VET MH

TUTO+3

Peer Support

PAT - PEER AND TEAM SUPPORT

— Intro

The TuTo3 project - PAT: PEER and TEAM SUPPORT in Mental Health

Peer support in mental health is not a new concept; it is an established practice that continues to evolve globally.

Peer support is a mutual support between people who have had similar experiences, particularly in matters of mental health or addictions. It is on sharing experiences and knowledge gained through experience to support recovery and empowerment.

The WHO recognizes peer support as a complementary approach to traditional health care, which can improve quality of life and recovery.

The ERASMUS Tuto3 project, focusing on PAT (Peer and Team support) in mental health, represents a pioneering approach to enhancing mental health support systems. This initiative stands out as a beacon of hope and innovation in the realm of mental wellness, aiming to leverage the power of community, empathy, and shared experiences to foster a more supportive environment for individuals facing mental health challenges. By placing emphasis on peer and team support, the Tuto3 project acknowledges the profound impact that connection and understanding can have on an individual's mental health journey.

The TUTO3 PROJECT

The TUTO3 PROJECT is a comprehensive support system that addresses both the emotional and clinical aspects of mental health. The innovative nature of the Tuto3 project lies in its understanding that mental health recovery and support are multidimensional and deeply personal. The project aims to create mental health care that is more inclusive and effective by building environments where individuals feel seen, heard, and supported by both peers and professionals. As the Tuto3 project continues to evolve, its focus on PAT (peer and team support) promises to reshape how society approaches mental health, making it more accessible, compassionate, and tailored to the needs of those it seeks to serve.

Peer support, a cornerstone of the Tuto3 project, operates on the principle that individuals who have navigated their own mental health challenges can offer unique insights, empathy, and practical advice to others facing similar struggles. This approach not only helps in destigmatizing mental health issues but also empowers individuals by validating their experiences and promoting a sense of belonging. Similarly, team support within the Tuto3 framework amplifies this effect by creating structured support networks, combining professional guidance with the relatability and immediacy of peer support. This dual approach ensures a comprehensive support system that addresses both the emotional and clinical aspects of mental health.

— HOW

Peer support workers provide support and accompaniment to their peers, people who are going through similar situations. They are found in many areas where the elements of life have left traces, sometimes indelible, from which it is difficult to recover. They share the knowledge, strategies, and tools they have learned from their recovery journey.

They embody the hope that it is possible to get better and to take control of your life. To recover is to reclaim what is already ours: life. The project aims to facilitate the deployment of peer support workers by strengthening the professionalization of the various stakeholders: peer support workers, trainers, institutions, care teams and associations of peer support workers in the field of mental health in Europe and elsewhere.

Support and duration of the project

The PAT project was an Erasmus+ KA220 project co-funded by the EU. It lasted 36 months until January 2025.

TUTO3 PAT

Partners

The project was supported by organizations of 7 countries, associations of peer support workers, and universities. It was coordinated by the Hospital Centre Neuro-Psychiatrique Saint-Martin.

The NGO's contributed to producing knowledge and innovative tools and validated them based on the experience of peer support workers.

Centre Neuro Psychiatrique St-Martin, Namur

Établissement Public de Santé Mentale Lille-Métropole

Universitatea Aurel Vlaicu Din Arad
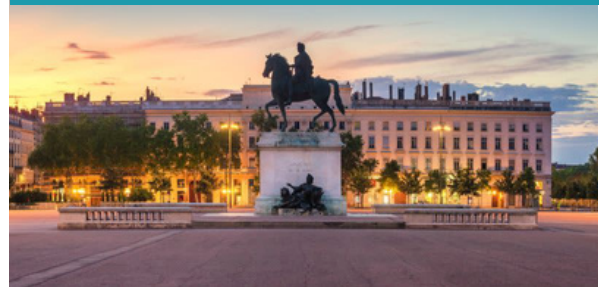
Peer and Team Support, ASBL, Namur

Partners

→

Haute Ecole de la Province de Namur	Espairs Pair Aidance Santé Mentale Rhône , Lyon

Grupo de Investigación en Salud Mental en Primera Persona, Barcelona	Centre intégré universitaire de santé et de services sociaux de l'Est-de-l'Île-de-Montréal

Inland Norway University of Applied Sciences	Universität ULM

Integrating peer support in a more structural way into the care pathway.

