VET MH

TUTOR

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.

Support and duration of the project

The PAT project is an Erasmus+ Ka220 project co-funded by the EU. It will last 36 months until January 2025.

Partnership

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

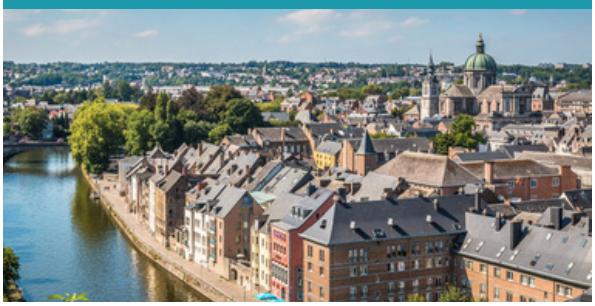
The NGO's contribute to producing knowledge and innovative tools and validate them based on the experience of peer support workers.

Centre Neuro Psychiatrique St-Martin, Namur

Établissement Public de Santé Mentale Lille-Métropole

Universitatea Aurel Vlaicu Din Arad

Peer and Team Support, ASBL, Namur



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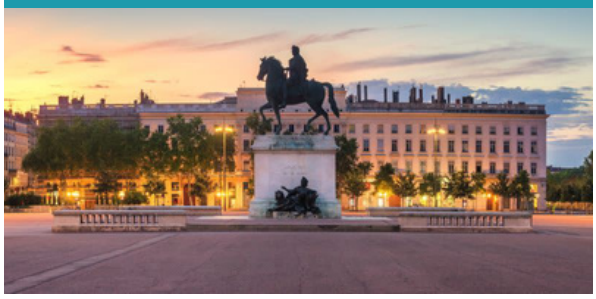
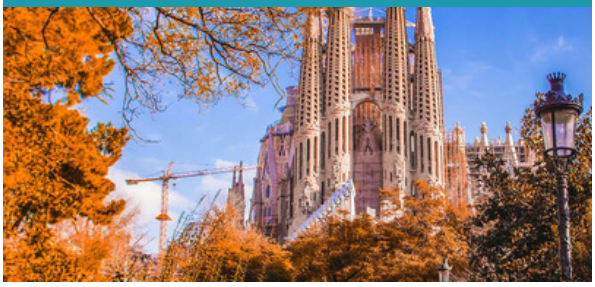
Partnership

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

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GOALS PROJECT

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.

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.

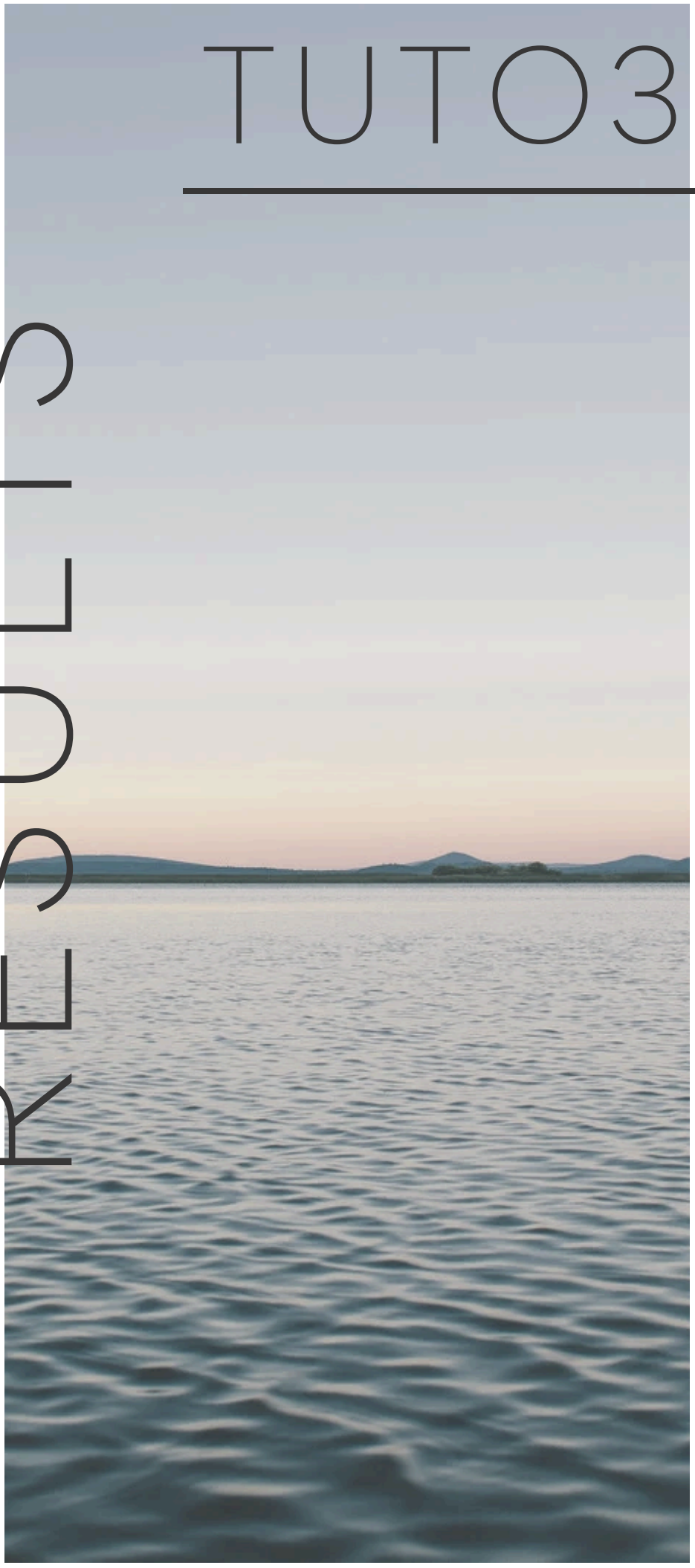
Support the integration of peer support workers in the world of work by supporting the creation of qualitative jobs.

Create and consolidate a European network of different and complementary organizations around innovative mental health outcomes and connect with world leaders (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).

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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.

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

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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.

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.

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.

