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# TUT+3

*Peer Support*

**PAT - PEER AND TEAM SUPPORT**



Co-funded by  
the European Union

## — 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.







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## 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.



# 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



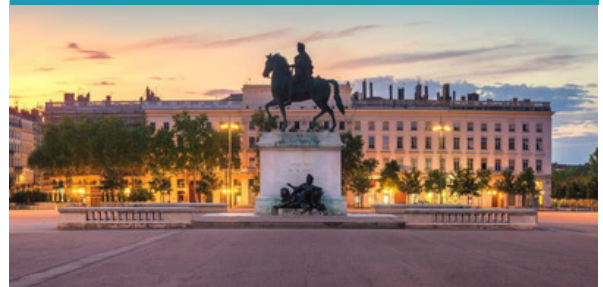
# Partners



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.

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.

## — GOALS PROJECT

# 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).



This project has been co-funded with support of the European Commission - Erasmus+ Programme (EC). This publication reflects only the views of the author. Therefore, the EC cannot be held responsible for any use that might be made of the information contained therein.

# 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 IV



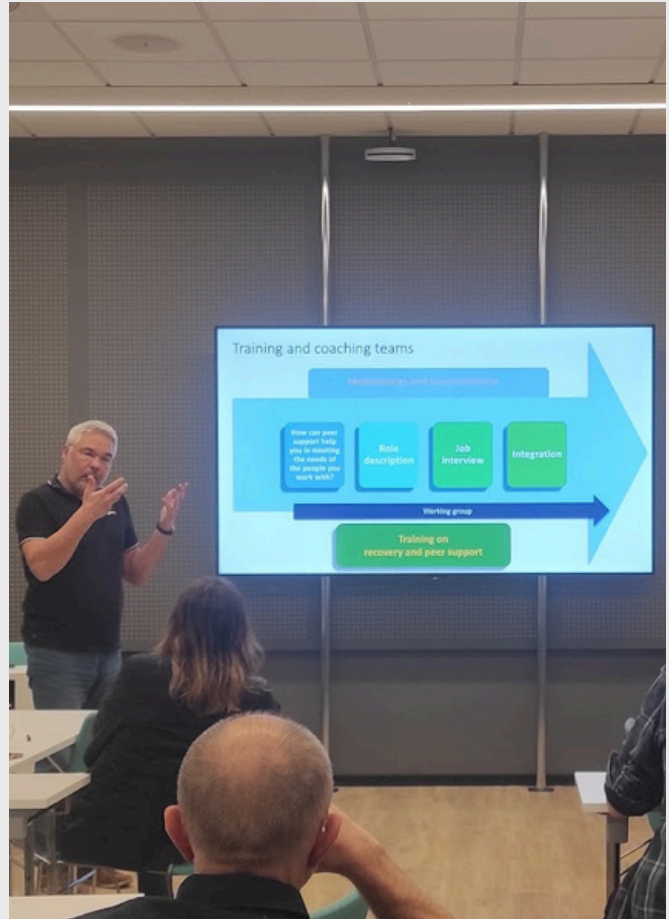
# INTRODUCTION



In the professionalization of the peer support ecosystem, peer support workers' associations play a vital role.

The development of peer support will not go without professional peer support worker organizations. They need to be adequately structured with a governance model enabling them to dialog with public authorities, mental health agencies and employers and enable the deployment of peer support. There is still a lot of stigmatization around users and their capacity to run peer organizations. Exhibiting professional ways of working in accordance with the high expectations of the other stakeholders is key.

The production is structured along 2 lines of work other stakeholders is key.



# DEVELOPING PROFESSIONAL PEER SUPPORT WORKERS ORGANISATION

Peer-support worker-led associations have grown from grassroots. It means that their development has been influenced by available resources (manpower and funding), legal framework, mental health policies and support by public authorities. Each one has followed its own path, which leads to a diversity of configurations amongst the different countries and sometimes inside each country.

Yet, peer support worker associations involved in the project show several commonalities. The objective of the production is to draw upon the expertise of these organizations and the available literature to propose a framework for the development of professional peer support worker associations capable of making an impact on peer support development in their countries.

This work innovates because such work has never been done by peer support worker organizations themselves. The available expertise will enable us to draw from the history and current situations to propose a flexible framework with an overall architecture and adaptable options to cover local situations. The impact will be of importance as it will enable peer support workers to benefit from professionalization best practices and fuel their growth path.

The work will also have an impact outside the consortium, as we will offer other peer support workers ways to contribute to the framework and benefit from it. This could pave the way for a future federation of peer support worker associations.



## **PROVIDING ADEQUATE SUPPORT TO PEER SUPPORT WORKERS ON DUTY**

Peer support workers active in professional clinical teams of mental health institutions tend to be isolated. This leads to a risk of "peer drift," meaning the gradual loss of the position of "peer" and evolving towards a "standard" mental health worker : use of the same clinical jargon, uptake of the team's ways of working, working with an agenda or rigid goal, greater distance... This undermines the values of peer support and reduces its effectiveness.

Furthermore, in countries where distances are great, there is little interaction amongst peer support workers, and their associations struggle with the provision of adequate support. It is crucial to offer opportunities to come together and reflect on peer support practices. This breaks isolation, enables the network to provide mutual support, provides opportunities to cultivate peer support workers' identities, and promotes the professional development of peer support workers.

We have developed a methodological guide to the setting up and running of peer support worker intervention groups. The idea is to provide a virtual space where peer support workers can meet and reflect on their practices based on the analysis of real situations encountered. This approach is different from traditional supervision as it is aimed at a group of individuals from different organizations and is run by peers themselves without the need of "non-peer" professionals, even if they can be invited to participate.

We believe that this would enable peer support worker associations to better support their members and ensure professional standards are in place. Employers value this kind of professional approach to the job. The impact would be better service to peer support workers, long-term benefits for teams employing them by safeguarding the essence of their work, enhanced networking and professional attitudes and ethics. This methodological framework will also be offered to organizations outside of the project.

# TASK 1 : DESCRIPTION OF PEER SUPPORT WORKERS ASSOCIATIONS

The first task entailed the description of the peer support workers' associations. A template for data collection was circulated to the designated partners.

## Template

The first task is the description of peer support workers associations. In order to complete this task, would you please fill in the table below? English is the standard language in this production. Please provide translation if needed.

Organisation name	
Start year	
Legal status	
Focus areas	
Membership	
Number of staff	
Funding	
Governance model	
Activities	
Development strategies and business model	
Obstacles to the development identified and potential solutions	
Website	

Answers were collected early in the project and updated in 2024. Other organizations outside the project were offered to contribute the description of the state of play.

The data collected cannot be shared for GDPR reasons.

## ANALYSIS OF THE DATA

The data collected was analyzed and supplemented by a review of material available in other countries.

