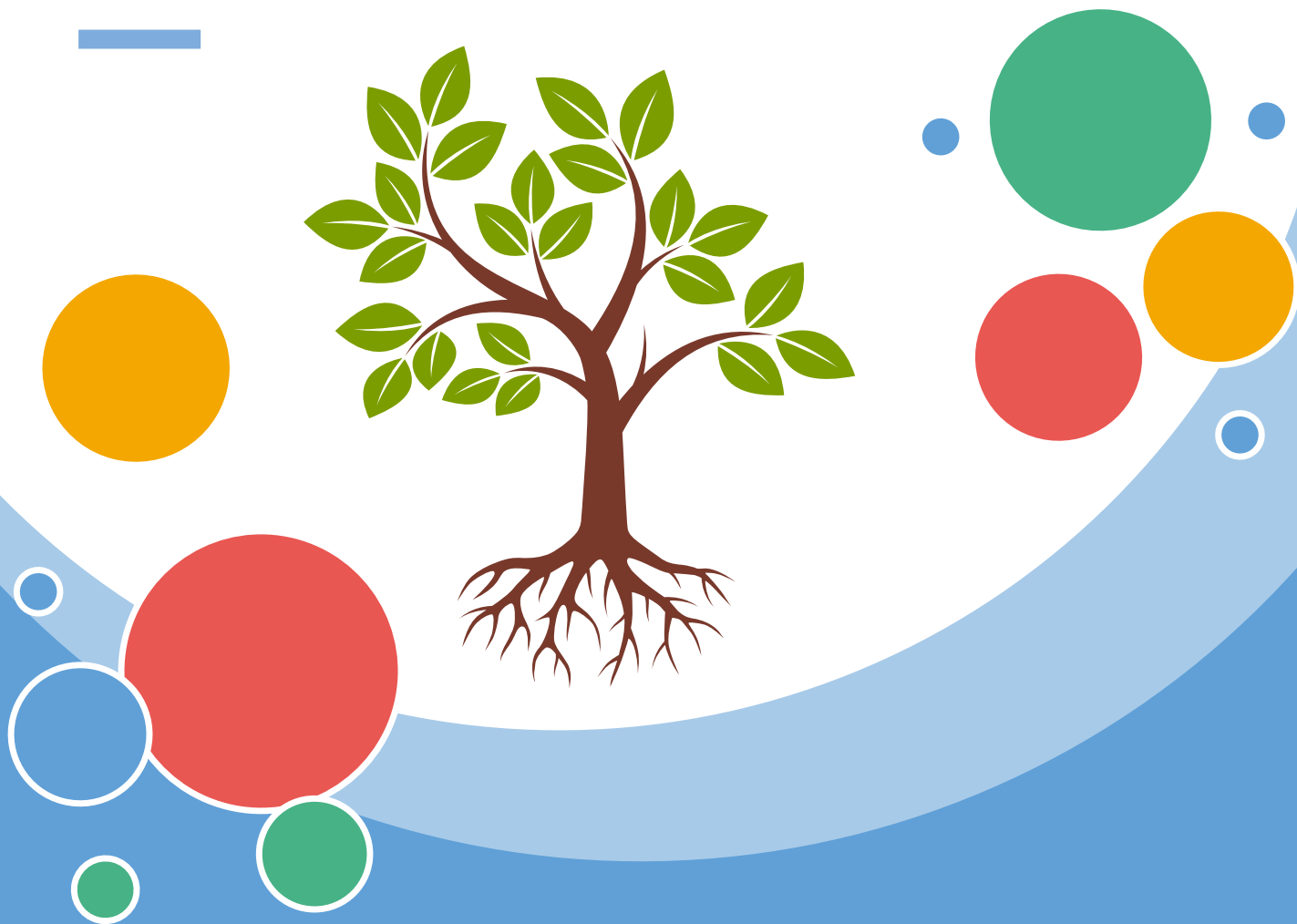


Peer Support Workers in Mental Health Services



**A Report on the Impact of Peer Support Workers
in Mental Health Services.**

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The Impact of Peer Support Workers in Mental Health Services

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Foreword

Recovery is a key priority for the HSE Mental Health Services, and this is outlined in *A Vision for Change* (2006). The development of the *National Framework for Recovery in Mental Health* (2018) is a further step in ensuring the provision of recovery oriented services in Ireland. Actions within the framework include introducing lived experience supports into the workforce and in 2017 the mental health service committed to employing Peer Support Workers to support service users in their recovery. There are currently twenty-six Peer Support Workers employed in mental health services across five Community Healthcare Organisations. They are employed as equal members of multidisciplinary teams and work across the continuum of services.

The Health Service Executive (HSE) Mental Health National Office commissioned this impact study to assess the impact of Peer Support Workers in Mental Health Services in supporting the development of more recovery oriented services and in improving recovery outcomes for our service users. The HSE are happy to take on board the findings from the developmental stage of this initiative and progress the recommendation of this report.

I would like to acknowledge the commitment of the Peer Support Workers to date. They have been pioneers for peer support working within the HSE and have overcome the many inevitable challenges associated with a new role. They have enhanced the service for our service users and confirmed the benefits and importance of having people with personal lived experience as part of the workforce. Based on the findings from this study we endeavour to expand the provision of peer support as it is a key driver to enhance the recovery capacity of our services.



Jim Ryan

*Assistant National Director,
Head of Operations –
Mental Health National Office*

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The development of this report would not have been possible without the assistance and participation of a wide variety of stakeholders from across the country. We would like to acknowledge the contributions of those who assisted in the research design, implementation, and development of this report.

In particular, we would like to say a sincere thank you to:

- **The Peer Support Workers employed across the country in Mental Health Services for their assistance and participation in this research. We would also like to acknowledge their commitment and determination to advancing recovery practices in Mental Health Services and in placing service users at the centre of their own recoveries, as is evidenced in this report.**
- **All HSE Mental Health Services staff who generously gave up their time to provide us with their valuable insight into the impact of Peer Support Workers in their services.**
- **Area Mental Health Management Teams, Service Leads, and Peer Support Worker Supervisors for their assistance in carrying out this research.**
- **The staff of the Mental Health Engagement and Recovery Office, without their support and guidance this report would not have been possible, in particular: Michael Ryan, National Head of Mental Health Engagement and Recovery; Laura Molloy, Service Improvement Lead; Gerry Maley, Business Manager; and Francis Walsh, National Engagement and Recovery Lead.**

Finally, and most importantly, we would like to thank all service users who participated in this research for giving us their time and for their open and honest sharing of their experiences of peer support and the impact it has had on them.

Evan Hunt

Research Lead

Dr Michael Byrne

Principal Investigator

Executive Summary

Background

As outlined in *A Vision for Change* (2006) and *A National Framework for Recovery in Mental Health* (2018), the promotion of a recovery-based mental health service model is a key priority in Irish Mental Health Services. Recovery focuses on living a full and meaningful life whether or not the person continues to experience mental health difficulties; rather than merely focusing on the reduction of clinical symptoms, it considers a service users' wellbeing from a holistic point of view. Core processes identified by service users as necessary for recovery, known as **CHIME** include having **C**onnections with others, **H**ope for the possibility of recovery, having an **I**ntity beyond that of a service user, living a **M**eaningful life, and being **E**mpowered through directing one's own recovery (Leamy *et al.*, 2011). A recovery orientated service is a service which supports service user recovery through embracing these recovery principles.

An established method of increasing the recovery orientation of services is through the employment of Peer Support Workers.

Peer Support Workers

A Peer Support Worker is someone who is employed to utilise their lived experience of mental health difficulties and their support skills to assist service users in their recovery. Peer Support Workers draw on their lived mental health experience to support others; they offer hope and the possibility of recovery to service users, provide emotional and practical support, empower service users in self-management of their recovery and act as a recovery resource to the service and team.

In 2017, Peer Support Workers were employed by Mental Health Services to support service users in their recovery. There are currently twenty-six Peer Support Workers employed in Mental Health Services across five Community Healthcare Organisations, in eleven counties. They are employed as full and integral members of multidisciplinary teams and work on community mental health teams (CMHT), rehab and recovery teams, acute wards, and early intervention psychosis services.

Aims and Objectives

The aim of this report was to evaluate the impact of Peer Support Workers on Mental Health Services, specifically the impact of Peer Support Workers on service users and service providers.

Methodology

A mixture of qualitative and quantitative methods were employed, with a focus on open ended questions on participants' experience of peer support.

There were three specific cohorts:

- Peer Support Workers;
- Service users;
- Service providers.

In order to maximise participation, a multitude of data collection methods were employed including:

- Online survey;
- Hardcopy survey;
- Focus groups
- Interviews.

Ethical approval was granted from research ethics committees in each of the areas Peer Support Workers are employed. Due to logistical reasons, ethical approval could not be received for service users in Cork Kerry Community Healthcare and, therefore, service users in that location were excluded from the survey.

Key Findings

Overall, Peer Support Workers have had a positive impact on service users, service providers and Mental Health Services. They had a key role in supporting service users with their recovery and in promoting recovery orientation of services.

Impact on Service Users

Service users were overwhelmingly positive about the impact of peer support on their recovery. Peer Support Workers acted as recovery role models, inspiring hope in service users, normalising mental health difficulties and reducing self-stigma. They connected service users to their community and Mental Health Services, encouraging their participation in the community and advocating on their behalf to services. 76% of service users stated they are more active in their community as a result. Peer Support Workers' person centred ways of working placed service users at the centre of their own recovery, adding a personal connection to their lives and helping them to become more empowered and independent in their lives. Many service users stated that Peer Support Workers played a vital role in their recovery and found peer support to be one of the most beneficial supports they availed of from Mental Health Services.

Impact on Services

Peer Support Workers embodied the principles of recovery outlined in *National Framework for Recovery in Mental Health* (2018). The majority of service providers were very positive about the impact of Peer Support Workers and felt that they enhanced the recovery orientation of the service in which they were employed.

Service users viewed Peer Support Workers as a recovery resource who normalised mental health difficulties to them and provided them insight and understanding into the lived experience of mental health difficulties. Service providers felt that Peer Support Workers helped communicate service users' wishes and goals to them, improving their connection to service users and encouraging them to place service users at the centre of their care. Peer Support Workers strengthened service providers' recovery orientated thinking and practice.

Facilitators and Barriers of Peer Support

Service readiness is an important factor in the success of peer support. A lack of understanding and acceptance of Peer Support Workers and the recovery practices they embody was one of the primary barriers to the positive impact of Peer Support Workers. Training on peer support and recovery principles is helpful and necessary for teams prior to the implementation of Peer Support Workers to the team. Additionally, the provision of appropriate support and supervision structures must be ensured to maximise the impact of peer support.

The services and service users who have had the opportunity to experience peer support have benefited from it. However, in order to maximise the benefit and impact of Peer Support Workers, there are issues which must first be addressed. Through continued education, support, and development of the role, the positive impact of Peer Support Workers on service users' recovery and on increasing the recovery orientation of services can be developed further.