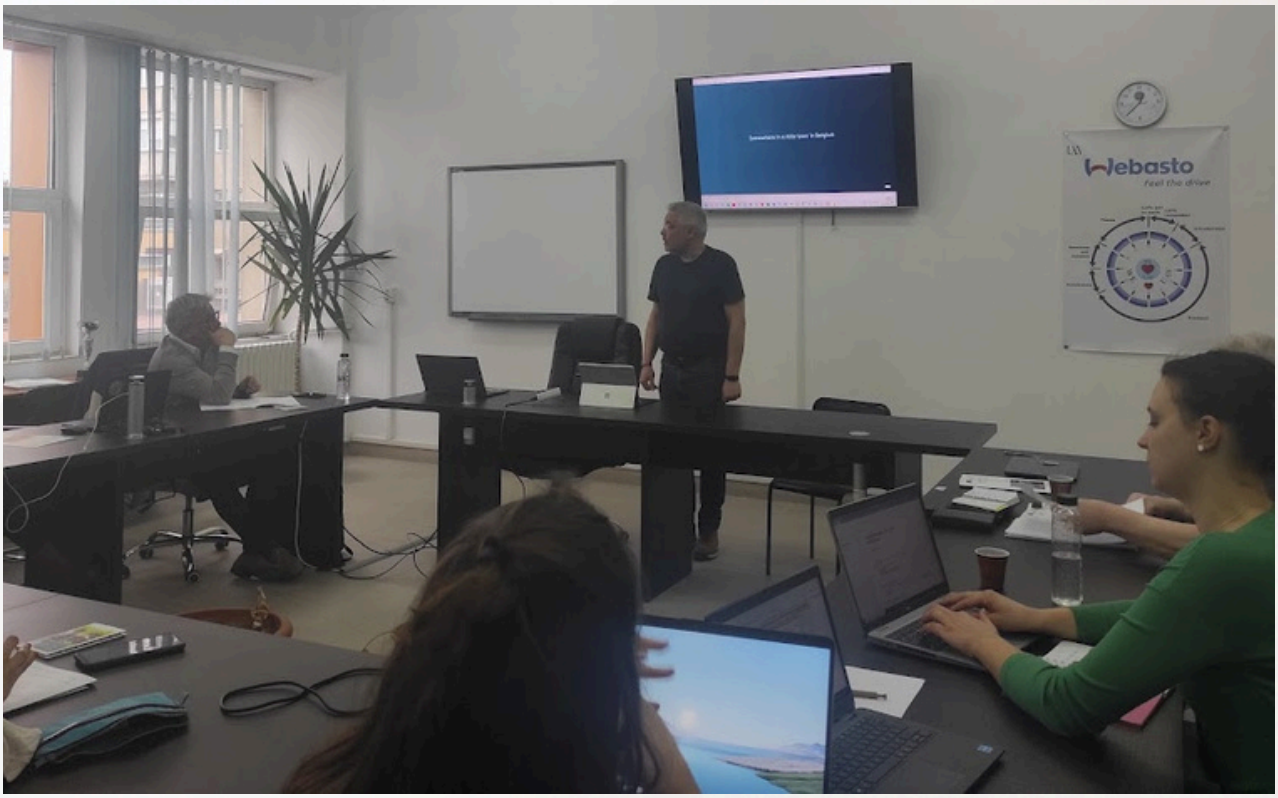
12 Promotes professional development

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.

RESULT NUMBER II

VET MH

TUTOR

Peer Support

PAT - PEER AND TEAM SUPPORT

A standardized training profile for peer helpers.

Ramona Hiltensperger, Selina Girit, Ellen Epple, Bernd Puschner and the Tuto3-PAT study group

Section Process-Outcome Research, Dept. of Psychiatry II, Ulm University, Germany

Worldwide, including in most European countries, peer support workers receive training to prepare them for their role. The effectiveness of peer support varies because of considerable differences in the way the peer support training is provided. Thus, the aim of this production is to develop a standardized profile of peer support training.

Step 1: Overview of peer support training programmes

For the development of a standardized training profile for peer support workers we have searched for available training programmes. Over 60 different training programmes for peer support workers from around the globe were found.

Step 2: Comparing Training Programmes for peer helpers

Now the training programs were compared regarding several aspects, for example, the content of the training sessions. 15 general training elements were identified, which were found in the majority of training programs (Table 1).

TABLE 1: IDENTIFIED TRAINING ELEMENTS

ELEMENT	DESCRIPTION OF ELEMENT
Recovery	Trainees are introduced to the concept of personal recovery, focusing on experiences of recovery and recovery-oriented support.
Inclusion and Support from Family and Community	Importance of building support systems within families and communities and promoting inclusion through networking, connection, and trialogue.
Skills	Trainees learn a variety of skills essential for peer support, including problem-solving, coping strategies, technological skills, letter writing, presentation skills, organizational abilities, and crisis intervention.
Peer Support and Use of Experience	Introducing theories and concepts of peer support, exploring peer relationships, and utilizing personal experiences to support others effectively.
Communication	Principles such as active and reflective listening, understanding, conflict resolution, feedback, probing, and motivational interviewing.

TABLE 1: IDENTIFIED TRAINING ELEMENTS

ELEMENT	DESCRIPTION OF ELEMENT
Assessment	Recovery-based assessments, needs assessments, personal health evaluations, and conducting interviews for reviews and evaluations.
Relationship and Roles	Role descriptions for peer supporters, the dynamics of interpersonal and therapeutic relationships, and the importance of role modeling.
Group Setting	Designing and implementing groups, understanding group dynamics, and leading effective group discussions.
Stigma	Impact of stigma on mental health, including internalized self-stigma, and the socio-emotional consequences of stigma.
Workplace Training	Prepares participants for working in professional settings, such as mental health wards, including work preparation and role-specific training.

Step 3: Developing a standardized training profile

In the next step, 73 international experts and stakeholders in the field of mental health peer support (e.g. peer support workers, policy makers) helped us to narrow down which of these elements are essential for basic peer support training, and which are more relevant at an advanced stage or for specialized peer support. Participants were invited to rate the importance of each element in a two-step procedure (so-called Delphi-Survey) and to suggest additional elements not listed yet. We also asked them to help us find out to which extent these training elements correspond to theoretical core principles of peer support that were previously identified in Tuto3-PAT Result 1 (www.mentalnet.eu). The result of this process was a set of consented prioritized basic components of peer support training elements, as well as elements that are more relevant for training peer support workers at an advanced stage, for example in ongoing professional development or for a special group of peer support clients (Table 2).

As part of the survey, we also asked the experts what kind of admission criteria a prospective peer support worker would need to have to join a training programmes. There was a consensus that peer support workers should have lived experience of mental health crisis and of recovery from a crisis, as well as an empathetic personality. There was no consensus on other admission criteria. Also, further investigation is required to determine the optimal amount of training sessions. A more detailed description of the recommendations will be made available on the PAT website by the end of 2024. A scientific publication is underway, to be published in 2025.

TABLE 2: CONSENSUS AND RECOMMENDATIONS

Basic training element	Recommendation
Peer Support and Use of Experience	Introduce theories and concepts of peer support, peer relationships and how to use their own experience to support another person with mental ill-health. Encourage sharing of personal experiences in a safe environment, coupled with theoretical knowledge about peer support principles. Give advice regarding self-disclosure should be integrated into basic training programmes.
Recovery	Introduce the concept of personal recovery, recovery experiences and recovery focused support should include real-life recovery stories and strategies for fostering a recovery-oriented mindset in participants.
Relationship and Roles	Introduce a role description of peer support workers (e.g. Do's and Don'ts), a specification of the interpersonal and therapeutic relationship, and the role modelling. Engage training participants in exercises that explore relationship dynamics and the impact of role modeling in peer support. Teach skills to build boundaries with clients and to separate work and personal life.

