



Peer support provides solutions

Sutton Mental Health Foundation, Peer Support Project

Peer support workers are people who have personal experience of mental distress and of using mental health services. They offer mutual support to anyone who feels that it may be helpful to talk about their own experience of mental distress and mental health services.





Background

The peer support project was set up in June 2007 when the local acute admissions ward was under severe pressure. A joint funded project looked at whether former patients on the ward who were involved with Sutton Mental Health Foundation (SMHF) could provide support to current patients.

The project is based on the intentional peer support model and training developed by Shery Mead and Chris Hansen in Newark USA. “Being ‘intentional’ means that coming into the relationship with a specific purpose in mind. While peer support assumes the characteristics of any healthy relationship...the intention is to purposefully communicate in ways that help both people step outside their current story.” (Mead, 2005,15).

Intentional peer support avoids the psychiatric or medical model based around a diagnosis and instead starts with people’s own stories. It is based on principles of wellbeing, recovery, self-advocacy and growing through taking positive risks.

The Skills for Care New Types of Worker project funding ran from 2008-09 and the project evaluation summarised the outcomes at that time:

- funding had been secured from the local primary care trust (PCT) for peer support work on the admission ward and to offer sessions in Sutton following discharge
- funding for both the Sunday drop-in and groups for people who hear voices had been secured until July 2010
- work with people who hear voices was being strengthened, with more people trained as facilitators and the addition of groups focussing on paranoia
- the project’s intentional peer support training course had been accredited by Credit4Learning. Twenty six people from SMHF and 15 from another organisation had been accredited
- SMHF had been invited by two other organisations to provide training in peer support.

Aims

The main aim was to establish peer support work and to enable people with direct experience of mental distress and treatment to run the service. The intention is that people learn and grow as equals by drawing on their own and each other’s knowledge, skills and experiences.

What was done?

A training programme for peer support workers has been developed and run several times. The course is 10 weeks of half days and offers five modules on intentional peer support. It is preceded by a taster workshop for potential trainees. The course includes gaps for trainees to shadow experienced peer support workers. During the final two weeks of the course, trainees produce a work plan for the following 12 months and give a presentation on intentional peer support. Throughout, trainees keep journals as part of the assessment process.

The course is advertised through the network of people who have been through SMHF’s recovery workshops. Individuals are also invited at the suggestion of professionals. The training includes exercises in listening, making and breaking connections, exploring risk and potential conflict. The course has changed considerably in content, method and length. The latest version of this course has been accredited by Credit4Learning.



Currently two peer support workers go to Springfield hospital to work with patients on the psychiatric ward. Sutton Hospital wards have closed and the Sutton beds are at Springfield hospital in Tooting Bec. As more people participate in the training, the intention is to expand services into the community, especially at the Sunday drop in.

Outcomes

The activities described in the 2009 evaluation continue and the project in Sutton continues to thrive. The SMHF Centre is funded seven days a week and the user drop in on Sunday is still open. The PCT has funded the project to the sum of £25,000. This covers training courses, workbooks, peer support workers, the service manager's time to support and organise peer support work, running the hearing voices groups and the development workers' time. Next year's funding will be the responsibility of the GP commissioning group and is not certain.

There are four accredited trainers in intentional peer support who have been involved in delivering training to other organisations. Peer support workers are also getting involved in commissioning.

Impact

While the benefits of a recovery model for mental health services are often difficult to define, they include:

- **personalisation:** mutual benefits for the peer supporter and people being supported
- **prevent hospital admissions:** hospital admissions have been reduced
- **more effective transitions:** support is available for people who would otherwise be isolated in the community on discharge from hospital—they see a peer in hospital and at the SMHF centre, or at home
- **more effective use of resources:** peer support offers cost savings since it reduces hospital admissions and clinical interventions.