To bring you through the recovery, to bring you out of institutionalisation and into life. I felt institutionalised, [my Peer Support Worker] supported me in that very much so.” Service User



Her support has meant a great deal to me, having someone who understands (from personal experience) what it's like to have anxiety and depression. Her role has played a huge part in my on-going recovery.” Service User



If there was more people doing the same thing you'd go a long way in helping people recover.” Service User

“ Like a drink of water in the desert.” Service User

“ Maybe if it was available in time gone by people wouldn't be as sick as they are. If they had it earlier on in life. A lot of people could have been saved.” Service User

“ The work of the PrSW has a significant positive influence on service users' experience of mental health services. The PrSW develops a therapeutic relationship based on shared experiences, mutual understanding, respect and empowerment. Service users feel listened to and understood on a deeper level than that of other mental health professionals within the MDT. PrSW connect to service users on a personal level which develops trust in the mental health services as a support network.” Occupational Therapist

“ The addition of a peer support worker has been a very useful and helpful addition to our MHS.” Psychiatrist

“ Vital in the role of changing the service for the better.” Nurse

Introduction

The Peer Support Worker project is a HSE national initiative aimed at realising benefits for both service users and Mental Health Services. As part of this initiative, in 2017 thirty people were employed by the HSE as Peer Support Workers in Mental Health Services across the country. Peer Support Workers are employed as full and integral members of Community Mental Health Teams. A Peer Support Worker is someone who has lived experience of mental health difficulties and now provides formalised peer support and practical assistance to service users. Peer Support Workers help service users to regain control over their lives and their own unique recovery journey. They use their expertise gained through lived experience to inspire hope and to support recovery. They facilitate and support information sharing to promote choice, self-determination and opportunities for connection with local communities. They work alongside service users on a one to one and/or group basis. The Peer Support Worker has a lead role in embedding recovery values within the service in which they work.

The Peer Support Worker project was envisaged to benefit:

Service users through:

- Improved social functioning;
- Enhanced treatment planning and incorporation of key recovery principles;
- Inspiring an improved quality of life by demystifying access to Mental Health Services through appropriate sharing of their recovery journey; and
- Engendering hope.

Mental Health Services through:

- Fostering a more recovery-oriented culture within teams in which service users are seen as active partners as distinct from passive recipients of services.

A robust evaluation of the Peer Support Worker initiative is needed to ensure that the positive values of this initiative translate into beneficial outcomes for users, services and the public. This report is aimed at reviewing the impact of Peer Support Workers in Mental Health Services in the HSE.

Recovery

Recovery focuses on living a full and meaningful life despite experiencing mental health difficulties (Anthony, 1993). Rather than merely focusing on the reduction of symptoms it considers a service users' wellbeing from a holistic point of view, including social interaction, community engagement, general wellbeing and empowerment (Canadian Mental Health Commission, 2009).

Where recovery was once widely viewed as an illusory concept, numerous studies have identified some of the core elements and processes of recovery (Anthony, 1993). Core values of recovery include self-determination, empowerment, normative roles, community integration, hope, working to strengths, self-help, and self-efficacy (Hebert, Rosenheck, Drebing, Young, & Armstrong, 2008). A number of these recovery processes have been identified as central elements to recovery; they are known as CHIME.

CHIME

CHIME was developed by Leamy *et al.* (2011), through an analysis of ninety-seven papers detailing service user recovery narratives. The CHIME recovery processes are conditions that service users felt were essential to their recovery. They are:

CONNECTEDNESS: Having good relationships, being a part of the community, and getting support from others.

HOPE: Belief in the possibility of recovery, inspiring relationships, positive thinking, valuing success, having dreams and aspirations, and having the motivation to change.

IDENTITY: Having an identity with multiple facets, with a positive sense of identity, free from stigma.

MEANING: Living a fulfilling life, with social roles and goals, with meaning of mental illness experiences, and quality of life.

EMPOWERMENT: Taking personal responsibility, focusing on strengths, and having control over one's own life.

Recovery Orientated Services

A recovery orientated service is one which does not merely focus on clinical recovery but embraces recovery principles and recognises the holistic nature of a service user's recovery. Naturally the recovery orientation of services plays a significant role in supporting service users' recovery, with more recovery orientated services supporting service users' recovery to a greater degree, especially those involving peers (Thomas, Despeaux, Drapalski, & Bennett, 2017).

What is a Peer Support Worker?

As outlined above, a Peer Support Worker is someone who is employed to use their lived experience of mental health difficulties to assist service users with their recovery (Repper & Watson, 2012). The peer aspect of the role may not necessarily be in relation to a directly shared mental health difficulty or diagnosis, but rather to the shared experience of having a mental health difficulties in general and the personal and social cost that this incurs (Sunderland & Mishkin, 2014.). Peer Support is a recognised method of supporting service user recovery (Slade *et al.*, 2014). Peer Support Workers have been shown to empower service users, give them hope, reduce self-stigma and increase socialisation and independence (Davidson, Bellamy, Guy & Miller 2012; McLean, Biggs, Whitehead, Pratt & Maxwell, 2009).



It's not walking in front leading or from behind pushing — it's walking alongside" (Scottish Recovery Network, 2013)

A multitude of benefits of Peer Support Workers have been identified for services including improving service providers' understanding of service users and the lived experience of having mental health difficulties (Repper & Watson, 2012). Peer Support Workers can also help to remove the 'them and us' mentality within services (McLean, Biggs, Whitehead, Pratt & Maxwell, 2009) and increase providers' understanding of recovery (Pollitt *et al.*, 2012). They have been identified as a means of increasing the recovery orientation of Mental Health Services (Repper *et al.*, 2013).

Peer support can be provided on a one to one basis or in a group setting. It is delivered in a variety of settings and may take place in Mental Health Services, the community or in the home, depending on the service users' wishes.

Elements of a Peer Support Worker's role (Naughton, Collins, & Ryan, 2015)

The Peer Support Worker's role includes:

- Drawing on their lived mental health experience to support others.
- Empathising with mental health service users.
- Offering emotional and practical support to service users.
- Being present with service users in times of distress.
- Offering hope and the possibility of recovery to service users.
- Empowering service users in self-efficacy and self-management concerning their own recovery.
- Supporting the service user in developing their recovery through personal development and social integration.
- Providing a recovery resource to the service and team.
- Promoting safe recovery.
- Improving communication between service user and provider.
- Supporting recovery focused care planning.
- Providing a training resource on recovery to the service.
- Helping reduce stigma.
- Modelling good recovery practice.
- Modelling appropriate disclosure.

The Irish Context

A Vision for Change (2006) called for an overhaul of Mental Health Services in Ireland, with recommendations and proposals across many aspects of service provision. In particular, it outlined the need for increasing the recovery orientation of services. It was recognised that service users wanted and needed to be viewed as active participants of their own recovery rather than passive recipients. One of the ways to achieve this goal was the recommendation of a new position of mental health support worker, who would act as a voice for service users, provide companionship and practical support.

Since then, there has been a growing movement in Mental Health Services in Ireland to shift towards a more person centred and recovery orientated model of mental health service provision. In the intervening years, there have been a number of projects aimed at doing just this, most notably, the Prosper Genio Project, the Refocus Project, and the Advancing Recovery Initiative (ARI). The Prosper Genio Project was a pilot peer support project set up in 2012 in the west of Ireland. It was funded by Genio and, although these Peer Support Workers were not directly employed by the HSE, they worked with service users from rehab and recovery teams. As the Prosper Genio project was deemed a success, the Refocus Project began in 2013, building on the work of the previous project and expanding further, laying the groundwork for future peer support in working out the practicalities and intricacies of the role.

In 2012, parallel to the other projects, Advancing Recovery Ireland (ARI) began. The goal of ARI was to support the development of recovery orientated services. It focused on bringing about the organisational and cultural changes required to achieve more recovery focused services. It achieved this through the inclusion service users, family members, and carers in the design delivery and evaluation of services through a co-production process. It recognised the reality that true partnership between those who use, those who support, and those who provide our services, deliver better outcomes than care driven by one party alone (*A National Framework for Recovery 2018 – 2020*). ARI played a crucial role in developing the recovery orientation of Mental Health Services necessary for the implementation of peer support in Mental Health Services. In 2014, ARI became a mainstream HSE project and the promotion of recovery orientation of services became a national priority.

Developing from and building on the work of these projects, in 2016 it was announced that a number of Peer Support Workers would be employed within the HSE as a new initiative to provide peer support to mental health service users. Prior to their employment, they completed a specialised purpose QQI level 8 undergraduate certificate in Dublin City University. The purpose of the course was to equip them with the skills to utilise their experience to support service users in their recovery and to work as a member of a multi-disciplinary team (MDT).

The course covered the following topics:

- Recovery principles;
- Theoretical models of peer support;
- Practical elements of peer support;
- Mental health policy;
- The structure of the HSE;
- Reflective practice.

As part of the course Peer Support Workers also undertook placement in Mental Health Services. Following this course in 2017, for the first time, thirty Peer Support Workers were employed by the HSE and integrated fully to multi-disciplinary teams in Mental Health Services.

Present Study

Health Services across five Community Healthcare Organisations (CHOs) in eleven counties. They are employed in a multitude of settings, such as Community Mental Health Teams (CMHT), rehab and recovery teams, acute wards, and early intervention psychosis services (See the tables below for the breakdown regarding CHOs and teams). They interact with service users in a variety of settings including mental health services, recovery colleges, service users' homes, and in places within the community such as coffee shops. The majority of Peer Support Workers are employed on part-time contracts.

Peer Support Workers are predominantly supervised by social workers, with nurses and occupational therapists providing supervision in areas where social work did not have the capacity.

PEER SUPPORT WORKER LOCATIONS

CHO	No. of Peer Support Workers
Community Healthcare Organisation Area 1	3 (1 Cavan + 2 Monaghan)
Community Healthcare West	11 (8 Mayo + 2 Galway + 1 Roscommon)
Cork Kerry Community Healthcare	6 (3 Cork + 3 Kerry)
South East Community Healthcare	4 (3 Carlow/Kilkenny + 1 South Tipperary)
Community Healthcare Organisation Dublin North City & County	2
TOTAL	26

PEER SUPPORT WORKER TEAMS

Team	No. of Peer Support Workers
Community Mental Health Team	13
Rehab and Recovery	11
Early Intervention Psychosis	1
Acute	1

Objectives

This study arose as an attempt to understand the effect of Peer Support Workers on Mental Health Services and the people who work in them and use them. It aims to determine if peer support is beneficial and, if so, to shed light on what makes it so and how it can be improved on.

The overall objectives of this study are to:

- 1. Evaluate the impact of Peer Support Workers in Mental Health Services**
- 2. Identify barriers to peer support in services**
- 3. Identify ways to overcome barriers and improve peer support.**

This is to be achieved through consulting with all stakeholders involved in peer support: Peer Support Workers, service providers, and most importantly, service users.

More specific objectives are to determine the following:

- 1. What have service users experienced as a result of interacting with Peer Support Workers?**
- 2. Have there been improvements for service users through their contact with Peer Support Workers?**
- 3. What is the impact of Peer Support Worker on their service/team?**
- 4. What has been the mechanism of impact on service users and providers?**
- 5. What has hindered Peer Support in Services?**
- 6. How can the impact of Peer Support Workers be maximised?**

These objectives can be summarised in the following research questions:



What is the impact of Peer Support Workers on Service Users?