TABLE 2: CONSENSUS AND RECOMMENDATIONS

Basic training element	Recommendation
Communication	Include a basic module on communication covering principles such as active and reflective communication, understanding, conflict resolution, feedback, probing and motivational interviewing. Incorporate role-playing and interactive exercises to practice effective communication strategies in peer support contexts.
Stigma	Provide training on stigma reduction strategies, encouraging participants to share personal experiences related to stigma and its effects.
Principles an values	Discuss principles and values including mutuality, reciprocity, non-directive, strength-based, progressive, inclusive, diversity, values, validation, acceptance, hope, world view, confidentiality, empathy, empowerment and safety. Facilitate discussions on ethical dilemmas and encourage participants to develop a shared code of conduct for peer support

TABLE 2: CONSENSUS AND RECOMMENDATIONS

Basic training element	Recommendation
Inclusion and support from family and community	Emphasise the importance of building support systems within the family and community to promote inclusion through e.g. connecting, networking and trialogue. Facilitate workshops on effective communication with families and community engagement to strengthen support systems. Provide knowledge about the social determinants of health.
Health and Wellbeing	Provide basic training in stress management, self-care, prevention of relapses and leading a healthy lifestyle with healthy practices, e.g. eating, physical activity, sleep, and relaxation. Conduct wellness workshops that focus on holistic health practices and encourage peer support in maintaining healthy lifestyles.
Advocacy and Rights	Provide training on advocacy strategies, emphasizing the importance of patient rights and the role of peer supporters in advocating for change.

TABLE 2: CONSENSUS AND RECOMMENDATIONS

Basic training element	Recommendation
Skills	Teach a variety of skills, e.g., problem and coping skills, technology (telephone, computer), letter writing and presentation skills, organizational and leadership skills, crisis intervention skills, and culturally competent service delivery skills regarding cultural issues. Provide hands-on workshops to practice these skills, incorporating real-life scenarios and role-playing exercises.
Planning	Cover advanced planning, planning with people in crisis, activity planning, health care visits and planning meaningful activities in everyday life. Teach planning techniques using tools like WRAP (Wellness Recovery Action Plan) and practical exercises for goal setting and crisis management.
Group setting	Provide basic training in group design and delivery, group dynamics and facilitating group discussions. Include practical exercises to enhance participants' skills in managing group interactions.

TABLE 2: CONSENSUS AND RECOMMENDATIONS

Advanced / specialized elements	Recommendation
Psychoeducation and Knowledge	Develop comprehensive training materials on mental health topics, ensuring sessions are interactive and relevant to the specific populations served.
Assessment	Incorporate practical sessions on assessment techniques and provide templates for needs assessments to enhance participant skills in evaluations.
Workplace Training	Conduct simulations and practical exercises related to workplace scenarios, enhancing participants' readiness for real-world interactions with clients.

TABLE 2: CONSENSUS AND RECOMMENDATIONS

Other training features Training feature	Recommendation
Duration	One training session should not take more than 4 hours.
Accreditation	Peer support training programs should be officially accredited, and educational institutions are suitable institutions for accrediting peer support training programs.

SUMMARY

Numerous peer support worker training programs have been evaluated and compared to develop a standardized training program. After comparing the different training elements of each program, essential training elements were identified. Afterwards, international stakeholders were asked to rate the core element in a two-step procedure. The result was a set of prioritized core items of central components of peer support training, as well as recommendations and practical strategies for training.

RESULT NUMBER III

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TUTO 3

Peer Support

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Include a Peer Supporter: Training Materials for Mental Health Professionals

The objective of the project's third outcome was to support the integration of peer support workers into mental health teams by developing training materials for future mental health professionals. The hiring of peer workers and their effective integration into teams could have been facilitated if mental health professionals had better understood and benefited from peer support.

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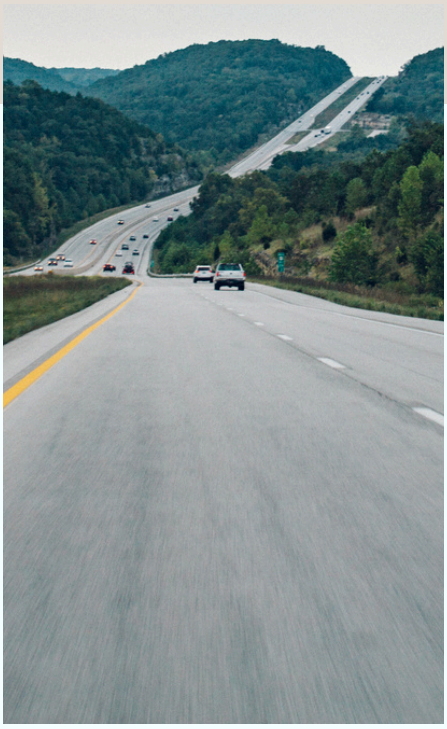
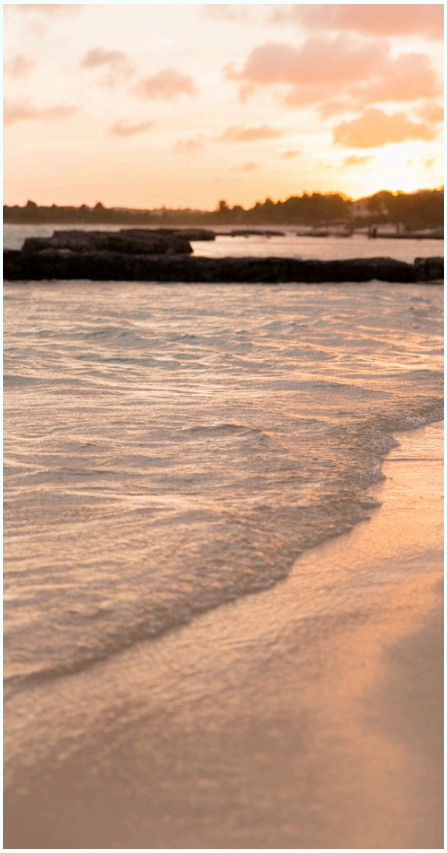
TASK 1 - Development of training materials for mental health students



The task led to the production of training materials on the concepts of peer support, recovery and empowerment. It was aimed at students in their final year of mental health nursing. The training has been integrated into the curriculum of mental health nursing students and other relevant departments of university partners. The materials were created for and with peer support workers. The training has been designed in such a way that peer support workers can easily take ownership of it and adapt it to their own experience. The electronic format of the training allowed for easy transfer. The theoretical content explained what a peer support worker was and how they could support the recovery process of patients. Educating students about the concept of peer support and its complementarity in care helped them understand the value of this collaboration and facilitated their integration into care. Roles have been well defined to encourage change in care practice. The innovative part of the training on sharing experiences was also guided. Support was provided to share one's own experience. Examples and structures were proposed. How to share experience, how to mention the different stages, how to explain the evolution and the lessons learned—these are tools that have been given.



Hiring Process

The work to be done resulted in a guide outlining the different steps of the hiring process, the questions to ask at each stage, and potential responses based on the peer supporters' experience. The work carried out made it possible to cover:
The identification of what has influenced the implementation of peer support work in mental health services.
A guide to the process of hiring professional peer support workers.

Development of training materials for mental health students

Introduction and contextualization of the problem

Many authors, including Benny et. al. (2021), believe that one of the greatest challenges for a person diagnosed with a mental disorder is "the risk of labeling," related to the prejudice, discrimination and stigma associated with it (Benny, Huot et al., 2021, p. 143). These same authors use figures from the Mental Health Commission of Canada (2013), which states that 60% of patients suffering from mental disorders avoid seeking help for fear of this stigmatization!