●United Kingdom : Mind (<https://www.mind.org.uk/>) and National Survivor User Network (NSUN <https://www.nsun.org.uk/>)

●Australia : National Mental Health Commission (<https://www.mentalhealthcommission.gov.au/>) and Peer Work Hub (<https://peerworkhub.com.au/>)

●New Zealand Te Pou (<https://www.tepou.co.nz/>) Mind and Body Consultants (<https://www.mindandbody.co.nz/>)

●United States : Substance Abuse and Mental Health Services Administration (SAMHSA <https://www.samhsa.gov/>) and National Alliance on Mental Illness (NAMI <https://www.nami.org/>).





# TASK 1 : DESCRIPTION OF PEER SUPPORT WORKERS ASSOCIATIONS



## Basics

In our project, the organization was rather young for most of them. Start dates range from 2009 to 2022. Their legal status is non-profit for all of them.

Most have no or few paid staff. Staff count ranged from 2 to 10. The organizations with more workers are actually employers of peer support workers placed in hospital teams. They act as a platform for hiring peer support workers. We will come back to this model in the section relating to task 2.

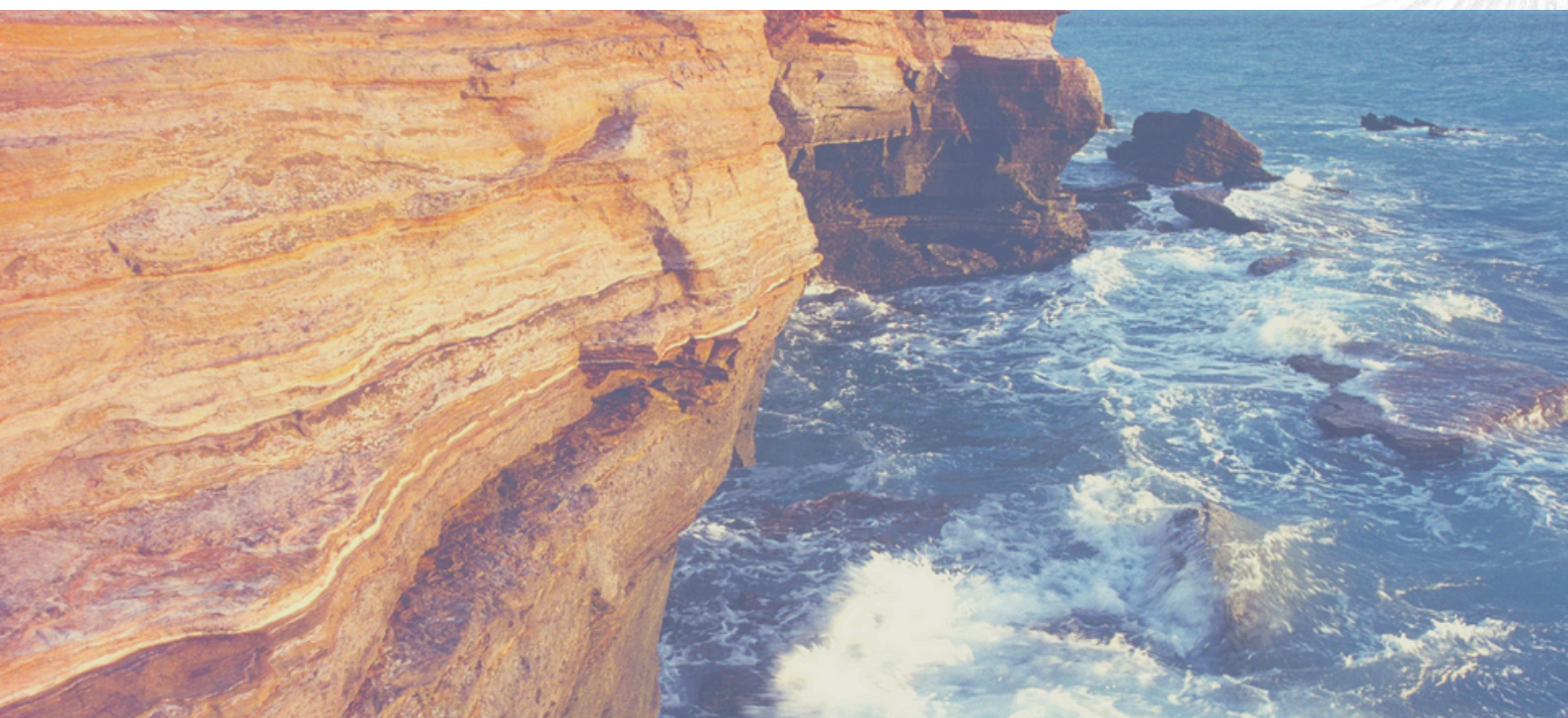
Their area of focus is mainly mental health. Some organizations also cover other fields linked to mental health—neurodevelopment disorders, addictions, autism and homelessness.

## Activities

The activities of the peer support workers' organisations that responded to our questionnaire are mainly focused on

- advocacy
- support to
  - individuals living with mental health difficulties,
  - to peer support workers,
  - institutions or teams working with peer support workers,
  - public authorities.

They are in line with what the available material in other countries highlights.





# TASK 1 : DESCRIPTION OF PEER SUPPORT WORKERS ASSOCIATIONS

## Advocacy

Peer support organizations in mental health universally engage in advocacy activities aimed at improving mental health services, reducing stigma, and influencing policy. For the organisations in our project, the advocacy activities entail fighting stigma, promotion of peer support through dissemination, publications, testimonials, podcasts, videos) and (co)-organization of events and workshops in various settings: schools, health services, law enforcement professionals, policy makers...

Contributions to campaigns reaching policymakers about mental health issues are common. Peer support workers' organizations usually seek collaborations with other mental health organizations to amplify their message, as most of them are small and do not have the resources to develop fully fledged campaigns on their own.



The promotion of peer support is a common focus is the promotion of recognition and integration of peer support roles within formal healthcare systems. These organizations actively work to raise awareness about the value of lived experience in mental health recovery, emphasizing the unique insights that peer support workers bring to service provision, building on the peer to peer relationship and leveraging the experiential knowledge they gains along their recovery journey.

More specifically, organisations promote recovery-oriented values and practices, which are the base for peer support. They advocate for policies that ensure equitable access to services, protect the rights of service users, and provide sustainable funding for peer support programs.

# VARIOUS LEVELS OF SUPPORT

## Support to individuals

Some organizations in a project provide support to individuals, though it is not their main focus. It ranges from direct support, the running of peer support groups (also for relatives), to activities in therapeutic gardens.



## Support to peer support workers

Peer support organizations in mental health place significant emphasis on supporting their peer support workers to ensure they are effective, resilient, and well-equipped to assist others. Support varies according to the resources available in the organizations and their business model.

Primarily, peer support workers' organizations offer the opportunity to be part of a network. This is important as most peer support workers who are employed are alone in their organization.

Some organizations also provide (vocational) training and continuing education. It may cover essential skills such as active listening, crisis intervention, and ethical considerations. These training initiatives often include modules on self-care and boundaries to help peer support workers manage their own well-being while supporting others. Our competence framework and the MOOC should help to refine the available materials and provide better design training.