What is the impact of Peer Support Workers on Services?



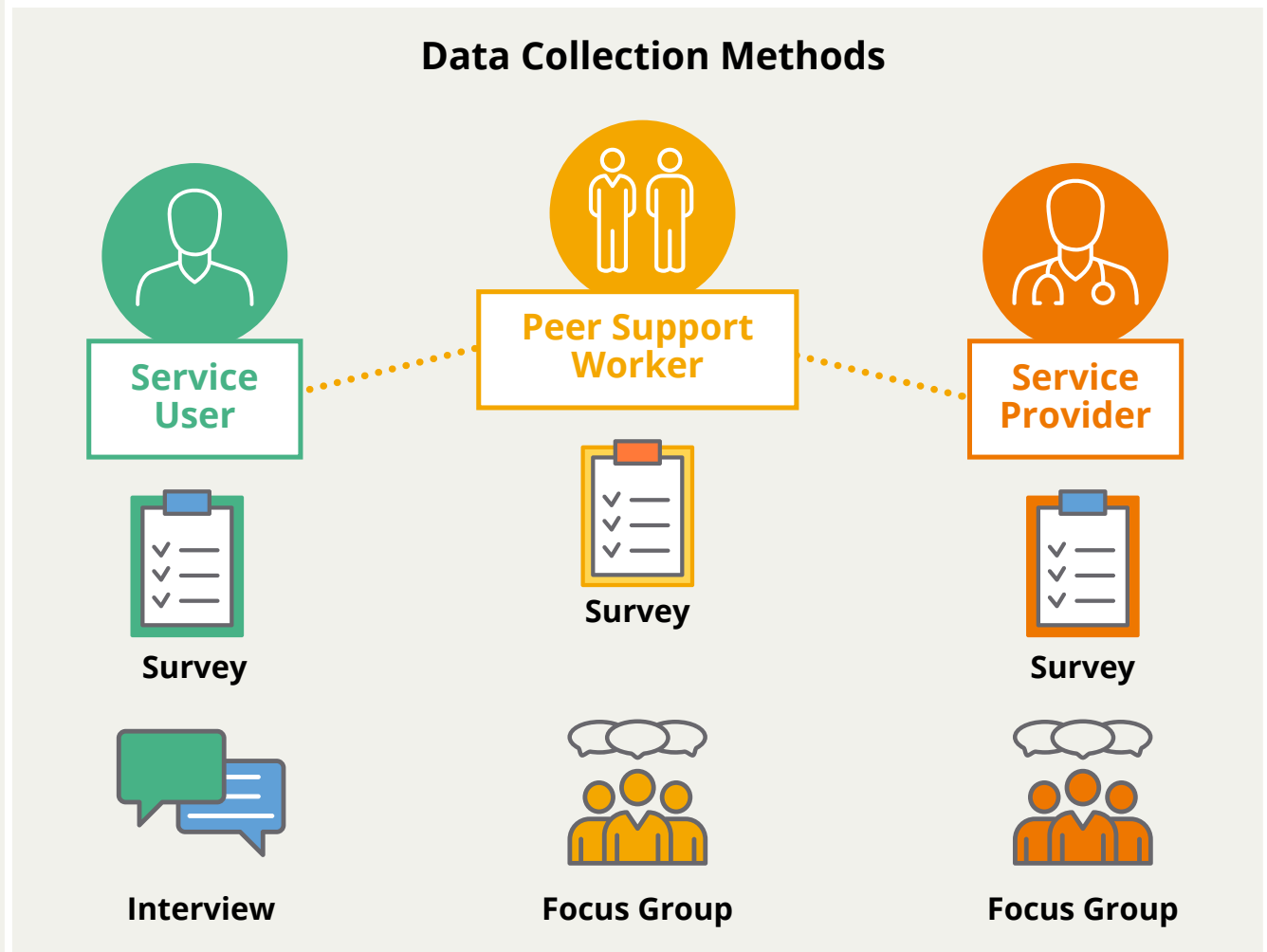
What are the facilitators and barriers of Peer Support?

Methods

In order to capture the full impact of Peer Support Workers there were three specific stakeholder cohorts in this study: Peer Support Workers; service users; and service providers. Each cohort had their own separate data collection methods.

Ethical approval was granted for this research from five research ethics committees. Each committee covered separate areas where Peer Support Workers were employed. Due to logistical reasons, ethical approval could not be received for service users in Cork Kerry Community Healthcare, so service users from that location had to be excluded from the study.

Participants were recruited via the service they worked in or attended. The research was open to all services across Mental Health Service in Ireland where Peer Support Workers were employed. All service users (excluding Cork Kerry Community Healthcare), service providers and Peer Support Workers involved in peer support were offered the chance to take part in the research. Every effort was made to include anyone who wished to participate, however, due to logistical reasons this was not always feasible. To allow for maximum participation and inclusion, this study employed a variety of data collection methods:



Service User

Survey



The survey is comprised of a series of questions on service users' experience of receiving peer support scored on a scale of 'not at all' to 'very much' and a selection of scientific measures. These measures assessed mental well-being, community engagement, recovery progress, and the level of support received from Peer Support Workers.

Interview

The interview gave service users a space to openly describe their experience of engaging with peer support. The interview schedule comprised topics such as: the quality of their relationships with Peer Support Workers, the impact of the work of Peer Support Workers on their individual recovery, aspects of peer support that they found most helpful.



Peer Support Worker

Survey



The survey was designed to profile the experience of being a Peer Support Worker and to assess the impact of Peer Support Workers on service users and services. The survey was primarily comprised of open-ended qualitative questions addressing areas such as: Working with service users; working as part of an MDT; barriers to peer support; and support structures.

Focus Group

The focus groups provided an opportunity for Peer Support Workers to share their thoughts and discuss the impact of peer support. Topics for discussion included: the quality of their relationships with service users and other staff; the way they work with service users; and challenges they faced.



Service Provider

Survey



The survey was designed to profile the experience of service providers working with Peer Support Workers and to assess the impact of them on service users and services.

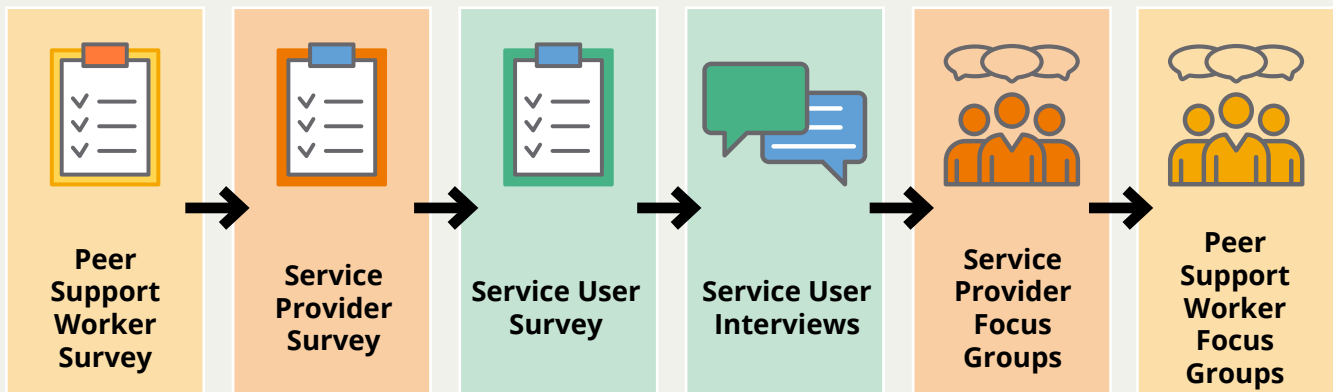
The survey was primarily comprised of open-ended qualitative questions addressing areas such as: service users; working alongside Peer Support Workers; barriers to peer support; and suggestions for improvements.

Focus Group

The focus groups allowed for staff to conceptualise their thoughts and discuss the Peer Support Worker process in their service, to examine the impact of Peer Support Workers on service users and service providers, and the successes and challenges that were faced.



Data Collection Timeline



Data Processing & Analysis

Following data collection, the data was processed and analysed. Questionnaires were scored and the data entered into computer software SPSS for quantitative analysis. Audio recordings and notes from interviews and focus groups were organised and transcribed in preparation for analysis. All qualitative data was analysed manually following the Braun & Clarke (2013) model of thematic analysis. The data was studied and generated into codes, which were then organised and developed into themes.



Survey

128 Participants completed the surveys.

- » 18 Peer Support Workers
- » 38 Service User
- » 72 Service Providers



Interviews

22 Service Users took part in interviews



Focus Groups

4 Service Provider focus groups were held

- » Cavan
- » Galway
- » Dublin
- » Carlow

1 Peer Support Worker focus group was held

- » 17 Peer Support Workers attended

Participant Breakdown by CHO and Group

CHO	Peer Support Workers	Service Providers	Service Users	Total
Community Healthcare Organisation Area 1	2	5	20	27
Community Healthcare West	7	19	19	45
Cork Kerry Community Healthcare	3	8	N/A	11
South East Community Healthcare	4	22	10	36
Community Healthcare Organisation Dublin North City & County	2	18	11	31
TOTAL	18	72	60	150

Results

The purpose of this study was to evaluate the impact of Peer Support Workers in Mental Health Services.

To achieve this, the following were determined:



What is the impact of Peer Support Workers on Service Users?



What is the impact of Peer Support Workers on Services?



What are the facilitators and barriers of Peer Support?



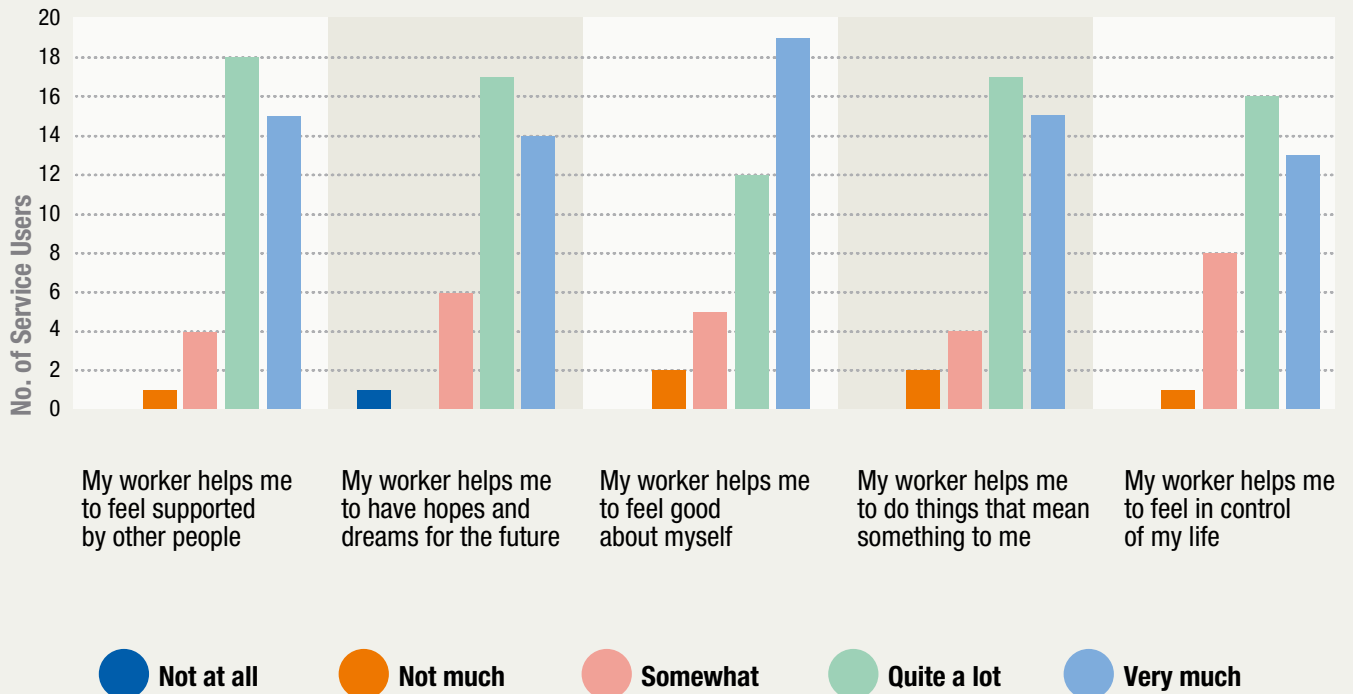
The Impact of Peer Support Workers on Service Users

All service user participants felt that Peer Support Workers had a positive impact on their recovery and experience of services. They were overwhelmingly positive about the role of Peer Support Workers and its impact on them.

