did require support and supervision from the team they worked with, particularly during the period of setting up the role and integrating into the team. For some, the role was a return to work following a long period out of paid employment, so support including negotiating complex benefits systems and navigating the sometimes hostile occupational health requirements was important. As this was a pilot scheme, there were additional pressures related to being part of a high profile initiative and the need to develop a new and unfamiliar role.

Addressing and working through the challenges involved in this new and innovative role reinforced and promoted the peers’ own sense of recovery. Some did have periods of becoming unwell, and for some this was in part due to the stress involved in undertaking the peer support worker role. Most who became unwell returned to work feeling that they could positively and constructively use that experience in continuing to offer support and mutuality to service users. Some peers also described how, despite the challenges of returning to paid employment, the positive rewards from their role and structure of work life, was part of their continued wellness.

‘I would recommend it to a peer support worker. That is the thing that will make you the strongest, having an episode and coming through it, that is when your strengths really start’. (Peer support worker)

Peer support workers did face some challenges from encountering staff or practices that were non recovery-focused. Some described their roles as also being about using their peer worker skills with staff, helping staff to also have hope for recovery for service users.

‘It is allowing me to make something that I was trying to forget about, into making it valuable, to make it purposeful and beneficial. And I think that’s a sort of positive reinforcement for my own recovery.’ (Peer support worker)

Impact on the wider service system

It was clear that having peer support workers in teams enhanced commitment to recovery and the impact on the wider service system was also clear. Staff reported being more aware of their use of language and being more reflective on recovery-oriented practices in their services. There were some staff who were resistant or sceptical about the role, and that could lead to challenges but, overall, staff were enthusiastic about the benefits of having a peer support worker as part of the team. As described previously, a conclusion of the research was that, despite these impacts, peers should not be placed in services where there is little pre-existing commitment to recovery.

There were different models of providing peer support – some services were NHS-based, others involved the voluntary sector, and some were partnerships between the two. Each type of system faced particular barriers, particularly the NHS where much work was done to create a new role and to ensure appropriate occupational health practices and staff inductions were in place. Other issues required clarification, such as developing referral processes and common understandings about the sharing of information (if appropriate). It may also have been appropriate to consider placing more experienced peers in the more challenging environments, such as acute wards.

Overall, there was a clear message that peer support workers should not be given the role of being ‘change agents’, but that peers clearly enhanced service effectiveness through unique contributions that strengthened team approaches and positively influenced service culture.

I think it's quite powerful for the staff to see "Oh gosh! They are just like us". Because in a big institution you often get that separation of them the service users and us kind of thing. They don't eat together; they have separate toilets and all these sort of things. There are people in the office talking about service users and I think it does allow them to be a bit more challenged about their thoughts, beliefs and stigmatising behaviour and I think that's going to be quite powerful in maybe potentially breaking

down barriers.' (Wider service system representative)

Continuing the development of peer support in Scotland

As part of its commitment to peer support and recovery-focused practice, the Scottish Recovery Network (SRN) continues to support the development of peer support roles. It hosts regular learning events where people with an interest in the delivery or development of peer support come together to share experiences and ideas. SRN is currently developing implementation guidelines based on the experiences of developing peer services in Scotland. They will offer pointers and suggestions to anyone interested in the creation of peer support roles.

Up until this point, training for peer support workers in Scotland has been delivered by US-based provider, Recovery Innovations. To promote longer-term sustainability, and to tailor learning outcomes to a Scottish context, SRN is now working with SQA (the national accreditation and awarding body in Scotland) to develop a new nationally recognised award for the next generation of peer support workers. The validated award is split into two units, one theoretical and one practical, and will be delivered by people with lived experience of mental health issues. Learning materials to supplement the awards are currently in development (see **Table 1**).

Table 1: Mental health peer support higher national unit – knowledge and skills

Unit 1: Recovery context

Outcome 1: Explore the development of the recovery approach in mental health

- Mental health recovery and the recovery approach
- Key concepts of recovery
- Factors that can impact personal recovery
- Societal influences
- Effects of force and trauma

Outcome 2: Define and understand peer support and its role in recovery

- Peer support through relationships
- Types of peer support
- Peer support and recovery
- How and why communicating experiences matters
- Self-help and self-management tools

(continued)

Table 1: Mental health peer support higher national unit – knowledge and skills (continued)

Outcome 3: Describe and explain the key concepts of formalised peer support

- Hope and belief and their contribution to recovery
- Empowerment, control and self-advocacy
- Choice and opportunity
- Mutuality and empathy
- Strengths-based approach to validating experience
- Positive risk-taking and moving forward

Unit 2: Developing practice

Outcome 1: Apply a range of theories and concepts in the peer support role

- Purpose and principles of peer support
- Role modelling, hope and belief
- Resilience
- Power, choice and control
- Labelling, identity and self-esteem
- Trauma-informed peer support practice
- Strengths-based approaches

Outcome 2: Develop relationships based on peer support principles

- Establishment of peer relationships that are mutual and empathic
- Concept of the individual as an expert by experience
- Key ethical and diversity issues
- Communication and recording, with a focus on active listening and recovery language
- Working with risk

Outcome 3: Understand perspectives of the work role

- Peer support environment
- Role tension and boundaries
- Safe practice, self-care and confidentiality
- Role of supervision
- Setting personal goals and managing setbacks
- Promoting recovery culture and the understanding of change

Conclusion

Developing peer roles requires that planners, service providers and service users question and assess their role and identity. It prompts complex questions in relation to attitudes and values and around the extent to which recovery-focused practice can flourish in statutory services. Despite this, the experience in Scotland strongly suggests that it is an approach that can bring rich rewards for peer workers, those using peer services and the wider service system. To some extent the genie is now out of the bottle with peer involved services. The challenge now is to embed the role in a way that remains true to peer recovery values, while ensuring quality service delivery from a well-prepared and supported peer workforce.

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