Regular mentorship is also widely implemented, offering peer support workers ongoing guidance, professional development, and opportunities to reflect on their experiences. This support structure fosters a supportive community among peer workers, enhancing their confidence and competence in their roles. The methodology for running intervision groups has been developed in our project to equip organizations with a robust tool to support peer support workers (see section on task 3 below).

As already mentioned, some organizations act as placement organizations for hiring peer support workers that are dispatched to hospitals and community organizations according to the platform model (see below).



## VARIOUS LEVELS OF SUPPORT

### Support to teams and institutions

Supports consists mainly of training activities in recovery practices and how peer support workers may contribute and preparation of the hiring process of peer support workers (see result 3 for details).



### Support to public authorities

Despite their limited resources, peer support workers' organizations also support public authorities in designing policies that support the development of recovery-oriented practices and peer support in mental health. They may participate in governmental advisory committees or take part in stakeholder meetings where they provide insights from the perspective of lived experience. They contribute to facilitate dialogue and knowledge exchange, highlighting the value of peer support in improving mental health outcomes.

For example, ESPAIRS is part of a national working party on the professionalization of peer support.

## 2

## Epidemiological data on the health of people with mental disorders

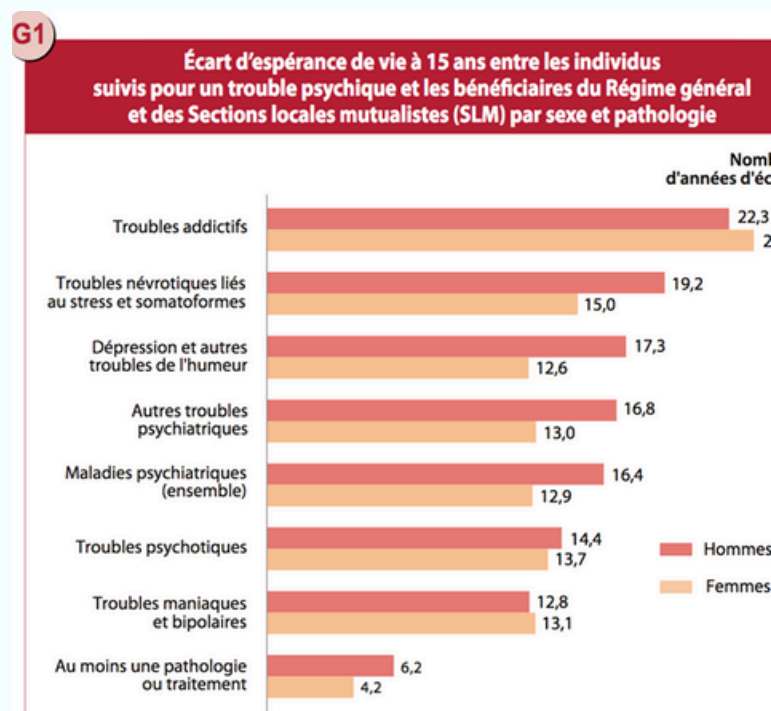
In the current landscape of care and society in general, Giordana (2010) highlights in her book, supported by many experts, the reality and the real challenge of stigmatization and discrimination of people with mental illness.

"Stigma is not only a pernicious consequence of mental illness, but it is also a health risk factor and a direct cause of disability" (p. 3).

This observation is largely validated by the alarming figures found in several studies. Recent.

Thus, a large study based on data from the SNDS [1] (Coldefy, Gandré, 2018) notes an average reduction in life expectancy of 16 years for men suffering from a mental disorder and 13 years for women compared to the general population.

[1] SNDS: National Health Data System.



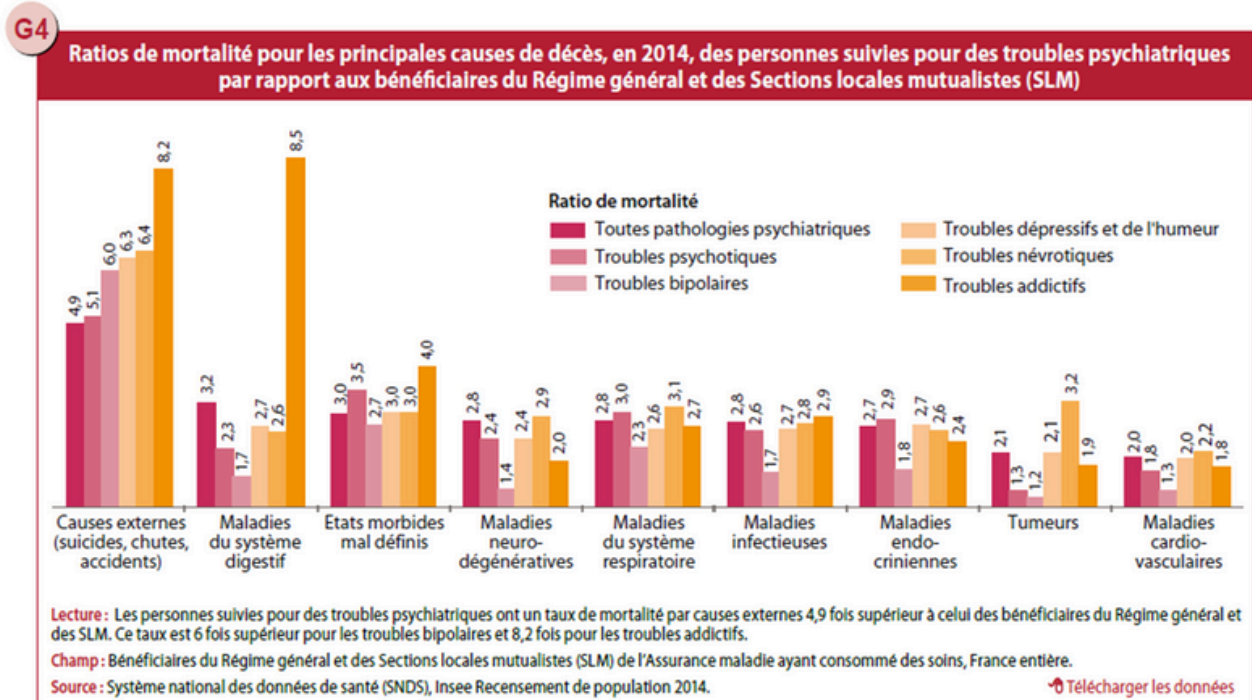
People with a mental disorder have a mortality rate two to five times higher and a premature mortality rate four times higher than the general population.

Coldefy and Gandré (2018) also emphasize that this excess mortality is not simply due to the disease. The mortality rate in mentally ill people is much higher and earlier than in other people suffering from a chronic non-psychiatric pathology.

The authors also point out that people suffering from mental disorders are also twice as likely to not have a general practitioner (15% compared to 6% in the general population).



The ratio of causes of death among these individuals to the general population is presented in the following table. They highlight the causes and factors of somatic morbidities that have led to the death of people suffering from mental disorders, as well as their higher prevalence than for the general population.



Finally, in addition to this decrease in concrete life expectancy, another piece of data is important to highlight: the number of years of healthy life lost. Indeed, in addition to direct mortality, the serious repercussions of the disease on the very quality of people's lives should not be neglected.