The graph on page 23 illustrates service users' answers on the INSPIRE Brief measure. Derived from the CHIME framework, this 5-item Likert-scale questionnaire asked participants about how their Peer Support Worker supported their recovery. Service users rated the level of recovery support they received on a scale of '0' (No support at all) to '4' (Very much support).

In addition to the above measure, service users were asked a series of questions on their experience of receiving peer support. Service users answered on a 5-item Likert-scale '0' 'Not much' to '4' 'Very much'. All of the service users who were surveyed stated that they liked receiving peer support (32% quite a lot; 68% very much). They stated that Peer Support Workers had a positive impact on their

INSPIRE RESULTS



experience of mental health service (53% quite a lot; 47% very much). All service users found that receiving peer support was beneficial to their recovery (41% quite a lot; 59% very much), and felt that peer support workers empowered and supported them on their recovery journey (3% somewhat; 39% quite a lot; 58% very much). In addition, they also stated that peer support workers helped them become active and involved in their community (21% somewhat; 45% quite a lot; 32% very much).

Service providers also held positive views of Peer Support Workers' impact on service users. Similarly, 99% (76% yes; 23% somewhat) of service providers felt that Peer Support Workers are having a positive impact on service users' experience of Mental Health Services and 96% (78% yes; 18% somewhat) of service providers felt that Peer Support Workers are making a difference to service users.

As developed through thematic analysis of all qualitative data, the following are the ways in which Peer Support Workers have positively impacted service users:



Recovery Role Model

Peer Support Workers were found to act as recovery role models to service users and service providers, illustrating to them what living a full and meaningful life with mental health challenges can be. In doing so, they act as a source of hope for service users, channel their lived experience to relate to service users, provide insight to service providers and normalise mental health difficulties for both service users and service providers.

Through acting as a 'Recovery Role Model' Peer Support Workers have:

- » Increased service users' hope for recovery
- » Normalised mental health difficulties to service users
- » Reduced service user self-stigma
- » Improved service users' self-esteem



Making Connections

Peer Support Workers were found to connect service users to their communities and to Mental Health Services. In forging these connections, they enhanced service users' experience of services and aided them in becoming active members of their communities.

Through 'Making Connections' Peer Support Workers have:

- » Helped service users to navigate services
- » Improved service users' experience of services
- » Increased service users' voice in services
- » Enhanced service users' communication with services
- » Improved service users' involvement in their community



Person Centred Ways Of Working

Peer Support Workers were found to place service users at the centre of their work and assist them in directing their own recovery. These ways of working lead to authentic and meaningful relationships with service users, which fostered independence and enabled service users to become empowered.

Through their 'Ways of Working' Peer Support Workers have:

- » Empowered service users to direct their own recovery
- » Increased service users' independence



The Impact of Peer Support Workers on Services

Overall, service providers felt that Peer Support Workers had a positive impact on services. Most said that they increased the recovery orientation of services and helped service providers think in a more recovery focused manner, putting service users' wishes at the centre of their care.

94% (75% yes, 19% somewhat) of service providers felt that Peer Support Workers have a positive impact on services, while 92% (60% yes, 32% somewhat) of service providers felt that Peer Support Workers have a positive impact on other service providers.

Through thematic analysis of the survey and focus group data of service providers, the following are the ways in which Peer Support Workers have positively impacted services:



Recovery Role Model

Through acting as a 'Recovery Role Model' Peer Support Workers have:

- » Improved service providers' insight into the lived experience of mental health difficulties
- » Developed service providers' understanding of recovery
- » Normalised mental health difficulties to service providers
- » Reduced service providers' stigma of mental health difficulties



Making Connections

Through 'Making Connections' Peer Support Workers have:

- » Improved services understanding of service users' wishes
- » Improved communication between services and service users
- » Improved the recovery orientation of services



Person Centred Ways Of Working

Through their 'Person Centred Ways of Working' Peer Support Workers have:

- » Supported service providers in thinking in a recovery-oriented way
- » Supported service providers in practicing in a recovery-oriented way



Recovery Role Model

This theme refers to the benefits and positive impacts of Peer Support Workers being viewed as a role model for recovery by both staff and service users alike. Through their presence and work in Mental Health Services, it was found that Peer Support Workers illustrate the possibility of living a full and meaningful life even if symptoms of mental health challenges persist.

The benefits of this can be seen through three primary means:



HOPE

Acting as a source of hope for service users



SHARED EXPERIENCE

Sharing their lived experience of mental health difficulties



NORMALISATION

Normalising mental health difficulties by talking openly about their own



HOPE



[Peer Support Worker] gives me hope as she's been through what I've been through." Service User

Service users and service providers alike felt that the presence of someone with lived experience of mental health difficulties working as part of the service with service users, offers them hope that recovery from such difficulties is possible. Peer Support Workers allow service users to believe that they too can recover and lead a fulfilling and meaningful life even if symptoms of mental health challenges persist.



She's the first person that made me feel I can do it like, you know" Service User



I believe that peer support workers provide invaluable support to service users as role models with lived experience giving the message that recovery is possible." Social Worker

Service providers recognised that this source of hope for recovery is something that only those with lived experience can give. Most participants felt that, through their work and employment in Mental Health Services, Peer Support Workers instil “confidence” and “hope” in Service Users, thereby helping them to progress further in their own recovery



I see the value of PrSW and how their experience can offer something unique re hope for the future that other staff can't.

Social Worker



SHARED EXPERIENCE



Yeah, she's excellent, it was a completely different kind of thing, I've been to psychologists and psychiatrists, and counsellors and stuff like that over the years but there was something about that kind of like 'I've been there' that really helped. *Service User*

Participants recognised the positive impact that Peer Support Workers had on service users by sharing their experience of mental health difficulties. Their mutual experiences allowed both parties to relate to each other, with the Peer Support Workers then using this experience alongside their training to offer advice and guidance to both service users and providers. This use of experiential expertise resonated with service users:



Her support has meant a great deal to me, having someone who understands (from personal experience) what it's like to have anxiety and depression. Her role has played a huge part in my on-going recovery. *Service User*



I think what benefits the service user the most is the therapeutic use of experiential knowledge as this is what truly makes us as Peer Support Workers unique to other professionals on the Multi-Disciplinary Team. *Peer Support Worker*

Service providers felt that Peer Support Workers have improved services by offering “insight” into living with mental health difficulties to staff, with 98.5% of service providers saying the Peer Support Workers were seen as a recovery resource in their service. This improved understanding has impacted the way in which service providers view service users and the way they work with them.

“Hearing PrSWs talk about their experience of services has helped me think about how I work and how my clients might view ... the power services can hold.” Social Worker

“[Peer Support Workers] share lived experience with team members to help them understand service users’ perspective of being in the mental health services.” Nurse



NORMALISATION

“I was very institutionalised, the system marked me, peer support defied that.” – Service User

Service users felt that Peer Support Workers removed the shame and secrecy that can surround having mental health challenges through their presence in mental health service and through their candid and honest conversations about it. Peer Support Workers’ normalisation of mental health difficulties played an important role in service users’ recovery. In being open and confident in talking about their own difficulties, they remove the stigma attached to mental health challenges and improve their self-esteem. This was echoed by 95% of service providers, who felt that Peer Support Workers helped reduce self-stigma amongst service users.

“Yeah, like, I grew up in a house where my dad was bipolar and it was just a secret, so like, to openly talk about mental health is, like, a massive weight has been lifted, and peer support in particular you, you get very vulnerable with people you talk to, and that hits a nerve with people in a good way.” Service User

“ It can only be a good thing for service users to see that a peer support worker is such a valuable member of the team providing care and as such, people who may have a history of mental health difficulty are not precluded from contributing to service provision or any other goals a person may have.” Psychiatrist

To service providers, the presence and employment of Peer Support Workers in Mental Health Services served as an example of what living a full and meaningful life with mental health challenges can be. Most service providers view them simply as *“another member of the team”*, this impacted on how they viewed service users as individuals rather than *“a collection of symptoms”*. For some cases, this reduced their own stigma towards mental health, while 78% felt that Peer Support Workers are helping to reduce stigma amongst their team. It is worth noting that 18% felt that stigma amongst service providers was not an issue.

“ I think it certainly reduces stigma among service providers as the peer support worker will share a lot of perspective during MDT meetings etc. and this will reduce and remove biases.” Psychiatrist

“ It encourages us to think about service users not just as service users but as individuals within their own context.” Psychologist



Making Connections

Peer Support Workers were viewed as acting as a connector between service users and society. They encourage service users to find their voice and speak up for themselves and connect with those around them. They act as the voice for service users when they cannot speak for themselves.

The two primary places they did this in were Mental Health Services and the community.



SERVICES

Connecting service users to the community



COMMUNITY

Connecting services to service users



Practically, we can contribute to cultural change by asking questions, offering a missing perspective, forging connections amongst service users and providers. We are a bridge between the helper and the helpee because we are both - and believe that everyone could be both. Peer Support Worker



SERVICES



When you have a Mental Health disorder you lose your voice a little so to have somebody on your side helping you to find your voice, it's vital. Service User

Peer Support Workers help service users connect with the services they attend. All service users agreed that Peer Support Workers had a positive impact on their experience of Mental Health Services. In doing so, Peer Support Workers improved their perception of services, allowing them to better engage and progress their recovery. They achieved this by enhancing the voice of the service user, advocating for them and making their wishes known.