Strengthen the employment of peer support workers by reinforcing their professional profile and training adequacy.

— GOALS PROJECT

Better prepare the professional teams to welcome and integrate peer support workers in their practices: accompanying the team during the whole integrating process.

Encourage the innovation and exchange of practices on these themes.

PROJECT OUTCOMES

Increase the level of expertise of the different partners, mental health professionals and other stakeholders benefiting from the production about the added value of peer support workers as people that are skilled to support users in recovery.

Increase the level of skills of peer support workers.

Creation of tools that will be available at the European level to any mental health stakeholders.

Support the integration of peer support workers in the world of work by supporting the creation of qualitative jobs.

Create and consolidate a European network of different and complementary organizations around innovative mental health outcomes and connect with world leader (Canada) on the recovery and training

of peer support workers.

Participate in the destigmatization of the mental health sector in general and users in particular by creating bonds between facilities, the education sector and user associations.

TUTO3 PAT

RESULTS

RESULT NUMBER 1
A competency framework for peer support workers.

RESULT NUMBER 2

A standardized training profile for peer support workers.

RESULT NUMBER 3

Include peer support worker: training material for mental health professionals.

RESULT NUMBER 4

A methodological framework to support the integration of peer support workers into teams.

RESULT NUMBER 5

Development of a MOOC (Massive Open Online Course).

Co-funded by
the European Union

PEER AND TEAM SUPPORT PROJECT RESULTS

The development of a skills framework for peer helpers is a crucial step in recognizing and promoting their essential role within mental health services. This framework must identify the fundamental skills, knowledge and attitudes required to effectively support people seeking mental well-being. This includes the ability to build trust, an empathetic understanding of the experiences of others, and a solid understanding of professional boundaries and role ethics.

At the same time, the creation of a standardized training profile for peer support workers guarantees quality and consistency in their preparation. This profile could detail essential training modules, such as active listening techniques, crisis management, confidentiality, and navigating the mental health care system. Related training materials should be designed to be accessible and engaging, using a variety of formats such as videos, case studies, and simulations to facilitate learning.

To support the integration of peer support workers into mental health teams, a methodological framework must be put in place. This framework should include guidelines for supervision, ongoing support, and evaluation of the contributions of peer support workers while recognizing the unique value of their lived experience. Finally, the development of a MOOC (Massive Open Online Course) specifically dedicated to the training of peer support workers and mental health professionals could greatly contribute to the dissemination of best practices and raising awareness of the importance of peer support workers.

This MOOC could serve as a resource accessible to all, thus promoting a better understanding and integration of peer support workers in mental health services globally.

RESULT NUMBER I

Peer support worker: competences and attitudes framework

Competences

The initiative led by the Inland Norway University of Applied Sciences to develop a competence framework for peer support workers in mental health is not just commendable but essential in today's mental health landscape. Peer support workers, with their unique experiential knowledge, offer invaluable insights and support that can significantly enhance mental health services. However, the informal nature of their expertise often leads to underrecognition within the professional domain. The objective of having this framework recognized at an international level, thereby laying the groundwork for European recognition and improved employment opportunities, is a step towards rectifying this oversight.

Attitudes

Creating a competence framework that encompasses the knowledge, skills, and attitudes necessary for peer support workers is a pioneering effort to formalize and validate their role within mental health services. This framework aims to be adaptable and centered on human connection, which is the cornerstone of peer support work. By enabling a comparison with the competencies of traditional mental health professionals, it seeks to bridge the gap between informal experiential knowledge and formal academic knowledge. Such a framework will not only elevate the professional status of peer support workers but also enhance the collaborative dynamics within mental health teams, recognizing the unique contributions of each member.

Ecosystem

The impact of clarifying and recognizing the competencies of peer support workers extends beyond the individuals to benefit a wider ecosystem, including associations, training centers, educational institutions, and mental health facilities. It promises better employment conditions, recognition, and integration of peer support workers into the mental health workforce. Furthermore, it sets a precedent for the value of lived experience in enhancing mental health services, promoting a more holistic and inclusive approach to mental health care. This initiative is a turning point in how peer support workers are viewed and employed across Europe and potentially the world.