To date, many studies have been carried out to clarify the problem. The results, regardless of the geographical delimitation and the methodology used, speak for themselves: "There is no society or culture where people with mental illnesses are treated equally with others. We can admit that stigmatization is a dimension of suffering that is added to that of the disease. (Giordana, 2010, p. 8). The author also cites Finzen (2000), who speaks of the stigmatization of mentally ill people as "a second disease.". But what is stigma? Many authors have looked at the question, but we could use the following definition:

"Stigma is a complex term that refers to a multidimensional concept. It is a general attitude of the order of prejudice induced by the ignorance or ignorance of a situation or a state, and this ignorance or ignorance will generate discriminatory behaviors. It is therefore any word or action that would aim to transform the diagnosis of a disease, for example, into a negative mark for the person with this condition. {...} Stigma is therefore based on negative prejudices that imply the attitudes and behaviors of members of society towards the sick person. Preconceived ideas concerning the mentally ill appear to be extremely pejorative and heavily penalizing" (Giordana, 2010, p. 8–9).

According to the author, who is based on numerous study results, this stigmatization specific to mental illnesses is based on three categories of representations:

The idea that mentally ill people are violent, dangerous and unpredictable; these representations lead to fear, which itself will be a source of rejection and exclusion.

The representation of abnormality and irresponsibility of the mentally ill person, seen as incapable of living in society and respecting its rules, codes, and norms of community life, leading to a directive and authoritarian attitude towards these people.

An image of "infantile perception of the world," intellectual poverty, and lack of maturity leading to an infantilization of these people.

In addition to these 3 categories of representations, there is the idea, in the case of schizophrenia, of a certain risk of contamination and therefore of dangerousness to the mental health of the people who frequent them; (Giordana, 2010).

If the negative representations and stigmatization of people suffering from mental disorders are very real within the general population, what about caregivers?

Because of our own experience as nurses for more than fifteen years, we can only confirm and validate, via hundreds of real-life examples, that the "caregiving" world, that of non-specialized psychiatric care, is just as much a source of negative representations and a vector of stigmatization. In order to limit the potential subjectivity of this observation, professional and scientific resources were sought. However, the subject is more marginally treated in the literature than stigma in the general population.

However, there are some recent writings highlighting this problem. At this level, a distinction must be made between caregivers working in the field of mental health care and caregivers working in the field of somatic medicine (whether general or more specialized care).

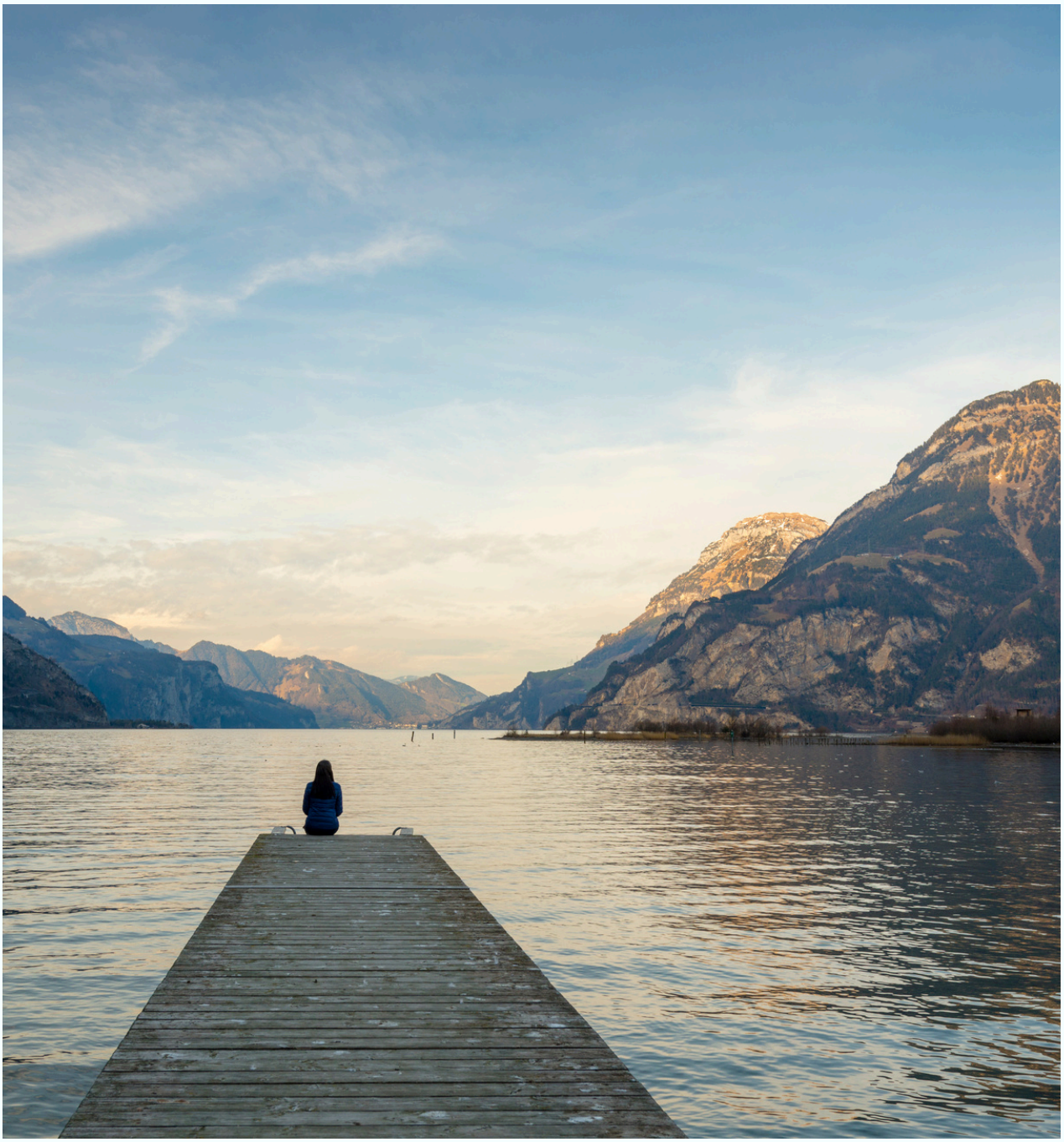
In his thesis, Yalaoui (2019) presents the results of a survey he conducted among 248 French general practitioners. In it, he points out that more than half of doctors consider the care of these patients time-consuming, and more than 50% say they have a lack of training in this subject. 6 out of 10 doctors say they feel "less comfortable with a psychiatric patient," and 20% consider schizophrenic patients to be violent or dangerous. It should be noted that, in this study, nearly 84% of the doctors surveyed consider these patients to be "trying."(Yalaoui, 2019, p. 26).

Finally, the fact that the doctor had experience in the field of psychiatric care diminished the importance of the negative representations of the latter.

Development of training materials for mental health students

Secondary Reflections to the Literature Review

We wanted to validate these initial findings, supported by a broad review of the literature, with our target audience, i.e., future caregivers. Were they also carriers of these preconceived ideas and prejudices?



Through different focus groups, they were asked the question of their representations of mental health (and therefore of mental illness).