For example, the 2019 Belgian national burden of disease study (Sciensano, 2022) quantified "the impact of 37 diseases in terms of healthy life years lost (healthy life years lost due to morbidity and mortality)."

It shows that mental disorders, addiction and cancer, as well as musculoskeletal disorders, have the greatest impact on people's quality of life and represent "more than 50% of the total burden of the disease.". Mental illness and addiction take the lead in Belgium according to the rate of "DAILY [1]" (cf. Table 1, p. 11) and have overtaken cancer since 2018 (cf. Table 2, p.12) highlighting the ever-increasing needs in terms of mental health.

**Table 1**

**Classement des groupes de maladies par taux de DALY ajustés pour l'âge, Belgique et régions, 2019**

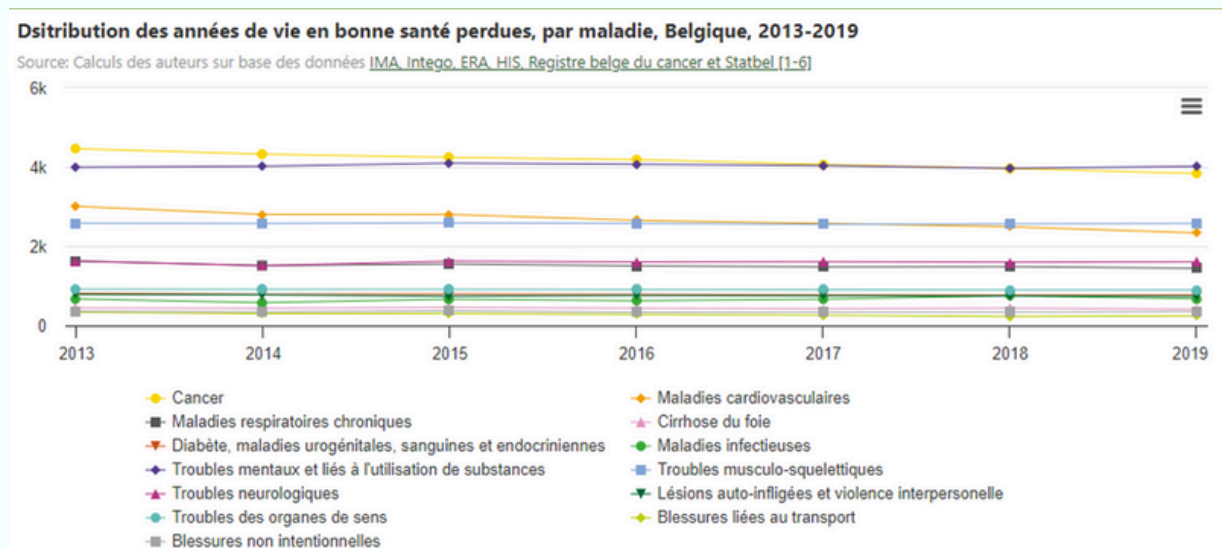
Source: Calculs des auteurs sur base des données IMA, Intego, ERA, HIS, Registre belge du cancer et Statbel (1-6)

Maladie	Belgique	Bruxelles	Flandre	Wallonie
Troubles mentaux et liés à l'utilisation de substances	1	1	2	1
Cancer	2	2	1	2
Troubles musculo-squelettiques	3	3	3	4
Maladies cardiovasculaires	4	4	4	3
Troubles neurologiques	5	5	5	6
Maladies respiratoires chroniques	6	6	6	5
Troubles des organes de sens	7	8	7	7
Diabète, maladies urogénitales, sanguines et endoc...	8	7	9	8
Lésions auto-infligées et violence interpersonnelle	9	10	8	9
Maladies infectieuses	10	9	10	10
Cirrhose du foie	11	11	11	11
Blessures non intentionnelles	12	12	12	12
Blessures liées au transport	13	13	13	13



[1] **DALY** Healthy Life Year Lost, or DALY for short, is a population-level measure of the burden of disease or disability. DALYs are calculated by combining measures of life expectancy as well as adjusted quality of life during illness or disability. Specifically, the DALY reflects the sum of years of life lost (YLL) due to premature death and years of life lost due to disability (YLD) for a specific disease or pathology. (Sciensano, 2022).

**Table 2**



The data, figures and observations that have just been developed in these first pages are more than striking.

It is therefore justified that, over the past fifteen years, almost all mental health programs have made the fight against the stigmatization of the mentally ill a real priority. (Giordana, 2010, p. 5). They also confirm the comments already made by Finzen (2000), who speaks of the stigmatization of mentally ill people as "a second disease." The second is potentially more disabling or even fatal than the first.



## GOVERNANCE

The membership is mostly free. It mainly involves individuals: peer support workers and, sometimes, other professionals.

Their governance model is based on a General Assembly and a Board. Larger organizations have an executive committee. Governance models are characterized by democratic structures and a strong emphasis on peer leadership. A common thread among these organizations is the active involvement of individuals with lived experience in leadership and decision-making roles. This inclusion ensures that the direction and policies of the organization are directly informed by those who have firsthand experience with mental health challenges.

By prioritizing peer leadership, these organizations maintain relevance to the communities they serve and enhance the effectiveness of their programs.



## FUNDING

The funding of the organizations is mainly public and specific to peer support. Funding often comes from government grants provided by local, regional, or national agencies dedicated to health and social services. This public funding supports essential activities

Some organizations benefit from social security tax rebates for their staff. Other funding modes include foundations, membership fee or profit from services, such as in the platform model.

Working time from volunteers is crucial for the sustainability of many peer support organizations.

The rest of the data collected regarding development strategies, including barriers and facilitators was used to feed in task 2.



## TASK 2 - TOWARDS PROFESSIONAL DEVELOPMENT OF PEER SUPPORT WORKERS' ASSOCIATION

As mentioned, the ecosystem of peer support would not be complete without professional peer support workers' organizations. But these organizations face many challenges that consume most of their resources, leaving less time and possibilities for growth and professionalization. In this part of the work carried out in the project, we focused on the response to those challenges before looking at strategies and tools to sustain strategy, governance, funding and workforce development.

The work has been carried out throughout the project at transnational partner meetings.

### RESPONSE TO MAIN CHALLENGES

Peer support organizations in mental health commonly face significant challenges in their journey toward professionalization. But our peer support workers' organizations report facing a set of major challenges in developing and sustaining their activities, among which the major ones are: lack of stable funding and workforce availability of staff and volunteers living with mental health conditions.

#### FUNDING

It is no secret that funding is a major challenge in the non-profit sector across countries. Organizations compete for budget and have to deal with administrative procedures that are time-consuming.

Securing stable and adequate funding presents another substantial challenge. Most organizations rely on short-term grants, donations, or project-based funding, which are time-consuming and can lead to financial instability and uncertainty. Funding is also often associated with the budget annularity constraint, meaning that a grant has to be spent before the end of the year and that availability of funding for the next year is not known at that stage.

The dependence on fluctuating funding sources underscores the need for more sustainable financial models to support organizational growth and professional standards.