Categories

01 Encourages peers to play active part in relationships, collaboration and empowerment

1. Initiates, maintain and restores contact with peers.
2. Reach out to engage peers across the whole continuum of the recovery process.
3. Demonstrates genuine unconditional acceptance and respect.
4. Allows a mutual role to the peer, so they can facilitate the workers' recovery process too.

02 Shared lived experiences of recovery

1. Relates their own recovery stories and, with permission, the recovery stories of others' to inspire hope.
2. Discusses ongoing personal efforts to enhance health, wellness, and recovery.
3. Recognizes when to share experiences and when to listen.
4. Describes personal recovery practices and helps peers discover recovery practices that work for them.

02 Provides support

1. Validates peers' experiences and feelings.
2. Conveys hope to peers about their recovery.
3. Celebrates peers' efforts and accomplishments.
4. Accompany peers to community activities and appointments when requested.

04 Personalizes peer support

1. Understands his/hers own personal values and culture and how these may contribute to biases, judgements and beliefs.
2. Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families.
3. Tailors services and support to meet the preferences and unique needs of peers and their families.
4. Uses approaches that match the preferences and needs of peers.

A competency framework for peer support workers

05 **Supports recovery planning and supports recovery in a non-directive way**

1. Assists and supports peers to set goals and to dream of future possibilities.
2. Proposes strategies to help a peer accomplish tasks or goals.
3. Encourages peers to use decision-making strategies when choosing services and support.
4. Helps peers to function as members of their treatment/recovery support team.
5. Provides concrete assistance to help peers accomplish tasks and goals.
6. Encourages peers to embrace responsibilities according to their own capacity.

06 **Links to resources, services and supports**

1. Develops and maintains up-to-date information about community resources and services.
2. Assists peers to investigate, select, and use needed and desired resources and services.
3. Helps peers find and use health services and supports.
4. Participates in community activities with peers when requested.
5. Encourages the exploration and pursuit of community roles in developing a resource network.
6. Helps peers find resources in their own network, including money, housing, education and health care.

07 **Provides information about skills related to health, wellness, and recovery**

1. Promotes wellness, recovery and recovery support towards peers.
2. Coaches peers about how to access treatment and services and navigate systems of care.
3. Coaches peers in desired skills and strategies
4. Promotes recovery and recovery supports towards family members and other supportive individuals.
5. Uses approaches that match the preferences and needs of peers.

08 **Helps peers to manage crisis**

1. Recognizes signs of distress and threats to safety among peers and in their environments.
2. Provides reassurance to peers in distress
3. Strives to create safe spaces when meeting with peers.
4. Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers.
5. Assists peers in developing advance directives and other crisis prevention tools.

A competency framework for peer support workers

09 **Values communication**

1. Uses respectful, person-centered, recovery-oriented language in written and verbal communications with peers, family members, community members, and others.
2. Listens to peers with careful attention to the content and emotion being communicated.
3. Clarifies their understanding of information when in doubt of its meaning.
4. Documents information as required by program policies and procedures.
5. Follows laws and rules concerning confidentiality and respects others' rights for privacy.
6. Demonstrates understanding of peers' experiences and feelings.
7. Recognizes and responds to the complexities and uniqueness of each peer's process of recovery.

10 **Supports collaboration and teamwork**

1. Works together with other colleagues to enhance the provision of services and supports.
2. Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers.
3. Coordinate and partner with relevant health care providers, family members or other community members or natural support groups to enhance wellness and strengthen opportunities for peers.
4. Strives to resolve conflicts in relationships with peers and others in their support network.
5. Conveys their point of view when working with colleagues.

11 **Promotes leadership and advocacy**

1. Uses knowledge of relevant rights and laws to ensure that peers' rights are respected.
2. Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family.
3. Uses knowledge of legal resources and advocacy organizations to build an advocacy plan.
4. Participates in efforts to eliminate prejudice and discrimination against people who have behavioral health conditions and their families.
5. Encourages colleagues towards the process of recovery and the use of recovery support services.
6. Actively participates in efforts to improve the organization.
7. Maintains involvement and engagement in peer/professional communities.
8. Researches and identifies credible information and options from various resources.