Development of training materials for mental health students

Focus group on mental illness

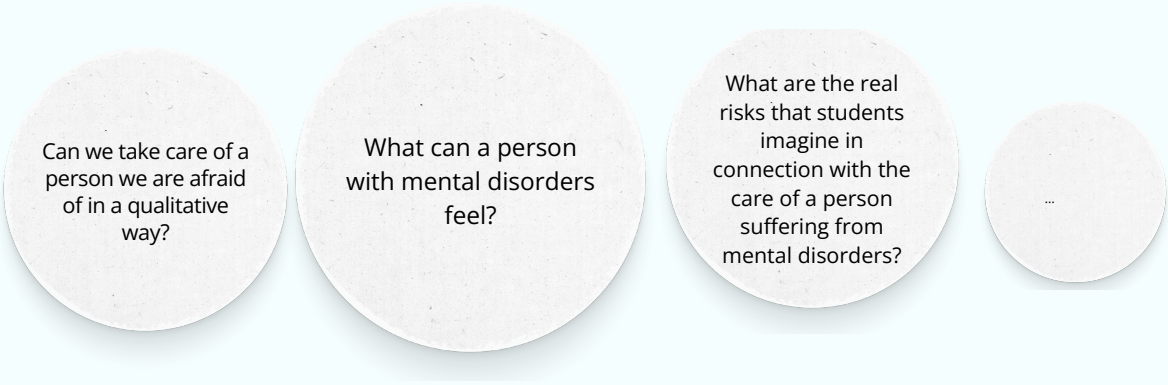
The students of the different organized groups had the possibility, via Wooclap© (guaranteeing anonymity), to indicate the word(s) that they spontaneously associated with psychiatry. The more often the word came up in the encoding, the larger it appeared in the final word cloud.

Here is a representative example of the word cloud generated by the students surveyed:

From these first elements, the discussion was then oriented around their representations. Where do they come from?

The majority of students, after reflection, admit that they do not know how to directly link their fears to an objective experience. Few of them have ever had any real contact with the world of acute psychiatry. They often cite films and series seen on television, some news items having been more heavily covered by the media. There is also often an amalgam that is made with sociopathic disorders.

The discussion is then enriched with the help of questions, which the students are led to work on in sub-groups:



Development of training materials for mental health students

Results of the first focus groups

The results that emerged validated our first postulate, namely that stigma was very present. In parallel with the elements raised in the document highlighting the main obstacles shown by the teams to the idea of integrating a peer helper, a first major obstacle emerges, that of stigmatization and negative perceptions that professionals may have about mental illness.

Within the framework of this project, and on the basis of a socio-constructivist perspective, **we have therefore chosen to focus the awareness to be created above all on the deconstruction of preconceived ideas and the process of stigmatization with regard to mental illness.**

First applications in the field—with professionals and future professionals

This stage took place in two stages (R4 collaboration).

The first step (N = 10, Dec 2022) was to organize an information/awareness-raising session **for professionals** as part of their continuing education. A peer helper, associated with the trainer, aimed to work on the representations and preconceived ideas of the speakers present. In addition to destigmatizing the problem, the recovery process and peer support were discussed at length. In the context of this specific training, the concepts of addiction were at the heart of the questions relating to representations and peer support.

In order to quantify and evaluate the impact and adequacy of the results with the awareness-raising objectives, an anonymous questionnaire was given to the participants. One part was filled in before the intervention, the second after.

Pre-intervention questionnaire:
Participants are asked to assign a score from 0 to 10 based on the difficulty and reluctance they would have if they had to integrate a peer helper into their daily work team. (0 being no difficulty/fear and 10 being an impossibility to imagine it). Participants are invited to briefly explain the score awarded. Rating: 41/70 -> 58%.

Post-intervention questionnaire
-> After an exchange and a 3-hour discussion with a peer helper, the question is asked again (evaluation of fears / reluctance + explanations). They are also invited to give their opinion on the important points they take away from the training. Rating: 17/70 -> 24%.

Other results of the post-intervention questionnaire:
Evolution in the type of questions asked by participants. As the intervention progresses, the questions become more specific, and participants ask specific questions about the peer supporter's experience, feelings, or journey. -> added value of allowing enough time (more effective to plan awareness raising by half-day/day than by small module of 1 or 2 hours) + added value of planning an intervention with a lot of exchanges and interactions Great perceived interest of participants in the intervention > added value of a direct and total exchange with a peer helper rather than by/with a non-peer helper trainer. On the basis of a 3-hour awareness-raising exercise carried out by a peer supporter, evolution of the points of positive representation of professionals Impact and representation depend on the person's (n = 3/10) insistence on the importance of including this type of awareness in the initial training of professionals from the beginning of their course (n = 4/10).
All stressed the importance of working on representations (initial and/or acquired) related to mental health and addiction! (N = 10/10).

First applications in the field - with professionals and future professionals

Second step: information/awareness-raising session for future professionals (April 2022).

This session was built on the basis of the feedback from the first awareness-raising sessions It was given to 23 2nd year nursing students in charge of general care (I.R.S.G). In Belgium, the IRSG course consists of 4 years. The choice to carry out this awareness-raising before the first internship in psychiatry was made on the basis of feedback from previous training. Indeed, several professionals who have benefited from the training have told us how important it is for them to include this awareness as early as possible in initial training, before certain representations become fixed in the minds of future caregivers.

During this awareness-raising campaign for future professionals, various elements were covered:

- Definition of peer support
- Role and mission
- Sharing experience
- Perception
- Hiring Process
- Certificate
- Brainstorming on how to adapt and export the training

Following this session, an evaluation was carried out with the students a week later in order to allow time for integration.
Several elements emerged. The latter are in line with the heteroevaluation carried out with the professionals:

The importance of this type of awareness-raising from the initial training. Some students would have even liked to have it earlier.

It is important that this awareness is given by a peer helper. However, some students question the relevance of giving the pathology from which the peer helper suffers for some of the students (n = 3/23).

Clear change in students' views of mental illness, possible recovery, knowledge and the added value of peer support. For most students, this notion of mental health recovery takes a concrete and positive form for the first time.

The students unanimously found that this awareness should be done face-to-face to allow exchanges and not last less than 3 hours to allow a relationship of trust and a real group dynamic. Several have put forward the idea of making this awareness richer by involving two or even three peer helpers during this awareness-raising. The idea of making video capsules was then put forward to make it feasible.

Creation and testing of the final awareness session

On the basis of the various observations and evaluations carried out, the final version of the awareness-raising could be proposed. In February 2022, two groups of students (N20 + N25) were able to benefit from it.

Form of Sensitization

These took place **in two main stages.**

The first allows the representations to be flattened

Use of a Wooclap (cf. Appendix 1, the latter once again validates the initial postulates and the need to work first on this "first step" of destigmatization).

Exchanges in sub-groups and then in groups around the representations put forward.

Development of the consequences of the stigma of mental illness for people who suffer from it (cf. Appendix 2)

Presentation of two short video clips (4 minutes each) produced in collaboration with two peer helpers working for the CCOMS and part of the TUTO+3 project. Each of these capsules offers a short video in which a peer helper addresses students by sharing something that is important to them. At this stage, on purpose, peer support has not yet been defined. Students only become aware of the function of the speakers as peer helpers during the exchanges following the viewing of the capsules. Each of the peer helpers was asked to close the video with a question of their choice, addressed to the students.

