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Peer Support

Making Highland a mentally healthy place to be
Aviemore 23rd April 2009

Hello. My name is Chris Evans and I have been a member of HUG for over 12 years. HUG, or the Highlands Users Group, is a collective advocacy group which strives to improve services for people with mental health issues in Highland. Part of this involves trying to reduce the stigma and discrimination associated with mental illness by speaking out, working with the media, and providing mental health awareness sessions in schools. We also provide training - recently for MHOs; GPs; student nurses. Our membership is over 350, with reports and newsletters going out to over 500 members and professionals, either by post or e-mail. We have 13 branches throughout Highland. HUG is facilitated by Graham Morgan.

So why am I here talking about peer support? I have a diagnosis of bipolar disorder, and 12 months ago was on a section in New Craigs – today is the actual anniversary of my losing my third Tribunal contesting my section. Recovery can happen! While I was in hospital the most important people to me were my visitors, who were mainly HUG members some of whom travelled over 100 miles each way by public transport to see me. They provided a vital form of

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informal peer support. They could empathise with my situation; were able to give me time; we had a laugh; and they made me feel human again. The staff were given some respite from my incredibly bad temper. Communication with fellow patients provided more peer support, although as a non – smoker this was sometimes limited.

However, it's a much more systematic form of peer support that I wish to focus on today. First we need to try to establish what is meant by peer support. It may incorporate elements of befriending; advocacy and buddying. It isn't counselling or advice giving, although there would be some information provision. There should be an element of choice so that the individual decides if they want a peer supporter.

Then we start on the questions:

Should a peer supporter be paid or a volunteer? Or can we have both?

What are the essential qualities of a peer supporter?

What would a job description look like?

Who would provide training?

Who would provide support for the peer supporters?

How would they link in to the more traditional services/support already in existence?

How to address issues of confidentiality?

What are the boundaries between the individual and their peer supporter?

Should the relationship between the individual and their peer be time limited?

Could it be outcome limited?

At what stage of a person's recovery could a peer supporter start to be involved? In hospital; close to discharge, or in the community?

How could this operate across Highland? – as someone who has lived on Ardnamurchan for over 20 years I have very strong views regarding access to services and the inequalities which currently exist.

How much of the support needs to be face to face – can use be made of newer technologies e.g. video conferencing?

How would this be funded? (I am aware there are some pilots happening in parts of Scotland).

How would this be evaluated? – are all services properly evaluated?

What is the benefit?

What is the relationship to recovery?

Perhaps after all these questions it may be thought there would be too many difficulties. However, I would argue differently, and present some evidence of where peer support is working.

Firstly I would like to refer to the HUG report of May 2008 on Peer Support. This can be found on the HUG website www.hug.uk.net. As with any HUG report, there are various views expressed. I would like to refer to my own personal experience, speaking as someone who has used mental health services in Highland for about 16 years. The most empathy I have felt has been from those who have had their own problems. They may not have been the same as mine, but there is some connection that I feel is really difficult to get apart from with someone who has had a similar expereince. A parallel would be with a teaching colleague of mine who sometimes has migraine. Until I had some migraines myself I never realised how disabling the condition can be. I felt quite ashamed of the negative thoughts I had when my colleague occasionally had gone home with a migraine, despite knowing he was a dedicated and hard working member of staff. With a mental health problem or illness there are the additional factors of stigma and discrimination which can make the issue so many times worse. There is also the unpredictability of the illness, uncertainty about diagnosis and treatment. That is not to say that professionals don't do their very best to help.

However, there is something very important about the expertise that those of us who have had personal experience of mental illness, and have been able to gain insight and some

understanding, that cannot be underestimated. I feel it would be a huge shame if that expertise is wasted. Obviously there would only ever be a small proportion of people with lived experience who may wish to be considered to be peer supporters, and an even smaller number who may be appropriate through having the desired qualities. But anything which is positive and may increase the range of options open to help those with a mental illness recover should be explored. In these days of economic crisis and cuts in the health budget I'm not sure that it wouldn't be a relatively inexpensive option. But it couldn't be done "on the cheap". Training costs; payment for the peers; expenses and the cost of on-going support must be built in.

Are there examples of peers support working? I cannot speak about the current Scottish pilots, but I was recently in Australia where I visited Can (mental health) inc. led by Desley Casey. This a non-governmental organisation with an office base in Manly, north of Sydney. All the staff have experience of mental health problems. There were two particular projects that Desley manages which are different examples of peer support.

The first is called "hospital to home", which is an optional 4 week support offered to patients prior to their discharge from hospital. The team of three peer support workers provide a level of support appropriate to the individual's needs or requests. This can range from follow – up telephone calls over the 4 week period, to more intensive support helping the individual back into the community with shopping trips, attending the drop-in centre or whatever is deemed to be appropriate. They also try to encourage the person to work on their WRAP (Wellness Recovery Action Plan). This is regarded as an important piece of work to enable the individual to help themselves in their own recovery journey. All the peer support workers drive and received about 5 weeks training prior to starting work. Desley did say that recruitment had been a difficulty.

Desley's organisation also operates a telephone support line 4 evenings a week from the office base in Manly. This is available to anyone in Australia. In addition to receiving calls, the staff will make return follow-up calls. They do not refer onto services or offer advice, but are a listening

ear. On one occasion they sought permission of the caller to contact the crisis team because of concern for the individual's safety. The importance of it being a peer worker answering the phone was obviously highly significant. Statistics have to be kept of the number of calls, both for evaluation and to provide evidence of the use of the service to approach funders.

I also took the opportunity to go to a presentation and discussion with Shery Mead from the States, organised by Desley. This was an amazingly powerful input for peer support. From Shery's website you can find the reasons why she is such a strong advocate for peer support from her personal experiences. She explored the power balance in relationships which can be very different between a peer worker and their peer, compared to that between a "professional" and the patient. She suggested that a service definition of peer support would be: "one person with more recovery provides help to a person with less recovery". The help generally focuses on mental health issues and treatment. An alternative definition could be that "peer support is about contributing to an environment of mutual learning and growth". The latter is so much more inclusive. "Learning" suggests a power balance, whereas "help" suggest an imbalance and one person being the expert. The concept of learning provides an opportunity for personal growth from both the worker and their peer. Positives outcomes can be better than a reduction in hospital admissions or relief of symptoms. The outcomes may not be pre-determined – which does make evaluation a more interesting (or difficult) exercise.

Finally, let's come back closer to home. The HUG report I referred to earlier has three appendices: Firstly the transitional discharge from hospital to home, based on the Canadian model that I was fortunate to visit and study back in 2000. This was piloted in Highland, and used a buddying system to ease the difficult transition from hospital back into the community. The "buddies" all had lived experience of mental health problems. The consumer organisation in Ontario is called Can Voice, and I spent some time with them, the purpose being to find out if the way they worked alongside the professionals and the consumers could be reproduced here in Highland.

The second appendix is an interview with “Healthy Minds”, a mutual support group in Badenoch and Strathspey.

The third appendix is an amended article from Larry Fricks about an independent service called Peer Support delivered by a trained workforce of Certified Peer Specialists. This raises one issue not yet touched on – that of the independence of peer supporters......

I hope I have given you some food for thought. I must stress that the views I have expressed are my personal views and not necessarily those which would be fully endorsed by HUG. However, I am sure that there are a significant number of people who do use mental health services in Highland who may like to put what may have been a traumatic experience to positive use.