“At our peer support supervision meeting I asked people about the savings to elsewhere. We all thought it was difficult to measure but all the peer support workers felt that the training helps them to find solutions themselves and thus preventing using statutory services and hospital admission.” **Carol Jacques, Sutton Mental Health Foundation Manager.**

Through the peer support work and getting people to listen to their voices, they are finding out that many have been abused. Many of these people have been diagnosed with schizophrenia. The peer support is helping them validate their experiences and develop coping strategies thus avoiding the ‘revolving door’ process and reducing the need for hospital admission. The peer support workers themselves are helped to realise what has happened in their life and support each other. It is providing a preventive and rehabilitative role in the community.

The model is being adopted by other organisations, including Stonham, who have asked SMHF to come and train them in intentional peer support.



Gill

Gill is an example of how peer support work can transform people's lives. She could hardly speak when she first became involved. Now she is doing a significant amount of public speaking, including going out to talk to social workers and others to tell them about peer support.

Learning

The learning from the project can be categorised as follows:

Experience of peer support workers

- people with direct experience of mental distress and treatment can be trained and then support each other, to provide effective services
- peer support workers need to be based outside hierarchical and risk averse services; in peer support work, both parties are the equal of each other
- this type of work flourishes where there is a commitment to recovery and mutual support —90% of the peer support workers taking part in the project had prior connections with SMHF's work in recovery or were close to people who had
- this receptive environment needs to include the services with which peer support workers will work in eg hospitals
- it is important to be faithful to the model of intentional peer support
- regular support and supervision are crucial.

Training programme

- the training manual from the USA needs to be adapted and language changed for different contexts. In order for the model to develop on a wider scale a UK version should be developed so more people can access the course
- five whole days of training was too much for participants and ten half days worked better. The longer duration has other benefits as the group bond and become more committed. There is more sharing, trust and friendship developed as result.
- the more often the training can be done the better.

Developing the service

- it is important to gain sustainability through the commitment of health and social services commissioners to consistent funding
- it is essential to have a co-ordinator to develop and evaluate the service and to provide vital support.



Next steps

- SMHF wants to develop more peer led initiatives such as developing peer navigators, who provide information
- SMHF is exploring the possibility of opening a crisis centre and involving peer support work. This will reduce further hospital admissions and people going to Accident and Emergency departments. It is being modelled on a service in Leeds which is fully funded by the local authority and PCT and it has been proven to reduce costs to the NHS.

“The total added social value generated by Leeds Survivor Led Crisis Centre over one year works out as £1,757,843.73 in 2010. This figure should increase for 2011 due to the increase in LSLCS’s capacity from June 2011.” **Bagley, 2012.**

Links

http://www.skillsforcare.org.uk/workforce_strategy/workforce_innovation_programme/prevention/NToW117.aspx

NToW117 - Final case study

NToW117 - Evaluation March 2009

NToW117 - Report for second milestone September 2008

NToW117 - Differences between professional/clinical staff and peer support workers

NToW117 - Notes on peer support workers

NToW117 - Peer support workers job description

NToW117 - Peer support workers training course

NToW117 - Role of peer support networks - report from Scotland

National Empowerment Centre, American website with evidence that people recover from schizophrenia but rates of recovery depend on the type of approach to recovery

<http://www.power2u.org/evidence.html>

Peer Support: A Systemic Approach, Shery Mead, Cheryl MacNeil

<http://www.mentalhealthpeers.com/pdfs/PeerSupportSystemicApproach.pdf>

Peer Support: A Theoretical Perspective Shery Mead, M.S.W. David Hilton, M.A. Laurie Curtis, M.A

<http://www.mentalhealthpeers.com/pdfs/peersupport.pdf>

References

Bagley, 2012

Bagley, A; Leeds Survivor Led Crisis Centre: A social return on Investment Analysis Summary Report, Real-Improvement, 2012.

http://www.lslcs.org.uk/wp-content/uploads/Summary-report-final_May12.pdf

Mead, 2005

Mead, Sherry; Peer Support - an alternative approach, 2005.

<http://www.mentalhealthpeers.com/booksarticles.html>

Contacts

<http://www.smhf.org.uk/>

Further information

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