Closing of this first phase with the definition of peer support and the introduction to the second part of awareness-raising. Invitation of students to take note of their questions in order to be able to share them later.

A second part, split from the first session, addresses peer support in concrete terms:

Intervention of two peer helpers (here part of the TUTO+3 project). Based on previous tests and evaluations, they lead the session independently. The teacher is only there as a facilitator, thus allowing free and authentic exchanges between peer helpers and students.

The intervention includes several parts: presentation of peer support, presentation of related work, numerous exchanges and reflections on the concept of recovery.

Throughout this second session, the emphasis is placed on the participatory aspect of all. Exchanges are encouraged throughout the intervention and are encouraged by the comfortable time granted for the session.

Qualitative assessment of awareness

As a follow-up to this last awareness-raising campaign, a qualitative evaluation form is offered to nursing students. The results are extremely positive.

Ø The average satisfaction rate is 9.5/10.
Almost all respondents consider this awareness to be useful and necessary. (95%) and 100% of them think that this awareness should continue to be offered.

To the open-ended question: Have you found the relevant awareness to be included in the framework of initial nursing training? 15 students responded:

01	I think it's great to make us aware of the experience and feeling, both to the peer helpers and to the "patients."
02	It allows you to understand what this means and to get a really correct idea of things. It also shows the relevance of their work.
03	This intervention in the context of nursing training allows the courses given for the theoretical set to be "palpable" and "concrete."
04	This makes it possible to know what is being put in place and the existence of this type of aid.
05	It was a very interesting workshop that allowed me to better understand the approach of some of the patients I met during the internship.
06	I didn't know about peer support at all, and these two people explained very well the usefulness of this concept and answered my questions perfectly.
07	The importance of peer helpers + who they are.
08	This is important because as a nurse, you will be able to redirect patients to peer helpers.
09	People affected by an illness or by a sick loved one come to reveal an intimate part of their lives in complete confidence. They are natural persons who could be one of our relatives or ourselves. They talk to us in complete confidence. They have revealed to us their problems and their sufferings, and they are now practically recovered and offer their knowledge, their advice, as well as their listening to other people in the difficulty that they have brought us.
10	This avoids the stigma, conflation, and fear that surround mental health. This makes it more accessible.
11	A patient lying down is emotionally and physically vulnerable. When he RE-VERTICALIZES, he knows exactly what he went through, what he felt, and how he lived this health experience. He knows what helped him and what may have jeopardized his recovery. As a result, sharing one's experience with professionals or future professionals makes them aware of the impact of their actions, gestures, words, etc. They provide patients and caregivers with help in terms of open-mindedness and projection, in short an enriching collaboration for better care of the patient in a state of vulnerability.
12	It is very important to raise awareness of the role of peer support with patients to destigmatize the thing.
13	It was interesting to meet peer helpers for our professional experience as well as to support what was said in class.
14	I believe that the mental health awareness we have received has had an extremely positive impact. This makes great strides in addressing stigma and promoting mental well-being.
15	This allowed me to understand what it was, and I now know how to redirect if I have questions or if I want to help a beneficiary or his family.

93% of respondents felt that their representations of mental health had changed positively. (For the remaining 7%, this is the status quo.)

§ The only element on which opinions are a little more mixed is that of the relevance of the capsules offered during the 1st session, the downside being related to the comparison with the second session, as students largely prefer direct and face-to-face interactions.

Finally, to the question, "Can you give an element that you retain or with which you come out of this awareness?" 13 students responded:

01	That each person is unique and that this is what makes the world more beautiful.
02	A person who has the disease themselves can have a better understanding of things, and this can help us in our work.
03	I remember that in the context of an alcohol and/or drug use disorder, it is possible to get out of it and be perfectly respectable.
04	The incredible courage of the peer helpers to come and testify about their mental pathology.
05	...
06	Always find out more about the different support options available to us if you need it.
07	The decompensation phase is not permanent; > the majority of people are (with the right treatment) stable.
08	That we must try to better understand the experience and needs of patients, that to help we must not specifically tell us what to do, but by understanding we can find or help the patient to find the keys he or she needs.
09	The courage, the frankness to reveal intimate suffering, and their determination to help people who find themselves in the same suffering as themselves. I say bravo and thank you to them.
10	The humanity of the session as a whole.
11	They can get through it and inspire others. When they come to the care unit, it is when there is a disruption of their balance; the majority live among the population without any distinctive sign.
12	The fact that we can't understand the suffering they have suffered because we haven't experienced it too. We only know how to show mental support to accompany them towards a "cure." It also allows us to tolerate failure: "One step back equals 3 steps forward later". Missing a withdrawal is the first step towards understanding the situation.
13	Sharing.
14	Sharing I think we should expose students to mental health peer supporters because it enriches their understanding of mental health issues. By sharing their experiences, these caregivers help students realize that they are not alone and that recovery is possible.
15	Mental illness is not an end to "normal" life.

Creation of a transposable guide to reproduce awareness

On the basis of the various elements that have just been presented and taking into account the major findings made in the conclusion, a guide has been produced. This guide has been designed as a practical tool, allowing any stakeholder who wishes to do so to recreate the proposed system while adapting it to their own reality (geographical, professional, etc.). It covers the main stages of awareness-raising as well as some important advice and points of attention resulting from the evaluations of the tested system.

Conclusions

A few major elements emerge from the work and evaluations carried out.

The importance of working on the representations beforehand.

The usefulness of presenting the different elements with a certain "crescendo of graduation" (mental health, mental illness, representations, stigmatization, consequences of stigmatization, recovery, peer support).

The need to allow a minimum of 2 hours for the first part and a minimum of 3 hours for the second (this last point allows to "break the ice," the exchanges become more and more concrete and authentic over time).

The essential presence of peer helpers throughout the awareness-raising process (by means of video clips at first, face-to-face in the second phase).

This model of awareness can be transposed to professionals with little or no experience in the field of mental health and peer support.

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ANNEXES

TUTO3 PAT RESULT 3

1

VET MH
TUTO 3
Peer Support
PAT - PEER AND TEAM SUPPORT

2

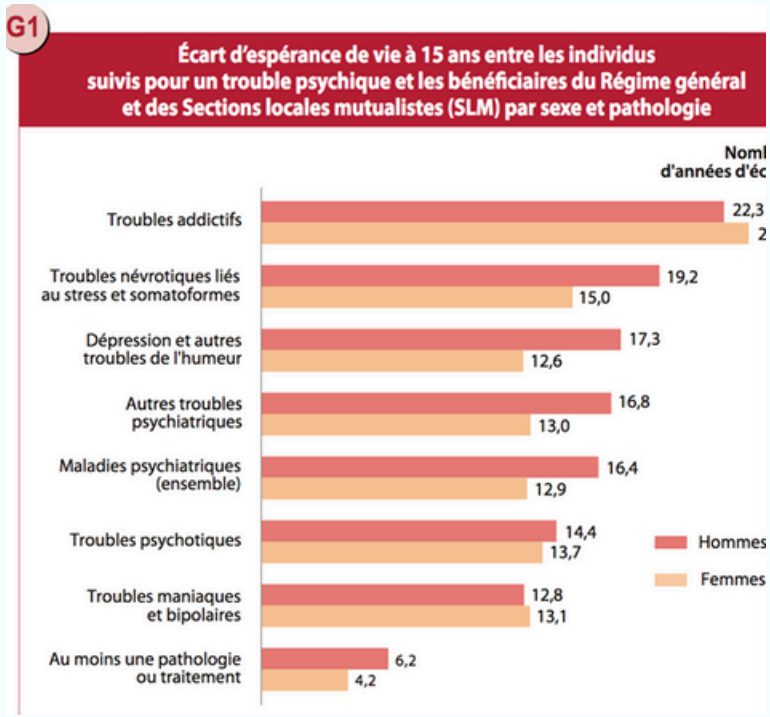
Epidemiological data on the health of people with mental disorders

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.