To respond to this challenge, our organizations have identified several paths.

On the one hand, it is possible to seek "charity" status to be able to receive donations that, in some countries, are entitling to tax rebates or the status "organization of public interest" to access specific grants or benefit from tax exemption. This course of action depends on the specific legislation in place at the local, regional or national level in each country.

On the other hand, organizations may try to diversify their revenue sources or seek recurring revenues. This is quite hard to achieve, as this requires already available resources inside the organization to start with.

Peer support workers' organizations should be building strong relationships with funders and demonstrating the value and impact of peer support services through data and success stories. Effective communication of outcomes and benefits is indeed essential in convincing stakeholders of the importance of investing in peer-led initiatives. Collaboration with researchers may be a valuable investment in the long term.

With regards to funding, one specific strategy (platform) is described below.

## WORKFORCE AVAILABILITY

This precarious financial situation makes it difficult to invest in long-term professional development and resources necessary for the professionalization of services and staff. Limited funding also affect the ability to offer competitive salaries and benefits, impacting the recruitment and retention of qualified peer support workers.

On the other hand, peer support workers volunteers and often helping the organisation to carry out most of its actions. But people living with mental health conditions may see their availability jeopardized by fluctuations in their ability to contribute. This in turn, makes it difficult for the organisation to plan on a long term and commit to activities that require a lot of manpower.



To respond to this challenge, organizations may seek support from existing programs that offer training to administrators and staff of associations working with volunteers and to the volunteers themselves.

It has also been stressed that the ample challenges posed by the development of peer support often rest on the shoulders of people highly involved and that their condition may suffer from a high workload and sense of commitment.

As regards their active peer support, workers may offer some specific services, activities and tools.



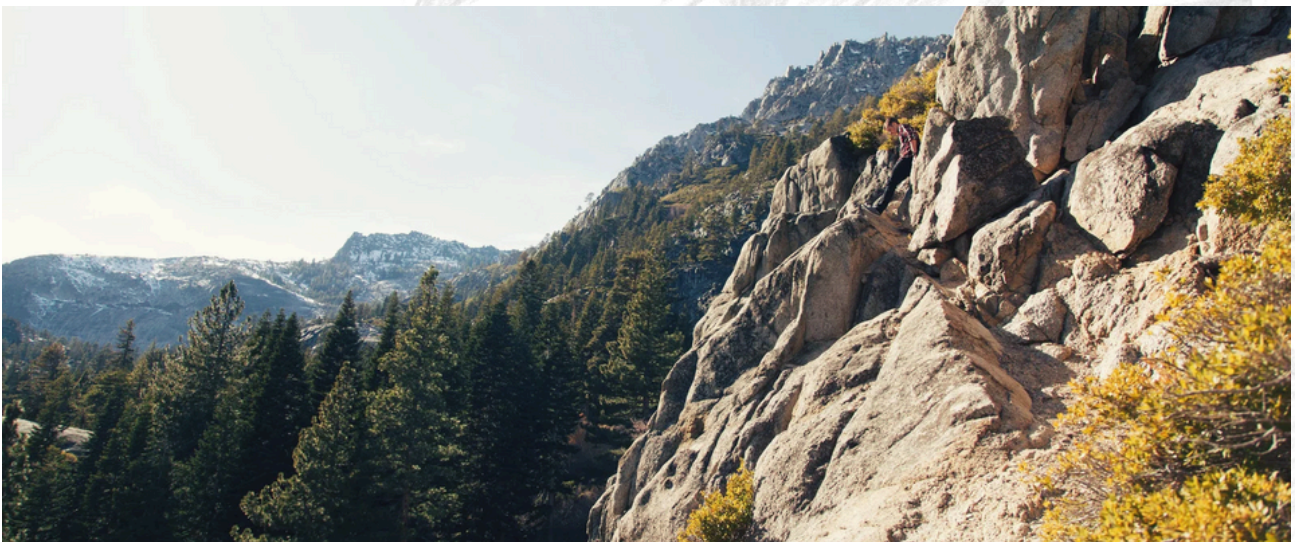
## SPECIFIC STRATEGIES AND TOOLS

### Development and funding challenge for peer support workers' organisations : the platform model

In some countries in our partnership, peer support workers are directly hired and employed by the institutions in the medical care sector : Belgium and Norway. In other regions, another model emerged : the platform model (France and Québec).

In this model, peer support workers are hired by an association run by peer support workers and lent to institutions like mental health hospitals.

This model emerged because in these settings, there is a strong resistance from teams and the organizational structure. Working with a former patient is not natural. Furthermore, hiring peer support workers directly poses many problems, mainly related to the job description and salary level that do not fit the usual framework. This hampers innovative teams to move "try" the peer support experience.



### For the institutions partnering with the platform

Relying on salaried peer supporters from a platform is useful as it allows team and institutions to test working with a peer supporter without making a recruitment commitment, with flexible working time and duration.

The peer support workers being external to the institution can be integrated more easily. Hired peer support workers are perceived as well trained and benefiting from professional support.

It ensures that that the peer supporter is not seen as competing with the professionals in the team.

The platform offers a "turnkey" solution and minimizes risks (related to status, direct employment, integration into the team) for both teams and institutions, which are reassured by the platform's independence.

For some institutions, paying for a contract with the platform is easier than using internal staff budgets.



## For the peer support workers' organisations

The platform model leads to higher visibility of peer support and the organization in the community and across institutions. It may be leveraged to quickly embed peer support in institutions. It also positions the peer support workers' organizations as a professional and trusted partner for the inhouse development of peer support.

Several aspects of the model should be carefully considered before establishing a platform.

### Training

The skills of the peer supporters and their ability to leverage their experiential knowledge are key to the success of their missions. According to the level of the peer support workers, the platform may need to put in place collective and individual training programs.

### Importance of the Integration Process

As described in Result 3 of our project, the preparation of the team / institution ahead of the hiring is paramount, and sufficient resources should be devoted on both sides of the platform and on the one of the institution.

### HR coordination with partner institutions

Integration in the HR processes of the partner may prove tricky, leading to difficulties in establishing time schedules for the peer supporters and unregulated requests from professionals directed towards some of our staff.



### Project engineering

Creating and managing an employer association and partnering with other institutions is time-consuming and requires professional management and adequate resources to start the platform. This type of project engineering requires a high level of competencies from the staff running the platform. Regulation, taxation and other issues related to being an employer need to be addressed either internally or with the help of other partners or consultants.



### Funding

The model offers ways for growth and revenue generation or diversification for the organization. The business model should be carefully developed to ensure that the mix of revenues from public grants and commercial revenues offers sufficient funding to meet contractual obligations and allow for multiannual contracts.



## For peer support workers

In the platform model, there may be several identified pitfalls that require increased vigilance.

There may be a high level of demand on some employees working on several missions, particularly peer supporters who are required to handle multiple tasks simultaneously. This may lead to fatigue arising from having to constantly deal with dual hierarchy, different rules, cultures and ways of doing (platform and where the peer support worker is working).



On the other hand, there may be an underutilization of other employees that are not on a mission during part of their time, requiring increased vigilance and better responsiveness to unengaged deployment situations.