12 **Promotes professional development**

1. Recognizes the limits of their knowledge and seeks assistance from others when needed.
2. Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer).
3. Reflects on own personal motivations, judgements, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support.
4. Seeks opportunities to increase knowledge and skills of peer support.
5. Understands the job as a way to have a role in society and embrace responsibilities towards others, which are foundations for citizenship.
6. Promote own professional development and welfare.

Comparing Peer Support Worker competencies with Social Work competencies

The framework for Peer Support Workers (PSW) in the PAT-project consists of 12 categories and a total of 63 items and was developed by modifications of the framework developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the USA. Collaborating in the development of the PSW framework in the PAT-project have been partners from Belgium, Romania, Germany, Norway, Spain, France and Canada. The same partners have further contributed by collecting lists of Social Work Competencies from each of the partnering countries. These lists were merged into one document by emphasizing and presenting a total of eight categories that were common among them, before they were compared to the PSW competencies.

When doing such comparisons, it is important to underscore the specific characteristics of the PSW. It could be said that the PSW are 'part of the care team but not a caregiver'. This points to the complementarity of the PSW approach, stressing the fact that he or she is not in the same 'place' as the caregiver, in particular concerning the notions of experiential knowledge and recovery. The richness of peer support work reveals itself when it is complementary to the other professions in a team.
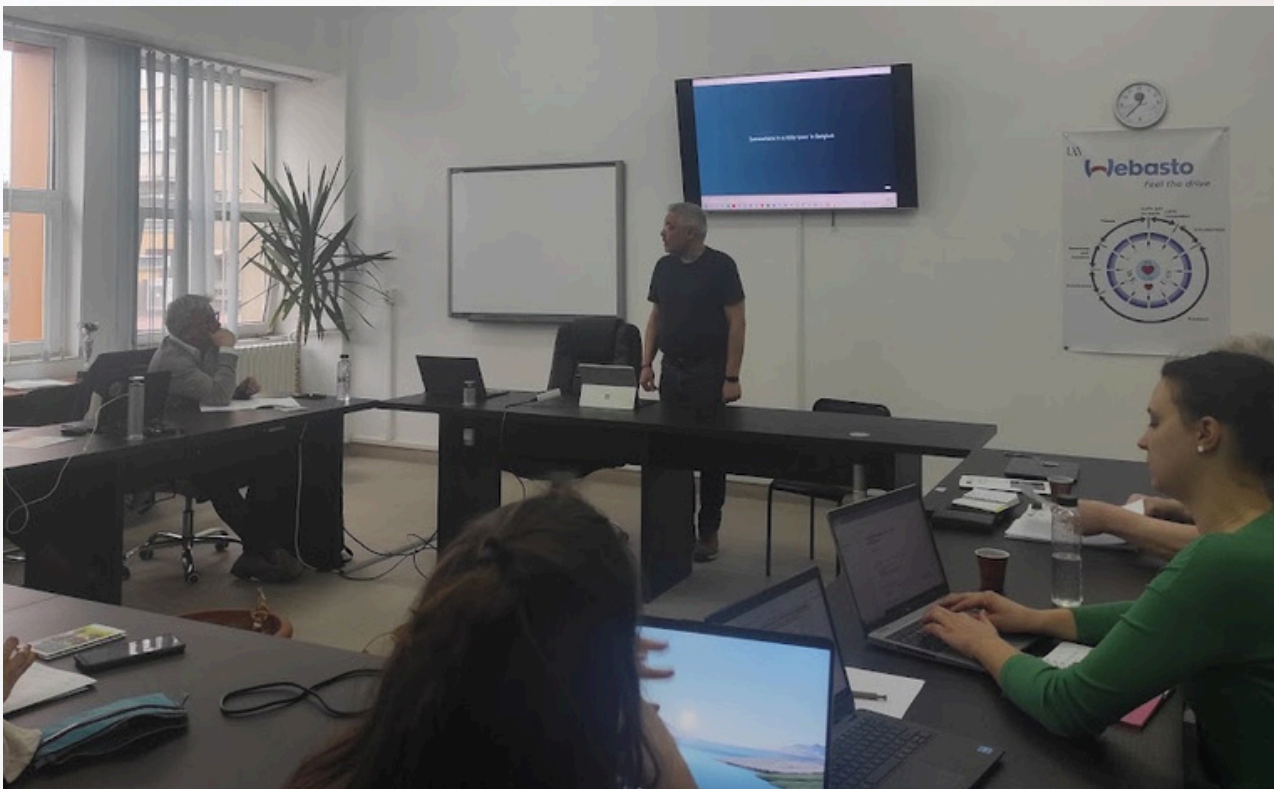
The structure of the text depicts