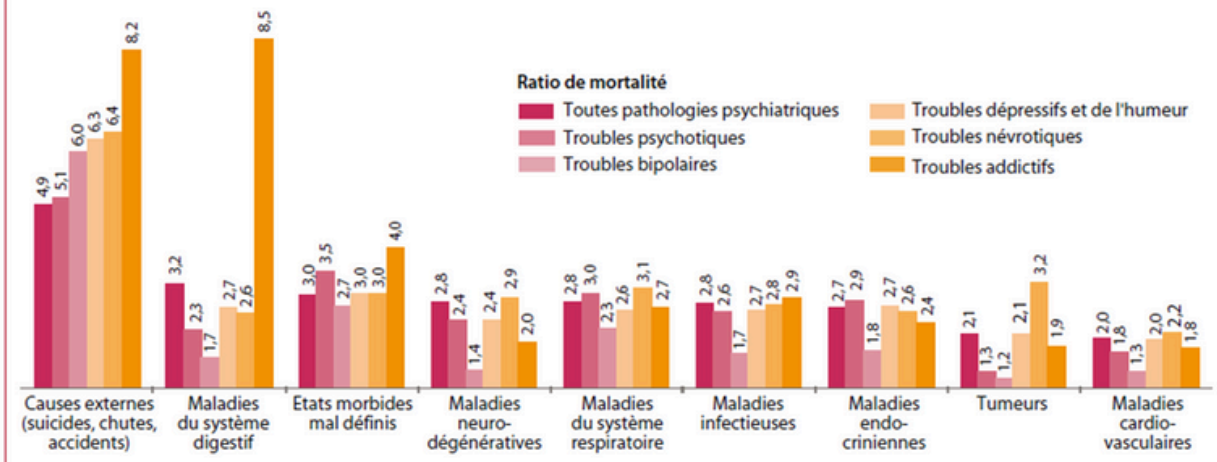
Coldefy and Gandré (2018) also emphasize that this excess mortality is not simply due to the disease. The mortality rate in mentally ill people is much higher and earlier than in other people suffering from a chronic non-psychiatric pathology.

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.

G4

Ratios de mortalité pour les principales causes de décès, en 2014, des personnes suivies pour des troubles psychiatriques par rapport aux bénéficiaires du Régime général et des Sections locales mutualistes (SLM)



Lecture : Les personnes suivies pour des troubles psychiatriques ont un taux de mortalité par causes externes 4,9 fois supérieur à celui des bénéficiaires du Régime général et des SLM. Ce taux est 6 fois supérieur pour les troubles bipolaires et 8,2 fois pour les troubles addictifs.

Champ : Bénéficiaires du Régime général et des Sections locales mutualistes (SLM) de l'Assurance maladie ayant consommé des soins, France entière.

Source : Système national des données de santé (SNDS), Insee Recensement de population 2014.

Télécharger les données

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

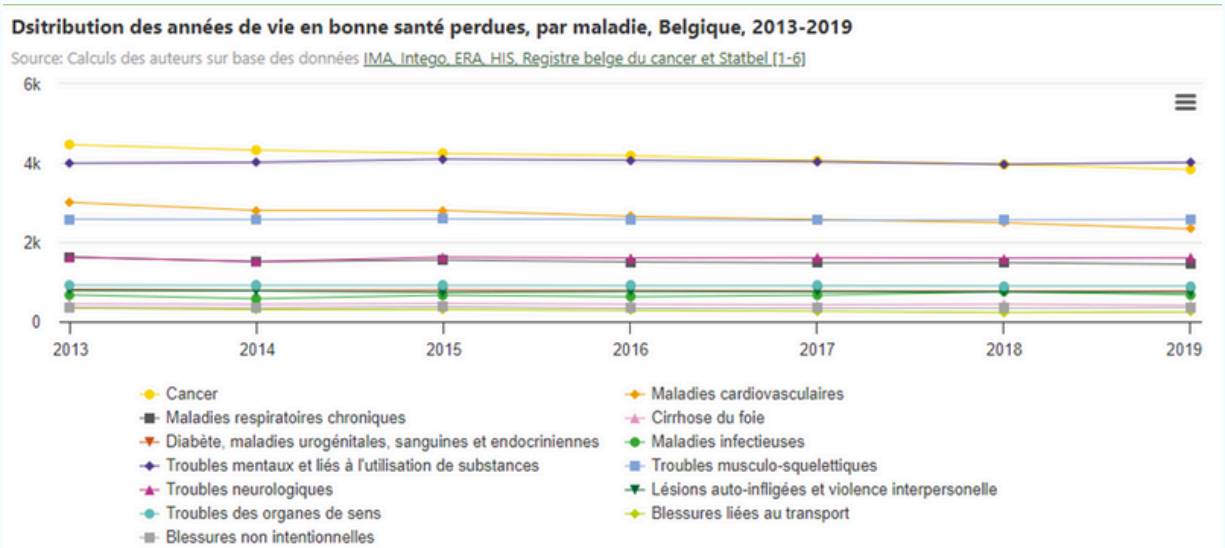
Classement des groupes de maladies par taux de DALY ajustés pour l'âge, Belgique et régions, 2019

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

	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 interpersonelle	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.

RESULT NUMBER IV

VET MH

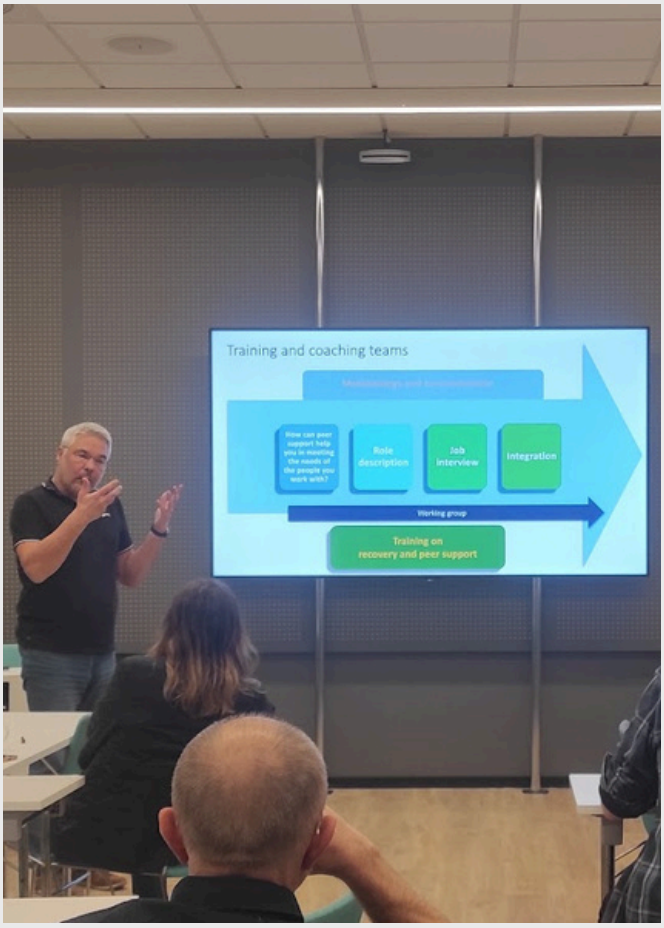
Peer Support

PAT - PEER AND TEAM SUPPORT

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 intervision 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