## Governance

A lot of associations are "by and for peers only.". Meaning that only peers are running the association. Challenges arise.

### Staff availability

Peer support workers working in the organizational structure may face their own health challenges that may hamper their involvement in the long term. Extra caution should be exerted by the governance bodies in order to preserve their workforce.



### Involvement of non peers

To mitigate the risk, some organizations tend to include non peers in their staff or in their governing bodies. This raises the question of the safeguarding of the inherent spirit of peer support in an environment where other views or ways of working are present.

The partners are convinced that this should lead to careful definition of the organization's vision, mission and values statements in order to have a well-defined and structured compass when questions arise.

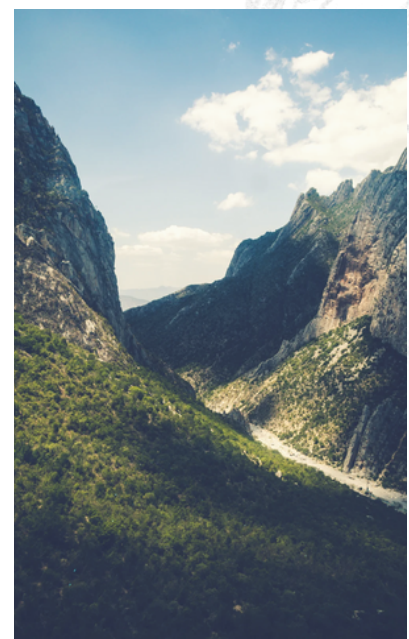


### High level bearings

Clear and compelling mission, vision and values statements define the organization by communicating why the organization exists (mission), where the organization is going (vision) and what it stands for (values).

This may be put in other words that may help organizations to define their higher-level bearings: Vision = we believe in the future, there will be and Mission = we contribute to this future by

A lot of resources are available online to guide organizations in this exercise. Organizations can also turn to local non-profits or patient's associations unions to get help.

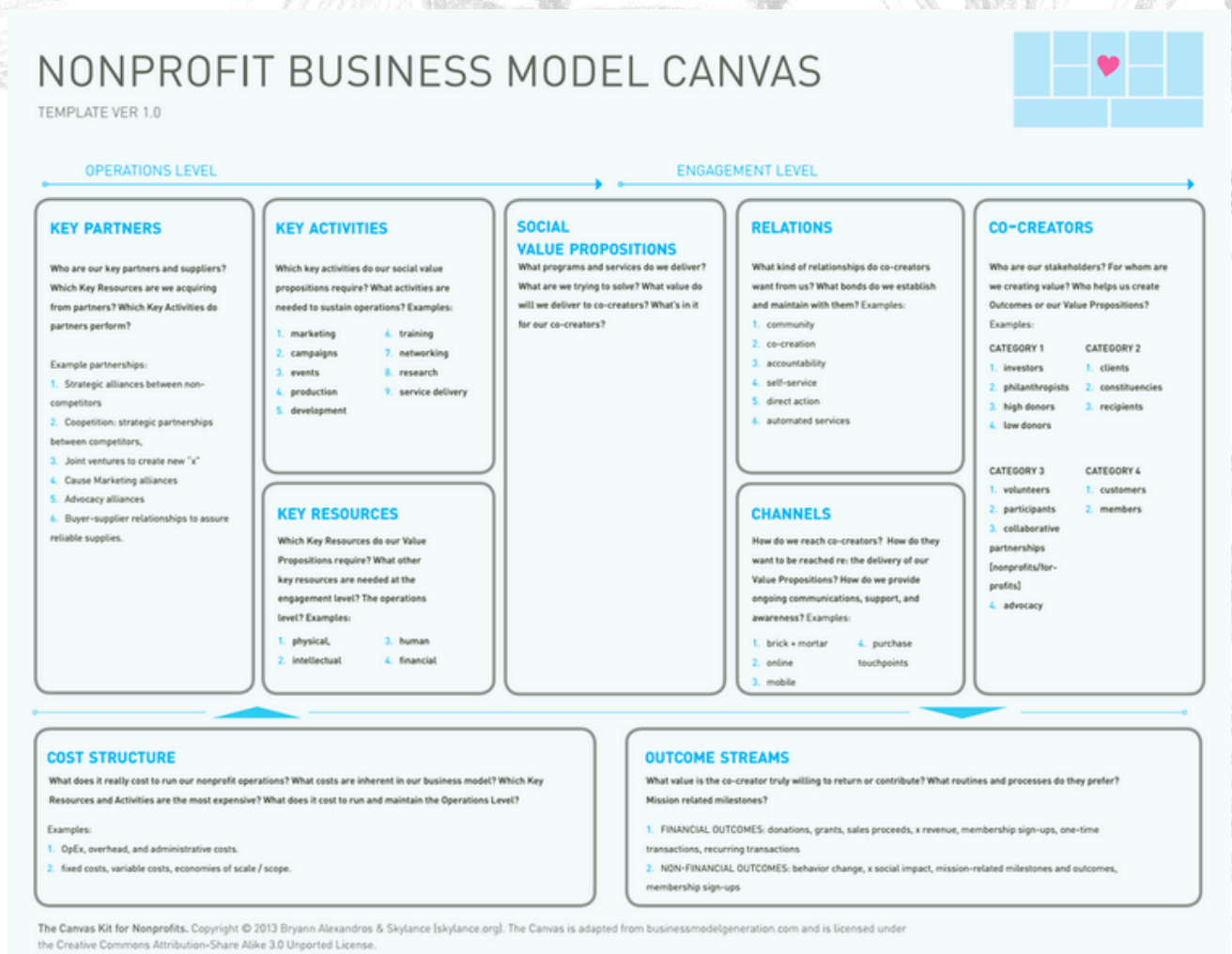




## Operations and engagement levels

To derive operational guidelines that will translate vision, mission and social value propositions into everyday business requires specific research and the development of a professionalization framework.

Businesses are acquainted with the Business Model Canvas. This has been adapted to the non-profit context and serves as a playground for founders and governing bodies to describe their operations and engagement levels.



[https://www.nonprofitjourney.org/uploads/8/4/4/9/8449980/\\_npo\\_business\\_model\\_canvas\\_alexandros.pdf](https://www.nonprofitjourney.org/uploads/8/4/4/9/8449980/_npo_business_model_canvas_alexandros.pdf)





## CHALLENGES IN PROFESSIONALISATION

The project led to the exchange of knowledge, practices and tools among partners. Though one conclusion of our project is that our peer support workers' associations are small and lack resources to engage fully in international cooperation projects where high levels of availability and production power are requested. The design of our project took care of this aspect by

- 1) engaging organisations into steering the project results and informing the partners
- 2) having peer support workers' organizations validate the results. To enhance the leverage effect of further collaboration projects, peer support workers' organizations should benefit from a specific budget to hire staff internally that would come as an additional resource to be involved in the project.

## PARTNERSHIPS

One possible further project could be to set up an international federation of peer support workers' organizations or join regional ones.