1) how the most salient features of the SW competencies overlap with different categories of the PSW framework,
2) where it is weak overlap, and
3) elements that are more exclusively embedded in the PSW framework

Overlap between SW competencies and PSW competencies

PSW competencies have not explicitly identified the skills of being able to identify, reflect over and handle **ethical issues** in his/her service delivery as in the SW competencies. What might be viewed as partly overlapping is the item in Category IX, which reads follows laws and rules concerning confidentiality and respects others' rights for privacy. Furthermore, the skills that come together between peer workers and social workers are the notion of support and the importance of formal and informal exchanges with the people they support. The skills of being able **to interact both interdisciplinaryly and interprofessionally** as expressed in the SW competencies can be found in several of the items listed in Category X of the PSW competencies, which reads Supports collaboration and teamwork.

Having **basic competency in communication and guidance** towards patients and next of kin as written in the SW competencies is overlapping with the heading Values communication (Category IX) in the PSW competencies. In addition, this category has items covering particular items such as recovery-oriented and person-centered language, which are not embedded in the SW competencies.

Can acquire new knowledge and can undertake professional assessments, decisions and **actions according to knowledge-based** practice is accentuated among the SW competencies. Although knowledge-based practice is of less prevalence in recovery-oriented services compared to traditional service delivery, the PSW competencies contain the item… seeks opportunities to increase knowledge and skills of peer support (Category XII). This is written to specify how PSWs can promote their own professional development. **Has knowledge of inclusion, equality and non-discrimination** to be able to contribute to equality in services for all groups in society is

stressed in the SW competencies. This item can be seen as overlapping with… participate in efforts to eliminate prejudice and discrimination… (Category XI).

The SW competencies can evaluate the efficacy of work programs in social work settings. In comparison, the expression in the PSW competencies… actively participates in efforts to improve the organization (Category XI) conveys more or less the same intentions. But it has to be taken into account that evaluation more often, but not necessarily has to be the prerequisite to improve services.

Weak overlap between SW competencies and PSW competencies

To have knowledge of social problems, such as neglect, violence, abuse, substance use- and socioeconomic problems, and be able to identify and do follow-up on people having such problems as listed in the SW competencies are only partly expressed in the PSW competencies. The social aspects of peer support work seem less underscored in the PSW competencies compared to that of social work, but some degree of overlap can be found in the following texts: and refer to… efforts to eliminate prejudice and discrimination… (Category X) and… to have a role in society and embrace responsibilities towards others (Category XII).

The skills of being able **to understand the contexts between health, education, work and living conditions** in order to promote public health and work inclusion as expressed in the SW competencies are only partly overlapping with the PSW competencies. The main difference is that Category VI in the PSW competencies covering links to resources, services and supports does not list work inclusion specifically as a topic.

Elements exclusively embedded in the PSW framework

What is the main difference between the two competency frameworks is the prominent use of **the concept of recovery** in several of the categories in the PSW competencies (Category I, III, V, VII, IX and XI), which is not employed in the SW competencies. This is probably because recovery is a concept emanating mainly from mental health and addiction services, and social work has a wide range of focus in service delivery. Nevertheless, it is important to note that 1) the mobilization of experiental knowledge of illness can be seen as broadening the recovery concept, and 2) the role of mediator that the PSW can play between the care team and the person being cared for.

Understanding personal, spiritual and cultural values (Category IV) as listed in the PSW competencies is not articulated in the SW competencies. This can be explained by the nature of peer support work, where the personal and interpersonal aspects are important because these services are based on lived experience.

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A competency framework for peer support workers