“ I feel that the raising of issues on behalf of service users at MDT level has put their aspirations and wishes back into focus and results in a more determined effort by the MDT to address these issues.” Peer Support Worker

Due to their shared experience, it was common for service users to open up more to peer support workers than to other members of the MDT. This allowed them to confide in peer support workers about important issues that the Peer Support Workers could then work on with them and inform the MDT about. As this capacity was built, they also encouraged service users to communicate their wishes directly to service providers themselves in an effort to improve their communication with the service. As a result of this, 83% of service providers and 87% of Peer Support Workers felt that the presence of Peer Support Workers had improved communication between services and service users.

“ It’s not just beneficial its vital. At times you can’t talk to Doctors and Nurses, those days you feel you can talk to the person who’s been through it, that helps to break down the barriers.” Service User

Similarly, service providers felt that one of the main benefits of Peer Support Workers was in acting as advocates for service users during MDT meetings, in conveying their wishes and making service providers think in a more recovery focused manner.

“ ...link between “team” and “service user” in order to foster a better working relationship. That the PrSW will advocate on behalf of the SU and explain why/how the SU wishes for certain things to happen” Service Provider

“ I enjoy the Peer support worker asking questions at MDTMs of all professionals, I find this makes people stop and think and find it very interesting the interactions at these meetings” Nurse



COMMUNITY



I don't spend as much time sitting around the house moping, peer support workers take me out of myself. It really brings another dimension to my life. Service User

People with mental health difficulties can become very isolated and withdrawn from society. Peer Support Workers have played an important role in bringing them back to engage with society, with 76% of service users stating they are more active in their community as a result. This takes many forms, from accompanying them to do their shopping, to sitting in a cafe for a coffee, to setting up “cinema club” and “five a side soccer” teams.



Helped me to no end. I suffer from social anxiety and I'd have great difficulty to go to the shops, when the Peer Support Workers is there I don't feel as anxious, he gives me moral support. Service User



I find they helped because being social anxious I find they help me to socialise more and get to know people (new) more and helped me to overcome being lonely. Service User

Rather than merely “getting them out of the house”, they encourage and support service users to engage in society in a way that they are comfortable with, building their capacity for this over time. This can range from being able to leave their house, to doing their shopping by themselves, to returning to work. While some of these goals may seem small, they are all essential steps on the path to reengaging as an active member of the community.



I found it very hard to do things in the community, you know, the men's shed and things like that. But since seeing [Peer Support Worker], since coming to her, I'm getting back to these things.

Service User



I was out of work nearly a year, and through talking to [Peer Support Worker], it lifted me again to get back to work”

Service User



[On their Peer Support Worker assisting them in overcoming agoraphobia] Sure that was the beginning of everything, that was the beginning of a new phase for me”

Service User



When I have seen them attend social events with socially anxious clients, I see them as a real support and real agents for promoting recovery”

Nurse

Person Centred Ways Of Working



Throughout all discussions, participants frequently referred to the importance and benefit of the work that Peer Support Workers do. However, Peer Support Workers themselves stressed that the main benefits did not stem from what they did, but instead how they did it.



Peer Relationship

The informal nature of the relationship that developed with service users



Empowerment

Supporting service users in directing their own recovery

“ It has been my experience that [it’s] the peer support worker’s new and sometimes more meaningful way of working with clients that can bring about some lasting change with the services users we work to support.” Social Worker

“ My role is the support of the person, this is very different from other staff. My work is individualised, and I believe the relationship I have with service users is very different from any other team member.” Peer Support Worker



Peer Relationship

“ Support is the first thing, people need to make connections. We are social beings, and if we build a strong relationship with clients, we are providing good service.” Peer Support Worker

The relationship that Peer Support Workers formed with service users was seen as the foundation on which all other work is built. It is a non-judgmental, informal, and “mutual relationship”, founded on the idea of “trust”, “openness” and “shared experience”. In this relationship, the service user is an equal.

“I feel that PrSW provide the most recovery-oriented service of all mental health disciplines within the MDT. They support service users to explore their experiences and difficulties in an environment that is non-judgemental and not focused on giving labels and diagnoses. I feel that PrSW connect to service users on a personal level as the basis for a strong therapeutic relationship.” Service Provider

“Honestly I believe it’s the informal conversations where the relationship grows and evolve, where trust develops and the space to set recovery orientated goals opens.” Peer Support Worker

Many service users would refer to their Peer Support Workers as a “friend”. Some service providers raised concerns that, for certain service users who are not in a place to receive peer support, there is a risk of peer support being “solely a befriending service”. Peer Support Workers stated they were always careful to explain to service users the nature of their relationship and of their role. However, participants noted that it can “take time to bed down to [a] therapeutic relationship”. Overall this form of peer relationship and way of working is effective for service users and often referred to by service users as “casual but professional”.

“We talk normally, its chit chat, but very effective at the same time. It’s different to other staff, a more positive, more casual approach. They speak to you and relate to you. So casual, but so professional.” Service User

For many service users, the relationship they had with their Peer Support Worker was in contrast to the relationship they have with other service providers. While other service providers are not necessarily precluded from working in this way, they can often be restricted by their position. This fact was not lost on participants, who acknowledged that Peer Support Workers are afforded certain freedoms in their means and time when working with service users that other service providers are not.

“No matter how well intentioned, a doctor or nurse etc. is not going to be able remove themselves from their professional background when interacting with service users. There will always be that bias. Peer support workers can take the clinical perspective but are not bound only by it when working with service users.” Psychiatrist

“The system doesn’t have the time resources, there’s no time for helping. They’re just not there. It’s not the nurses’ fault, it’s the system. There’s not enough time, and the time is less and less each year.” Service User

“Doctors in the clinic only see you every 6 months maybe so I feel really they do not know how you have really been in between appointments and only go on the day they see you where as the support worker knows you better good and bad days and it is a comfort to know in a crisis he is on the other end of the phone more so than the doctors.” Service User



Empowerment

“I do not proclaim to have the answers to their problems, instead I encourage them to find their own. I see people in the clinic, at home or out in the community, and this is always at the choice of the person I am supporting” Peer Support Worker

A vital component of the ways in which Peer Support Workers work is their ability to encourage and empower service users, with 97% of service users stating they felt empowered by their Peer Support Worker, and 76% stating that they help them to feel in control of their own lives. Participants frequently referred to the importance of the Peer Support Worker “meeting them where they’re at” and allowing them to “set the pace”, when discussing the service user’s recovery process.

“To bring you through the recovery, to bring you out of institutionalisation and into life. I felt institutionalised, [my Peer Support Worker] supported me in that very much so.” Service User

“ Providing tailored support to the needs of individual service users which may be variable. I think that the flexible approach is helpful, and the non-clinical perspective allows service users relate to the peer support worker.” Psychiatrist

Peer Support Workers ensured that service users led and directed the work they did: to focus on and pursue the goals that service users themselves want to achieve, to work at a pace and at a level that each service user was comfortable with, in essence, to put the control back into the service users' hands. These are the aspects of Peer Support that service users feel have empowered them, fostering a sense of control and autonomy in their own recovery. For some this came in stark contrast to the way in which services had operated in the past.

“ She will make suggestions, it's up to me to take it up. I never get from other Doctors and Nurses.” Service User

“ Having a peer support worker has helped me a lot he doesn't judge or push me to get out and about again by being with him I feel I can push myself and have been out more in the last couple of weeks than I have in years and years” Service User

“ Yeah it would be like trying to get on a bus, stuff like that, very ground level stuff... [My PrSW] helped me to integrate back into society a lot better... Its huge, I still have the bus ticket... Each goal is as important as the last even if it doesn't seem that way to everyone outside.” Service User

It was noted that Peer Support Workers' method of placing service users' wishes at the centre of their work is not an exclusive approach to Peer Support Workers, and that this type of practice is used by other service providers. However, the presence of Peer Support Workers within the service encourages service providers to include this perspective more regularly within their practice.



These interactions are beneficial. They challenge the traditional concept of boundaries and encourage me to question why certain things are the way they are and whether they need to change.”

Psychologist



They ‘force’ us to think in a more service user and recovery focused manner. Having a peer support worker present would always make me check my biases and refocus to one that is more recovery oriented as opposed to clinically oriented.” Psychiatrist



I have supervised PrSW but also co-facilitated groups and co-worked cases with them. It has been really helpful in challenging me to work towards clients’ goals and not mine or services goal.”

Social Worker



Facilitators & Barriers of Peer Support

In addition to examining the effect of Peer Support Workers on service users and services it was also hoped to identify barriers to peer support and to identify ways of maximising the impact of Peer Support Workers.

72% of Peer Support Workers felt that they had encountered barriers to fulfilling their role, while 78% (56% yes, 22% somewhat) of Peer Support Workers said that they had adequate supports in place to aid them in their role.

There were a variety of factors that influenced the impact of Peer Support Workers on services and service users, many of which related to the novel and unique nature of the role. Service users and service providers' understanding, and acceptance of the peer support role was found to act as a barrier or facilitator to the impact of peer support, with the level of support Peer Support Workers themselves received also acting as a moderator for the role's impact.



Understanding

The understanding of the role and what it entails



Acceptance

Participants attitudes towards the role



Support

The supports in place for Peer Support Workers



Understanding



Yesterday I was with a person I support and out of the blue she said that she was sorry because she said to me, at the start she thought my job was to take her out for coffee, now she sees that there is more to what I do.” Peer Support Worker

As it is new role within Mental Health Services, it has taken time for staff and service users to understand the role of a Peer Support Worker and the recovery concept that it promotes.

“...it is new, there still are questions which are being answered with time. It is natural that this development will take time.”

Social Worker

While many service users now understand the role, there are some, in particular those using rehab and recovery teams, that do not fully understand the role and refer to Peer Support Workers as “nurses” or simply as “someone to go places with”. Overall, however, the understanding of the role is improving as service users are experiencing peer support.

“Some service users don’t recognise the unique position of peer support and see them as “just” another team member. Role is being understood more as more service users use the assistance of a PrSW and have 1st hand experience.” Nurse

“I think this is a new role and will need more work in relation to understanding the role by all SU. But with those SU working with PrSW there is an understanding and certainly a high value placed on their intervention.” Nurse

Similarly, many service providers did not have a clear understanding of what Peer Support Workers do and of where they fit within the service. When asked if services understood the role of Peer Support Workers only 35% answered a definitive ‘yes’, 51% answered ‘somewhat’ and 14% said ‘no’. This corresponded with Peer Support Workers views on services understanding of their role, 20% answered ‘yes’, 60% said ‘somewhat’ and 20% said ‘no’. This lack of understanding of the role led to inappropriate referrals or a reluctance of service providers to refer service users to the service at all.

“Communication with MDTs is essential pre their arrival ...They are an invaluable asset and can hugely contribute to the MDT work however there needs to be communication about their role”

Psychologist

“In some instances the initial referrals for Peer Support are being suggested by MDT members who are unsure as to what exactly Peer Support workers do. This in turn leads to a misrepresentation of the role when it is initially proposed to service users.”

Peer Support Worker

As with any new profession, Peer Support Workers had to develop their own ways of working and their own understanding of what being a Peer Support Worker means in practice. An initial lack of clarity arose around the type of work in which they could participate, the clients with which they could work, their position within the MDT and the responsibilities and roles that came with it.



There were no clear guidelines of what a peer support worker should be or how we would work within an MDT.”