Partner PAT asbl is founder and member of FAPAF : Federation of French Speaking Peer Support Workers' Organizations.  
<https://fapaf.pat.support/>

The federation is still young and does not have its own resources but has produced a charter of common values in peer support





# GUIDELINES TO THE SETTING UP AND RUNNING OF PEER SUPPORT WORKERS INTERVISION GROUPS

## The peer drift challenge

Over time, something called "peer drift" can occur, where peer support workers begin to move away from the core values and practices that make peer support unique.

This drift happens when peer support workers gradually adopt the norms, behaviors, and practices of the institutions or teams they are working in. The supportive, mutual connection that defines peer support can be eroded as peer supporters are influenced by the professional culture around them. For example, they may begin to place more emphasis on clinical approaches or maintain rigid boundaries, much like traditional professionals. This shift may happen subtly over time as organizations impose expectations, documentation requirements, or job responsibilities that pull peer supporters away from their original role.

The result of peer drift can be significant. The core value of peer support is the sense of authenticity that comes from the fact that the peer support worker has been there themselves and shares these experiences with others in an informal, empathetic, and non-hierarchical way. When peer supporters begin to behave more like professionals, the authenticity of this connection can be lost. This may reduce trust between the peer support worker and the people they are helping, as service users may feel that the peer support worker is no longer really "one of them" but rather just another professional within the system.

Peer drift can also lead to a dilution of the unique impact that peer support brings as practice becomes more standardized and aligned with professional models of care.

The platform model (see above) can help alleviate the risk of peer drift as peer support workers belong to organizations where they are managed, trained, and benefit from the network of their fellow employees.

Intervisions offer a complimentary tool.





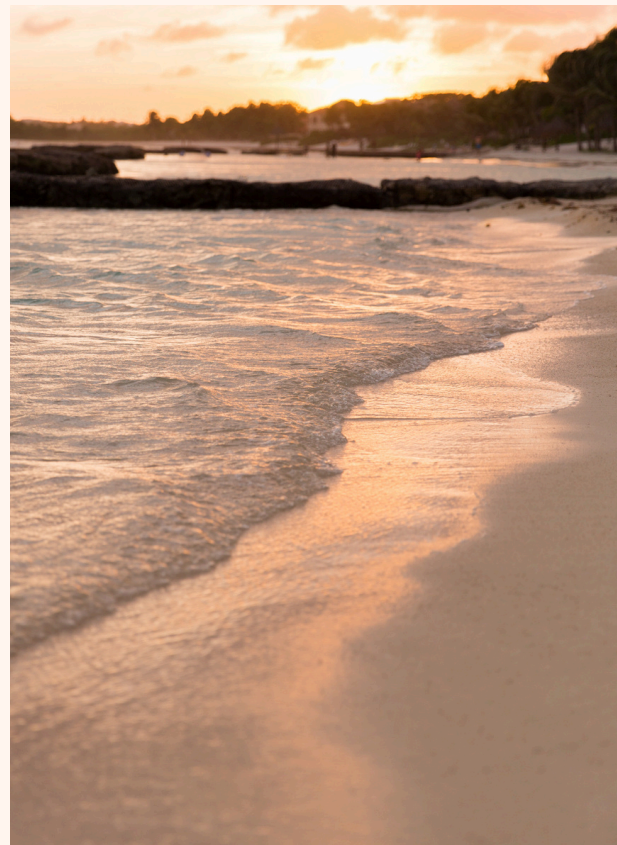
# Intervisions

PAT asbl partner has transferred knowledge on peer support interventions that has been reviewed by the partners.

Peer support workers are in a unique position. As both a team member and close to the people being supported, the peer support workers occupy a particular role and often face situations that challenge them when working with people in recovery.

Some peer supporters benefit from individual supervision with a psychologist trained in this practice, but this is not the case for the majority. Peer supervision is a different and complementary tool. It brings together active peer support workers working on the front lines, whether employed or volunteering, trained or not. These peer support workers work in various institutions and sectors.

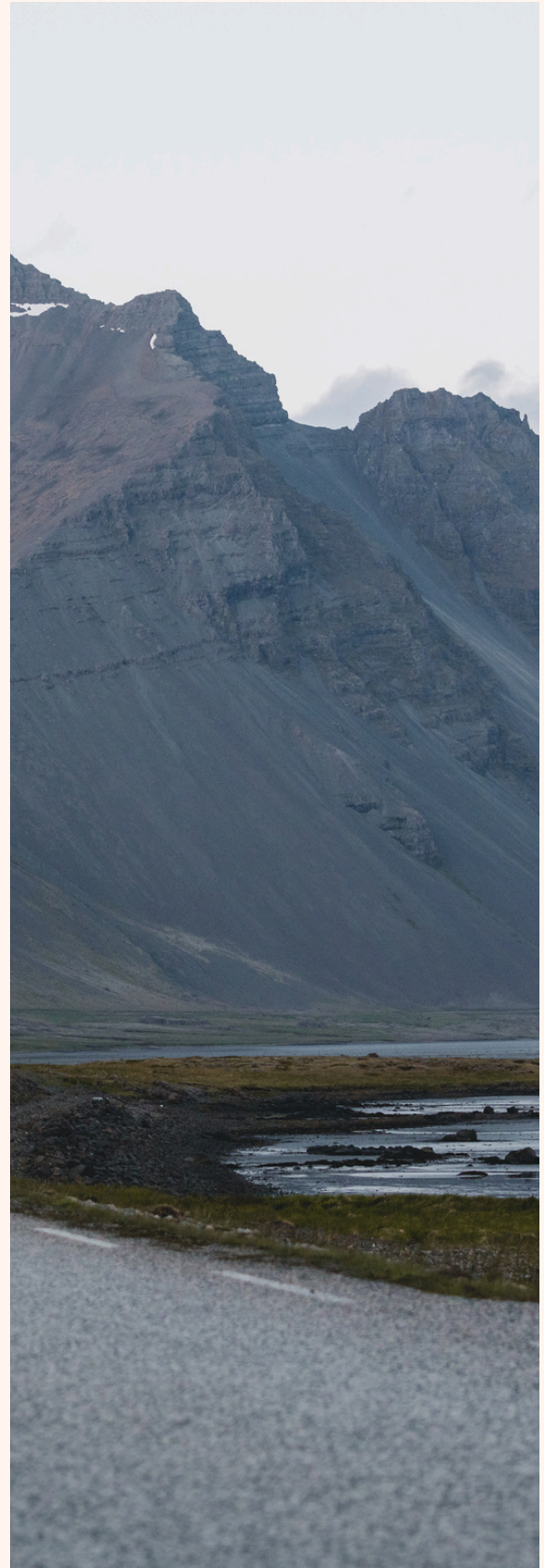
The primary objective of these intervisions is to collectively reflect on concrete situations encountered by peer support workers in their work, put these into perspective, and attempt to formulate potential solutions or actions. The discussions take place in a safe environment and follow a well-established methodology.



Regarding the methodological framework, the principle of professional confidentiality applies. This means that the situations discussed are anonymized and that the exchanges are not shared outside the group.