Peer Support Worker

Peer Support Workers spoke of how some staff initially viewed them as “MTAs” (Multi Task Attendant) or someone whose role it was to simply get service users “out of the house”. Additionally, not all staff were aware that Peer Support Workers are full members of the MDT which can prevent their full involvement in the MDT meetings, and can lead to reluctance or reticence in sharing service user information for fears of breaching confidentiality.

However, as they interacted with peer support workers more regularly, service providers began to get a better understanding of the role and their way of working. This allowed greater cooperation between the two groups, which ultimately was of great benefit to service users.



[on the benefits of working with PrSW] This has been beneficial in helping me to identify another area of support that may benefit future clients who come to me for assessment/intervention and who may also benefit from engaging with peer support and what they have to offer.” *Psychologist*



Acceptance



I really think peer support workers do an invaluable service to the mental health system! Medication, doctors do a lot of work on the medical side. They do it to the best of their ability. Having peer support workers really helps to you regain your life back. Always there if you need them.” *Service User*

Perhaps the most accepting of the role were service users, who were immensely positive about the impact Peer Support Workers had on their own recovery and experience of services. All service users said they liked receiving peer support, with 41% stating they found it quite beneficial to their recovery and 59% that it was very beneficial to their recovery. Many described it as a “vital” component of their recovery, and some went as far to say that it was the most important role that the service offered to them.

“ I’d be lost without [Peer Support Worker], great influence on me altogether.” Service User

“ I wouldn’t say it’s beneficial, I’d say it’s vital.” – Service User

**“ It’s the only positive thing I’ve had out of Mental Health Services”
– Service User**

“ Like a drink of water in the desert.” – Service User

“ Maybe if it was available in time gone by people wouldn’t be as sick as they are. If they had it earlier on in life. A lot of people could have been saved. – Service User

As with any new role, acceptance takes time. This is even more so for a role that for some promotes a new way of working to the service. Amongst some service providers there is still reluctance and aversion to certain recovery practices:

“ A few had shared with me that they had been sceptical of the role in the beginning but have changed their minds completely and would happily welcome more into the team.” – Peer Support Worker

“The Team are still struggling with what real recovery is. They struggle with issues of autonomy, the right to make bad decisions, positive risk taking, meeting people where they are at - and steering away from ‘over minding’, ‘over medicating’, ‘being risk adverse’. But things have improved. Building relationships and trust are a key factor in this change - and providing leadership.”
Social Worker

For some, Peer Support Workers are seen as “us vs them” by service providers; that theirs is a separate way of working from the team and that they are “separate from the team”. This sense of otherness was present for both service providers and Peer Support Workers. Some service providers felt that Peer Support Workers kept themselves separate from the team; while Peer Support Workers felt that they were not being included with only 40% felt they were fully valued members of the MDT.

“Some team members are very cautious about the role and feel the Peer Support Workers should be excluded from some parts of the CMHT [Community Mental Health Team] e.g. I have issues raised around confidentiality, access to clinical notes attending meetings raised by some members...” Nurse

“The concept of needing a PrSW almost suggests that the rest of the MDT would not understand something without their presence. Many of the staff have family members who are or were users of the MH service and some had MH issues themselves.” – Service Provider

Although this sentiment was present amongst the minority of participants, it raises an important issue that Peer Support Workers themselves discussed in relation to them being perceived as “*the recovery person*” on the team. While they may be seen as “*recovery champions*”, “*experts by experience*” and the only employee where this is the sole focus of their role, Peer Support Workers do not feel that this should preclude others from working in this way. This view was also supported by other service providers who, rather than viewing Peer Support Workers as a “*threat*” or slight on their own ways of practice, viewed them instead as an “*additional resource*” and asset for the team to draw on.

“It is beneficial to have another recovery ordained voice on the team. Working towards developing a more recovery orientated model is very challenging and the perspective of the PrSW is valuable.” – Occupational Therapist

However, as service providers are exposed more to Peer Support Workers' ways of working and see the value of it, there has been an increase in the acceptance of Peer Support Workers and in the recovery focus of services.

“With work colleagues I find it is slow. It is sometimes very hard to get people referred to you because for some, you are seen as a lesser professional. However, I have noticed that as my work has started producing positive results I am getting more and more referrals, however it is still a slow process and will need more time before we are seen as equals in the health system.”

Peer Support Worker

The majority of service providers who participated in the research accept peer support workers and see of the benefit of having them on the MDT.

“A fantastic resource in any service, their training combined with their lived experience can provide a great support to both peers and to service users.” *Psychologist*

“The peer support worker is considered and treated the same as any other member of the team with their own role and responsibility and autonomy. I wouldn't differentiate between members of the MDT including the peer support worker in that regard - everybody brings their own expertise to the table.” *Psychiatrist*

“The addition of a peer support worker has been a very useful and helpful addition to our MHS.” *Psychiatrist*

“Vital in the role of changing the service for the better.” *Nurse*

The greatest sign of acceptance and endorsement of the impact of Peer Support Workers came from the call that more should be hired. Peer Support Workers, service providers, and service users all said that more Peer Support Workers are needed.

“ If there was more people doing the same thing you’d go a long way in helping people recover.” Service User

“ employ more people, train more people, put the money into it.” Service User

“ Wider availability of it across all mental health sectors” Nurse

“ We need more!!! I feel that every area of mental health should be provided with a peer support worker” Service Provider



Support

**“ The job satisfaction is based on knowing that you can make a difference in the lives of the people you support. We have a good supervision structure within our service that promotes wellbeing and self-care. We also have a separate support structure within our own group of peer support workers and we see this as the most beneficial contributor to our self-care and wellbeing.”
– Peer Support Worker**

Naturally, in teams that had well-established recovery orientated practices, Peer Support Workers were more readily understood and accepted and thus supported in their work. This is also true of teams that had received training on the role of Peer Support Workers prior to their implementation.

“ This team is extremely recovery focused and has been instrumental in supporting me in my role”. Peer Support Worker

“ Our Team was prepared in advance through presentations by Line Manager of PrSW. We were well informed of the role and specific work of PrSW. Hence, our Team was ready for a PrSW.”

Social Worker

In areas that did not receive training on recovery principles or Peer Support Workers prior to their implementation, they felt that there was an “assumption” that staff would know the Peer Support Workers’ ways of working and scope of practice. However, this was not the case. Participants agreed that in order to provide support for Peer Support Workers, service providers themselves needed guidance to understand, and therefore better accept, the new role and ways of working.

“ The value to the SU and the MDT is great but a greater understanding with clearer role responsibilities and role boundaries would improve the working relationships within the MDT.”

Service Provider

Service providers felt that they would benefit from information and training on Peer Support Workers and recovery orientated practices. This training was suggested to be delivered in multiple forms, such as information sessions on recovery and recovery orientated practice, and presentations to teams on the role of Peer Support Workers prior to their implementation to services. It was suggested that these presentations could be delivered by Peer Support Workers and service providers who are working in teams where peer support is already established.

“ working with su/peer is a very new way of working...we should be supporting staff through quality training and supervision to talk about the challenges rather than just assuming everyone agrees and everyone [is] comfortable and knows what to do” *Social Work*

“ Training from the top down is necessary i.e. mandatory training in recovery orientated work for all.” *Nurse*

When Peer Support Workers discussed their own training, they recognised that many aspects were greatly beneficial, such as theoretical models of peer support and personal development. However, they felt that, in some ways, it did not adequately prepare them for the practicalities of the role, in particular, working as part of an MDT and some of the practicalities of working with service users. In this way, Peer Support Workers said that much of their learning took place “on the job”.

They also believed that, as they have now been in the role for two years, they should have input into any future training courses.



I understood that the training was the first of its kind and that it be easier now to improve that as time goes on when the role gets more recognition as we design it in more structure and detail”

Peer Support Worker

In addition, those who have had access to CPD have benefited greatly from it, in particular courses that covered the practical elements of the role. However, it is clear that not all Peer Support Workers have had adequate access to these CPD trainings and courses with only 50% of Peer Support Worker stating they had access.



I would like to see continuing education and employment of PrSW in the HSE and more education opportunities for PrSW when employed to continue professional development.” Occupational Therapy



I would welcome the opportunity to avail of further training and education in recovery and contemporary mental health practices.”

Peer Support Worker

Peer Support Workers frequently spoke about their own colleagues as a source of support, finding great value in their own shared experiences during the process.



I have been fortunate in so far as I work with a number of other peer workers so there is an informal support system at hand. We also have a monthly Peer Group supervision meeting with all peer workers within the CHO attending and this is important in relation to wellbeing and self-care.” Peer Support Worker

For many Peer Support Workers, there were practical issues that added to the difficulty of doing their job. These ranged from low wages, issues with part-time hours, not getting funded for additional responsibilities and teams that they took on, and access to facilities such as desk space, computers, and printers. Participants were disheartened by this and felt that it devalued and impeded the work that they do.

“ Having no computer access printing or internet access is a huge problem and impacts on my work. The only physical resource i have is thus phone, i cant fill in forms or write report’s it is disabling and humiliating at times. Even filling in this survey is difficukt on this smalk phone” Peer Support Worker

“ I think the Peer Support worker is valued by the team but her salary does not reflect that. The good work she does should warrant a higher wage. She is a respected member of the MDT and all of her opinions are valued. She offers a different perspective and one that comes from the service user. This is very unique.” Nurse

Peer Support Workers viewed their supervisors and line managers as an essential source of support. Overall, they were very satisfied with their supervision, but both service providers and Peer Support Workers felt that Peer Support Workers should be supervised by someone in their own profession.

“ I think that Peer support workers should be line managed and supervised by peer support workers. This gives them full equality to carry out the role as it should be just like every other worker. In the beginning we did not know much about the role and we thought the peer support worker should work similar to us when in actual fact they work well because they are really different from all the other workers. I think it took a few members of the team time to understand that and be ok with that.” Nurse

“ I feel that this is extremely difficult because we are completely different roles and this is to no fault of anyone involved because it is a new role and there are no Peer Support Managers yet. I feel that sometimes I am being directed to decisions that are not truly Peer Support, more social work. These issues are seen from a social work perspective and this has caused some distress, especially in the beginning ...my fear is that the true development of the role can be influenced by a different discipline and that there is a risk that this will happen in the future.” Peer Support Worker

This highlighted the need for the further development of the Peer Support Worker role. Primarily, the need for career progression opportunities, such as “Senior Peer Support Worker” or management roles, in order to “further demonstrate the value of this service as an equally important perspective to medical, nursing and other AHP disciplines.”

Discussion

From this report it is clear that Peer Support Workers are having a positive impact on services and service users. Peer Support Workers are successfully supporting service users on their recovery journeys and increasing the recovery orientation of services. In achieving these goals, it is clear that they add great value to Mental Health Services. Nowhere is this more evident than when looking at Peer Support Workers in relation to the HSE's *'A National Framework for Recovery in Mental Health'*.

Benefits to Services

When these findings are examined in relation to the principles of recovery set out in *'A National Framework for Recovery in Mental Health'* (HSE, 2018), the true value of Peer Support Workers to Mental Health Services is revealed. As outlined in *'A National Framework for Recovery in Mental Health'* the development of these principles is a vital part of the recovery journey of Mental Health Services. Peer Support Workers strongly align with these principles and therefore play a crucial role in supporting the development of recovery-orientated services.

Centrality of Lived Experience

In the way they work Peer Support Workers support service users in directing their own recovery, placing them at the centre of their own recovery. Furthermore, through their own lived experience they offer services and service providers a wealth of knowledge and expertise on living with and recovering from mental health difficulties.

Co-Production

Peer Support Workers act as a voice for service users and encourage them to use their own. They improve communication between the community, service users, and services and put the wishes of service users at the forefront of their care, while encouraging others to do the same.

Organisational Commitment

The employment of Peer Support Workers illustrates a commitment to the development of recovery orientated Mental Health Services. In services where they are employed, Peer Support Workers embody recovery values and communicate them through the ways in which they work. They act as exemplars of recovery, and through this they play a crucial role in furthering the recovery orientation of services.

Recovery Learning & Practice

Many service providers see Peer Support Workers as recovery resources; they use Peer Support Workers as a source of knowledge to draw on to enhance their own practices. In addition, through their own practice Peer Support Workers act as an example to other staff by illustrating recovery orientated practices and aid in the creation of a recovery culture alongside their fellow service providers.

From the findings of this report, it would not be hyperbolic to say that not only do Peer Support Workers align with the recovery principles set out in 'A National Framework for Recovery in Mental Health' - they are the embodiment of these principles. It is clear that they are an asset in promoting recovery in mental health and therefore should be valued as such.

Benefits for Service User Recovery

It is evident that Peer Support Workers play an important role in supporting service users on their recovery journey. In relation to their direct influence on service users, Peer Support Workers have enhanced their experience of services, given them a voice, assisted them in reconnecting with their communities, provided them with personal connection and supported them to empower themselves, and develop their ability to direct their own recovery.

The concept of Peer Support Workers offering service users hope was very prominent amongst all participant groups. When referring to their Peer Support Worker, service users would talk about how they found them inspirational, the fact that they have "*been through it and look where [Peer Support Worker] is now*" "*if she can do it so can I*". Peer Support Workers inspiring hope for service users is a well-documented finding within the literature (Davidson, Bellamy, Guy, & Miller 2012). The importance of the hope that Peer Support Workers inspire in service users is further highlighted within CHIME. It is one of the primary recovery processes identified within it and is therefore considered to be a vital component in service users' recovery (Leamy *et al.*, 2011).

Service users took great value from having someone with lived experience of mental health difficulties to relate to and to guide them on their recovery. They felt understood by their Peer Support Workers and could relate to them better than other service providers saying that they are "*easier to talk to*" and that they "*get it*". For some service users this stemmed from the fact that service providers "*haven't been through it*" and that their knowledge and understanding of mental health difficulties was grounded in "*textbooks*" or a "*theoretical point of view*" rather than the personal experience that Peer Support Workers offered. Although the majority of service users valued the work of other service providers greatly, they felt that the form of peer relationship with Peer Support Workers offered them something different. This finding is mirrored in other research on Peer Support (Brown & Kandirikirira, 2007), where the benefit of shared experience between service users and Peer Support Workers is a recurring finding (Davidson, Chinman, Sells, & Rowe, 2006; Repper & Watson, 2012; Thomas, Despeaux, Drapalski, & Bennett, 2017).

Peer support has been shown to reduce self-stigma in service users who receive it (Repper & Carter, 2011; Repper & Watson, 2012). For service users, the normalisation of mental health difficulties and reduction in self-stigma was through their interactions with Peer Support Workers and their honest and confident self-disclosure of their own mental health difficulties. This was a significant factor in supporting service users' recoveries. For service users, they stood as an example of what can be achieved while living with mental health difficulties and that they need not be defined by their own. Once again, the CHIME framework reinforces the important role of Peer Support Workers in service users' recovery, through their normalisation and de-stigmatisation of mental health difficulties which form a key part of service users having a positive identity that is not simply grounded in life as a service user (Leamy *et al.*, 2011).

A key benefit of peer support is that it improves service users' experience of mental health services (Pollitt *et al.*, 2012). Through their interactions with Peer Support Workers, service users became more connected to Mental Health Services. Peer Support Workers helped service users to navigate services and informed them of their rights. Their presence and support have also improved many service users' experience and perception of Mental Health Services. Service users saw them as "*advocates*" that put their voices at the forefront of their care.

Peer Support Workers can play an important role in increasing service users' involvement and sense of belonging in their community (Davidson, Bellamy, Guy, & Miller, 2012; Repper & Carter, 2011; Repper & Watson, 2012). Service users were encouraged and assisted by Peer Support Workers in engaging in their communities. Peer Support Workers gave them comfort and moral support giving them the confidence to leave their homes, removing the isolation and loneliness they previously felt. In doing so, Peer Support Workers added new meaning to their lives, a core recovery process and a crucial element to a service user's recovery (Leamy *et al.*, 2011).

Peer Support Workers provided service users with personal connection and felt that it was this relationship that formed the foundation for the work they do. They spent time with service users, getting to know them and forming a relationship built on "*openness*" and "*trust*". Building on this, service users felt that Peer Support Workers were present for them, "*always a call away*", and that their interactions were free from the "*pressure*" or "*expectations*" they felt when interacting with other service providers. This relationship meant a great deal to service users, who at times felt like "*a number*" to other service providers, as they did not have the time to interact with them in a similar fashion or on such a personal level. It was recognised by all participant groups that, due to the "*time rich*" nature of their role, Peer Support Workers were enabled to spend longer and more frequent periods with individuals and that this was a key factor in building the relationship that they have with service users. Service users responded well to this form of casual and informal relationship and a natural response to this form of relationship was to view their peer Workers as "*a friend*" or "*like a friend*", while still recognising that they were professionals with a role to fulfil, and valuing them as such. This issue is not a new one in Peer Support (Davidson, Chinman, Sells, & Rowe, 2006; Mowbray, Moxley, & Collins, 1998) but from the accounts of service users this view of the relationship did not act as a barrier to the benefits of peer support.

As service users viewed Peer Support Workers as such a positive resource Peer Support Workers must remain mindful of making them dependent on the support they provide. Peer Support Workers felt that, by encouraging service users to direct the work they did with them, they prevented this from happening. This person-centred way of working provided service users with a sense of agency and self-determination. Service users found this empowering and it gave them an increased sense of control over their lives, both of which are crucial aspects of the recovery process as identified by the CHIME framework (Leamy *et al.* 2011). This finding is supported in the literature on peer support where a multitude of studies have found recipients of peer support to have an increased sense of independence and empowerment (Austin, Ramakrishnan, & Hopper, 2014; Davidson, Bellamy, Guy & Miller 2012; Ochocka, Nelson, Janzen and Trainer, 2006; Thomas, Despeaux, Drapalski, & Bennett, 2017).

Benefits for Service Providers

It is evident that Peer Support Workers have had a positive impact on service providers and through the presence of Peer Support Workers there has been an improvement in their recovery orientation.

Peer Support Workers provided insight and understanding to service providers into the lived experience of someone with mental health difficulties. Service providers also benefited from seeking advice from Peer Support Workers on practical issues. These benefits to service providers are a common finding in research on the impact of Peer Support Workers on service providers (Davis & Pilgrim 2015; Dark, Patton & Newton, 2017; McLean, Biggs, Whitehead, Pratt & Maxwell, 2009).

Peer Support Workers have been found to improve service providers' view of those with mental health difficulties and decrease stigma (Asad, & Chreim, 2016; Dixon, Hackman, & Lehman, 1997). Peer Support Workers acted as recovery role models to service providers; in doing so they normalised mental health difficulties to service providers and illustrated what recovery from mental health challenges can truly mean: that recovery is something real and tangible, not just an abstract idealistic concept.

Peer Support Workers improved the connection between service users and service providers. Through Peer Support Workers advocating on service users' behalf, through consulting with them on individual service users and through witnessing the way they work with service users, service providers gained a better understanding of service users' wishes and were encouraged to work towards them. This refocused service providers to work with service users on what they want and not what the service wants, in a recovery-oriented manner as opposed to a clinical one. Overall these changes have helped to improve the recovery orientation of service providers.

Facilitators & Barriers of Peer Support

The services and service users who have had the opportunity to experience peer support have benefited from it. However, in order to maximise the benefit and impact of Peer Support Workers, there are issues which must first be addressed.

Understanding & Acceptance

The lack of understanding and acceptance of Peer Support Workers and the recovery practices they embody was one of the primary barriers to the positive impact of Peer Support Workers. Understanding and acceptance of the role is of vital importance in maximising the impact of peer support (Biggs, Whitehead, Pratt & Maxwell, 2009). Naturally, as a new role, service users, service providers, and even Peer Support Workers themselves required exposure to it in order to understand and accept it (Asad, & Chreim, 2016). However, it is clear that, in addition to exposure to the role, there are a number of factors that can contribute to an increased understanding and acceptance of Peer Support Workers.

The job description for Peer Support Workers outlined the general concept of what Peer Support Workers were meant to achieve and how they would achieve it. However, some service providers and Peer Support Workers felt that the job description failed to offer guidance on how these goals would

be achieved in a practical sense. Some service providers felt it used “*aspirational*” words that were difficult to translate into practice. As a result, service providers, Peer Support Workers and service users were left unclear as to how a Peer Support Worker fulfils their role. Defining and understanding peer support in practice is a common issue in service where it is utilised (Gillard *et al.*, 2015).

Peer Support Workers, their supervisors and other MDT members highlighted the need and importance of possessing a good understanding of the role and of recovery practices, with similar findings in the research (Gates & Akabas 2007). This is especially relevant in relation to areas like risk, where recovery orientated practices are in contrast to the traditional model of care (Scott, Dugthy & Kahi, 2011). A report on the implementation of Peer Support Workers into Scottish Mental Health Services indicates that the recovery orientation of services played a crucial role in the successful integration of Peer Support Workers onto MDTs (McLean, Biggs, Whitehead, Pratt & Maxwell, 2009). While this was acknowledged and advised by the project leads during the implementation of the role, it was not always adhered to on the ground. As a result, some Peer Support Workers found themselves in services where there was little knowledge of their role and application of recovery principles.

Even now two years later, in the areas where there was little education on recovery practices and the role of Peer Support Workers prior to their joining the MDT, service providers are requesting education on peer support and recovery principles. The call for recovery orientated training such as Recovery Principles and Practice workshops, by both staff and Peer Support Workers, is supported as training programmes like this have been shown to improve service providers’ recovery practices (Young *et al.*, 2005). Service providers and Peer Support Workers also felt that endorsement of recovery practices and Peer Support Workers from senior management and clinical leads was an essential element in their acceptance on the MDT. In their own review of Peer Support Workers in Scotland, McLean *et al.* (2009) highlighted the benefit of the endorsement and support of management and psychiatry (McLean, Biggs, Whitehead, Pratt & Maxwell, 2009).