# Intervisions



The meetings should be facilitated by the two peer support workers, who are responsible for ensuring the framework and the smooth running of the sessions. The methodology they use is inspired by professional practice analysis. This approach is carried out in a group and offers an informal way to engage in reflective and metacognitive analysis. It also allows for a critical look at peer support work to analyze and improve practices. This approach to professional training comes from the Balint groups, named after the British psychiatrist who, in the 1960s, used this method for the training of physicians under his supervision.

The group should consist of a limited number of peer support workers in order to foster exchanges. The group may decide on the frequency of the meeting. Once a month can be suitable for a start, and meetings may be organised more frequently if necessary.

The group should remain the same throughout the meetings to foster mutual understanding and high-quality exchanges. To meet the growing demand, new members could join the group with the consent of the participants.

# Intervisions

The structure of the sessions is as follows:

01

The person who proposed a situation in the previous session gives feedback

02

A first round allows each participant to share their current mood and indicate whether they have a situation to propose. If so, they describe it briefly. Then, another round takes place to allow everyone to express their preference regarding which cases to address that day. Typically, the group spontaneously focuses on two or three situations, given the need to devote enough time to each situation.

03

The person who introduced the chosen situation provides more detailed information.

04

The participants ask questions to clarify details. At this stage, it is essential that participants refrain from analysing or making suggestions, allowing the situation to be understood as clearly as possible.

05

The group formulates elements of analysis and suggests attitudes or actions for the peer support worker. This step must be carried out with care and kindness.

06

Finally, the peer support worker reports back to the group on the key points they are taking away and how they plan to implement them in their work for themselves, the team, and the people they support.





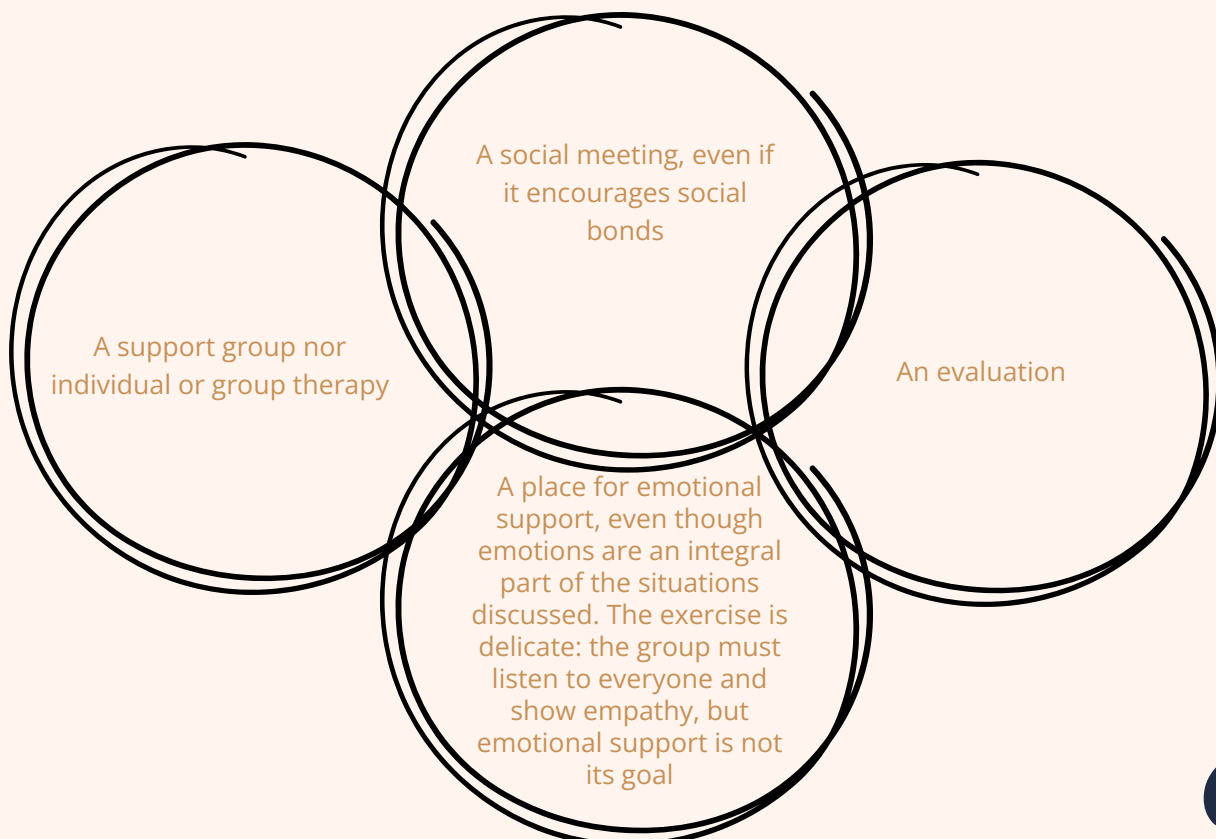
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Analysis of situations and the group's suggestions draw on knowledge from all. They may focus on different aspects. First, there is the emergence of an understanding of the situation/problem, its dimensions, and its structure (\*Know-What\*). They tap into skills, experiences, and practical tips developed by each peer support worker (\*know-how\* from experiential knowledge). They also suggest pathways to appropriate resources (\*know-whom\* from network knowledge). Beyond factual suggestions, the exercise allows reflection on the reasons for the peer support worker's actions (\*know-why\*), the relevance of those actions (\*know-why\*), and the meaning, limits, and measure of the actions (\*know-how much\*).

In short, through each situation, the group revisits the two fundamental questions of our profession: What does it mean to be a peer? How can one be supportive? Since peer supervision constantly revisits the knowledge, attitudes, and skills of peer support workers and questions the values and foundations of peer support, it constitutes a tool for continuous professional development and a means of evolving in practice.

### **TO ENSURE THE SUCCESS OF SUCH INTERVISIONS, IT IS IMPORTANT TO AVOID CERTAIN PITFALLS.**

**It should be noted that peer supervision is not:**



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“

The peer support worker brings reflection on a situation that troubles them. Their analysis necessarily involves questioning how they positioned themselves and acted (or did not act). Delicacy and tact are essential in exchanges, so as not to judge, destabilize, or devalue, but rather to support and promote emancipatory solutions.

Intervisions allow peer support workers to take a step back from our daily work. The analysis of practices and the group's actions reinforces the sense of identity as peer support workers. Indeed, everything that clarifies the frameworks of peer support workers' action, its importance, the extent of responsibilities, the ethics that underpin it, and its beauty creates and solidifies the professional identity.



This identity is crucial because it counterbalances the dynamics of other professionals with whom the peer support worker works. It provides a reference point to avoid being absorbed by their language or their way of approaching situations and helps maintain the unique position of the peer support worker.

Since peer intervision is a group process, it also brings out common knowledge and skills that have a “professionalizing” effect. The group dynamic plays an important role in this. Respectful comments, the exchange of suggestions, and productive discussions create an enriching experience that fosters the transmission, sharing, and assimilation of knowledge as well as the updating of skills.

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