There are numerous negative consequences to a poor understanding and acceptance of the role. Primarily it prevented service providers from engaging with the role and referring service users for peer support. While this lack of understanding of the role can frustrate and discourage Peer Support Workers, its most pronounced effect is on the service users who are not referred for peer support as a result. This prevents service users from accessing the benefits of peer support, which for many played a central role in their recovery (Dixon, Hackman, & Lehman, 1997; Mancini, 2018; Vandewalle *et al.*, 2016).

In the two years since the appointment of Peer Support Workers there has been much development of the role and what it means to be a Peer Support Worker in practice. For Peer Support Workers this meant learning on the job and sharing ideas and practices with colleagues. Across the country Peer Support Workers, their supervisors, and their services have all branched out and filled their own niches, with each Peer Support Worker working to their strengths and the range of the services and service users’ needs. As this is a new role, this was to be expected; however, these developments must be taken stock of and shared between Peer Support Workers, supervisors and services, so they can learn from each other and progress together.

Supervision

The importance of appropriate supervision is recognised as an integral factor in the impact and success of peer support (McLean, Biggs, Whitehead, Pratt & Maxwell, 2009; Salzer, Katz, Kidwell, Federici, & Ward-Colasante, 2009). Overall, Peer Support Workers were satisfied with the level and quality of supervision they received. However, some service providers, including current supervisors, raised the issue of protected time and resourcing of supervision and felt that it is needed to ensure the adequate provision of supervision for Peer Support Workers.

Although Peer Support Workers and service providers were happy with the current supervision, there was much support for the creation of senior Peer Support Worker roles and Peer Support Workers supervision of their own role. The primary reason for this relates to the potential for Peer Support Workers to be compromised by other professions' ways of working. Both Peer Support Workers and their supervisors felt that at times supervisors' own professional background and practice had the potential to influence and impinge on Peer Support Workers' ways of working. Similar studies such as Kuhn *et al.* (2015) have previously highlighted the conflict between Peer Support Workers' understanding of their role and practice and their supervisors' understanding as a potential barrier to their impact and future development of the role.

Role Development

Related to this, Peer Support Workers and service providers felt that in order to retain current Peer Support Workers in the role and their valuable expertise, career progression opportunities and salary increases should be considered. Peer Support Workers are currently aligned to the family support worker pay scale. Peer Support Workers and some service providers feel the level of salary for Peer Support Workers does not reflect the "*unique value*" of the role and the level of responsibilities they take on. Poor career progression opportunities and salary are recognised factors in retaining Peer Support Workers (Mancini, 2018; Mowbray, Moxley, & Collins, 1998; Repper & Watson, 2012; Vandewalle *et al.*, 2016). Peer Support Workers raised this issue and felt there was danger that Peer Support Workers may leave the role due to a lack of progression opportunities and low salary, denying the services their expertise and experience. Service providers and Peer Support Workers also highlighted the need for an option to increase hours, as with most working part-time there can be issues which negatively impact the work they do, such as one to one work with service users, especially those in distressed states, and in acting as and being accepted as a full member of the MDT.

All of these issues are reported within the literature as acting as challenges to Peer Support Workers in fulfilling their role. These include poor work conditions, lack of recovery orientation of the service they work in, a lack of autonomy from supervisors, being the sole Peer Support Worker in a service, and lack of clarity in their job description (Moran, Russinova, Gidugu, & Gagne, 2013). From the findings of this report there is a clear need to address these issues in order to progress the role. Research by Campbell and Leaver (2003) has suggested that the development of manuals or guidance documents could potentially alleviate some of these issues.

Conclusion

This report set out to determine the impact of Peer Support Workers on Mental Health Services and on service users. It aimed to investigate whether the Peer Support Workers were achieving the goals of supporting service users in their recovery and increasing the recovery orientation of services. It is clear that their impact on Mental Health Service and on service users is a positive one and that they are achieving the goals of supporting service users in their recovery and increasing the recovery orientation of services.

Additionally, the report has also helped identify the means through which these goals have been achieved and how Peer Support Workers and their services have worked towards them in practice. These goals have been achieved in three main ways: in acting as recovery models to services and service users; in making connections between service users their community and services; and in working in a person-centred manner.

However, there have been barriers to achieving these goals. Issues of service readiness have acted as a barrier to the impact of peer support and it is clear from participants that it has taken time and exposure to Peer Support Workers since the initial implementation for understanding and acceptance of the role to grow. There are still staff who do not fully embrace the role, and this can reduce the impact of Peer Support Workers. Through continued education, support, and development of the role, the positive impact of Peer Support Workers on service users' recovery and on increasing the recovery orientation of services can be developed further.

Recommendations

The following recommendations support ways to overcome barriers and improve the provision of peer support in Mental Health Services:

1. Increase and expand Peer Support Workers within the current mental health service provision across all CHOs.
2. Develop a suite of guidance documents on:
 - Supervision of Peer Support Workers.
 - Service readiness for MDTs working with Peer Support Workers.
 - The role and practice of a Peer Support Worker, with reference to working with different service populations.

All documents should be created with input from Peer Support Workers and other relevant stakeholders.
3. Develop the Peer Support Worker role through:
 - Exploring the establishment of senior Peer Support Worker roles such as peer supervisors; options for increasing hours; and increase in salary to reflect the level of responsibility they hold and unique value of their work.
 - Developing local, regional, and national forums in which Peer Support Workers can support one another, share ideas, learning, and experiences to promote best practice in the profession.
4. Ensure MDT, clinical leadership, and local management have undergone briefing and educational sessions on the role of a Peer Support Worker and training in recovery principles prior to implementation of Peer Support Worker to the MDT.
5. Ensure the job description of a Peer Support Worker accurately reflects the role as it has developed over the last two years. Develop a version of this that is accessible for service users and service providers.
6. Liaise with Higher Education Institutes to ensure that the training provided meets the requirements for the HSE Peer Support Worker role.

References

- Anthony, W. A. (1993). **Recovery from mental illness: the guiding vision of the mental health service system in the 1990s.** *Psychosocial rehabilitation journal*, 16(4), 11.
- Asad, S., & Chreim, S. (2016). **Peer support providers' role experiences on interprofessional mental health care teams: A qualitative study.** *Community mental health journal*, 52(7), 767-774.
- Austin, E., Ramakrishnan, A., & Hopper, K. (2014). **Embodying recovery: a qualitative study of peer work in a consumer-run service setting.** *Community mental health journal*, 50(8), 879-885.
- Brown, W., & Kandirikirira, N. (2007). **Report on narrative investigation of mental health recovery.** *Glasgow: Scottish Recovery Network.*
- Dark, F., Patton, M., & Newton, R. (2017). **A substantial peer workforce in a psychiatric service will improve patient outcomes: the case for.** *Australasian Psychiatry*, 25(5), 441-444.
- 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., Bellamy, C., Guy, K., & Miller, R. (2012). **Peer support among persons with severe mental illnesses: a review of evidence and experience.** *World psychiatry*, 11(2), 123-128.
- Davis, J. K., & Pilgrim, S. I. (2015). **Maximizing utilization of peer specialists in community mental health: The Next step in implementation.** *Journal of Psychosocial Rehabilitation and Mental Health*, 2(1), 67-74.
- Dixon, L., Hackman, A., & Lehman, A. (1997). **Consumers as staff in assertive community treatment programs.** *Administration and Policy in Mental Health and Mental Health Services Research*, 25(2), 199-208.
- 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.
- Gillard, S., Holley, J., Gibson, S., Larsen, J., Lucock, M., Oborn, E., ... & Stamou, E. (2015). **Introducing new peer worker roles into mental health services in England: comparative case study research across a range of organisational contexts.** *Administration and Policy in Mental Health and Mental Health Services Research*, 42(6), 682-694.
- Hebert, M., Rosenheck, R., Drebing, C., Young, A. S., & Armstrong, M. (2008). **Integrating peer support initiatives in a large healthcare organization.** *Psychological Services*, 5(3), 216.
- Health Service Executive (2018). *A National Framework for Recovery in Mental Health.* Mental Health Service.
- Kuhn, W., Bellinger, J., Stevens-Manser, S., & Kaufman, L. (2015). **Integration of peer specialists working in mental health service settings.** *Community mental health journal*, 51(4), 453-458.
- Mancini, M. A. (2018). **An exploration of factors that effect the implementation of peer support services in community mental health settings.** *Community mental health journal*, 54(2), 127-137.
- McLean, J., Biggs, H., Whitehead, I., Pratt, R., & Maxwell, M. (2009). *Evaluation of the delivering for mental health peer support worker pilot scheme*, Scottish Government Social Research, Edinburgh.

Mental Health Commission. (2009). *Toward recovery and wellbeing: A framework for a mental health strategy for Canada*. Mental Health Commission for Canada.

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.

Naughton, L., Collins, P. & Ryan, M. (2015) *Peer Support Workers: A Guidance Paper*. National Office for Advancing Recovery in Ireland. HSE: Mental Health Division. Dublin.

Pollitt, A., Winpenny, E., Newbould, J., Celia, C., Ling, T., & Scraggs, E. (2012). **Evaluation of the peer worker programme at Cambridgeshire and Peterborough NHS Foundation Trust**.

Repper J., Aldridge B., Gilfoyle S., Gillard S., Perkins R., & Rennison J. (2013). **Peer support workers: Theory and practice**. *ImROC briefing*, Centre for Mental Health and Mental Health Network: NHS Confederation.

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.

Repper, J., & Watson, E. (2012). **A year of peer support in Nottingham: lessons learned**. *The Journal of Mental Health Training, Education and Practice*, 7(2), 70-78.

Salzer, M. S., Katz, J., Kidwell, B., Federici, M., & Ward-Colasante, C. (2009). **Pennsylvania Certified Peer Specialist initiative: Training, employment and work satisfaction outcomes**. *Psychiatric Rehabilitation Journal*, 32(4), 301.

Scottish Recovery Network (2013) *Reviewing peer working: A new way of working in mental health*. Glasgow: Scottish Recovery Network.

Scott, A., Doughty, C., & Kahi, H. (2011). **'Having those conversations': The politics of risk in peer support practice**. *Health Sociology Review*, 20(2), 187-201.

Slade, M., Amering, M., Farkas, M., Hamilton, B., O'Hagan, M., Panther, G., ... & Whitley, R. (2014). **Uses and abuses of recovery: implementing recovery-oriented practices in mental health systems**. *World Psychiatry*, 13(1), 12-20.

Sunderland, K., & Mishkin, W. (2014). *Guidelines for the practice and training of peer support*. Mental Health Commission of Canada.

Thomas, E. C., Despeaux, K. E., Drapalski, A. L., & Bennett, M. (2017). **Person-oriented recovery of individuals with serious mental illnesses: A review and meta-analysis of longitudinal findings**. *Psychiatric services*, 69(3), 259-267.

Vandewalle, J., Debyser, B., Beeckman, D., Vandecasteele, T., Van Hecke, A., & Verhaeghe, S. (2016). **Peer workers' perceptions and experiences of barriers to implementation of peer worker roles in mental health services: A literature review**. *International Journal of Nursing Studies*, 60, 234-250

Young, A. S., Chinman, M., Forquer, S. L., Knight, E. L., Vogel, H., Miller, A., ... & Mintz, J. (2005). **Use of a consumer-led intervention to improve provider competencies**. *Psychiatric Services*, 56(8), 967-975.

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