o individuals living with mental health difficulties,
o to peer support workers,
o institutions or teams working with peer support workers,
o 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.

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 tatus "organization of public interest" to access specific grants or benefit from tac 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 planform 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 rained 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.

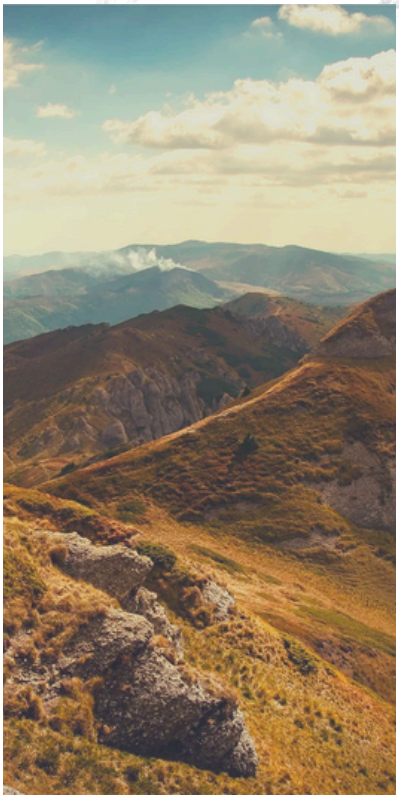
Staff availability

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 no 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.

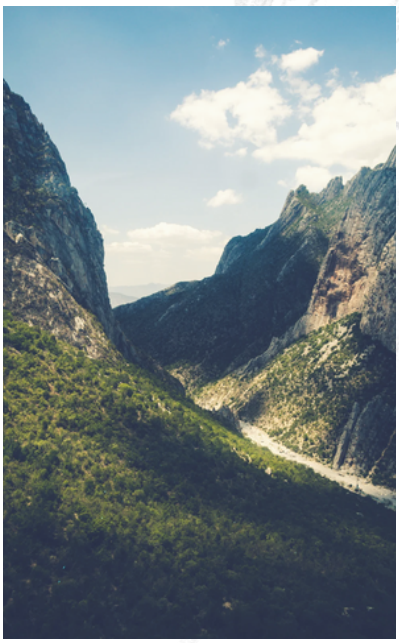


High level bearings

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

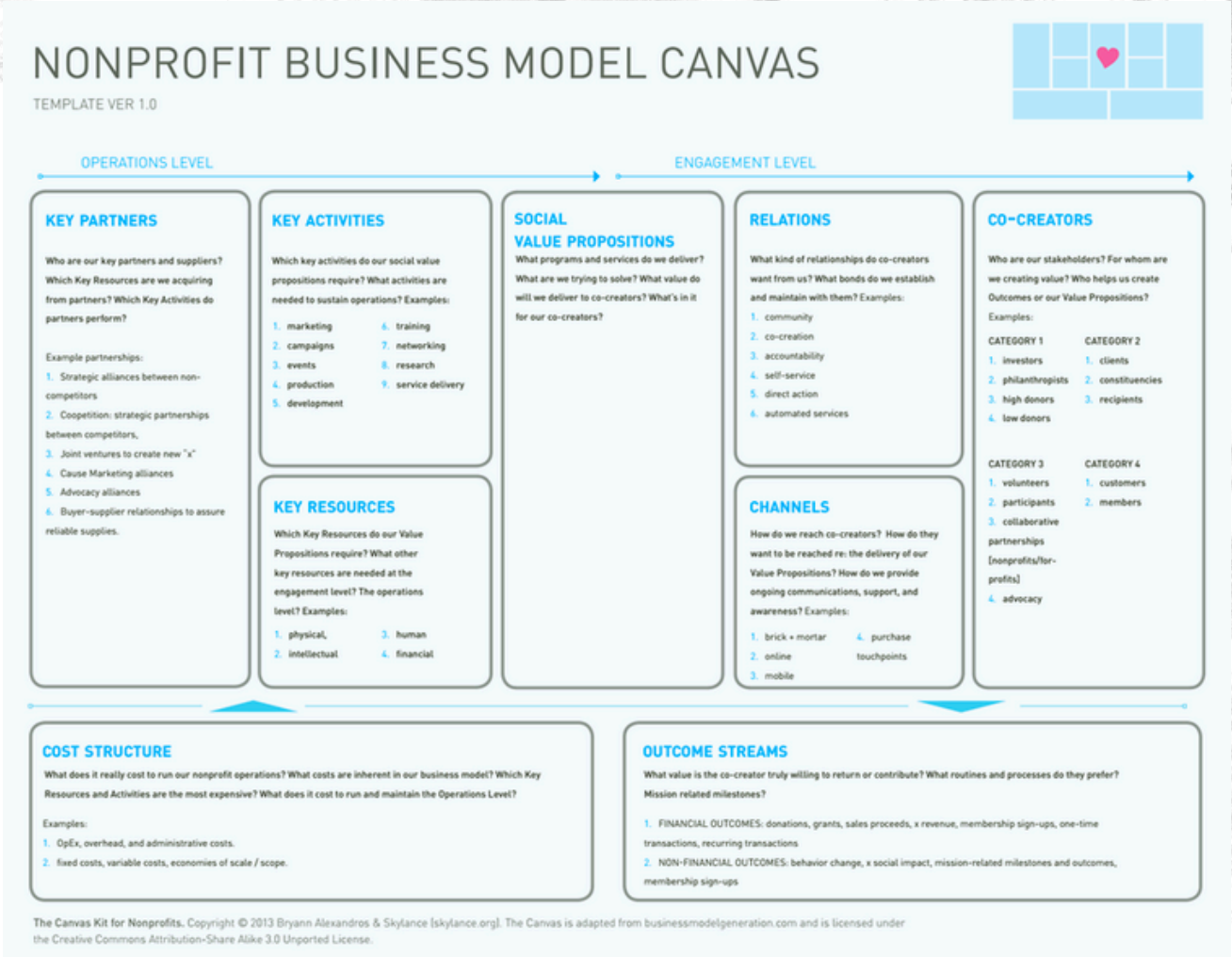
A lot of resources are available online to guide organizations in this exercise. Organizations can also turn to local non-profits or patient’s associations unions to get help.



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.



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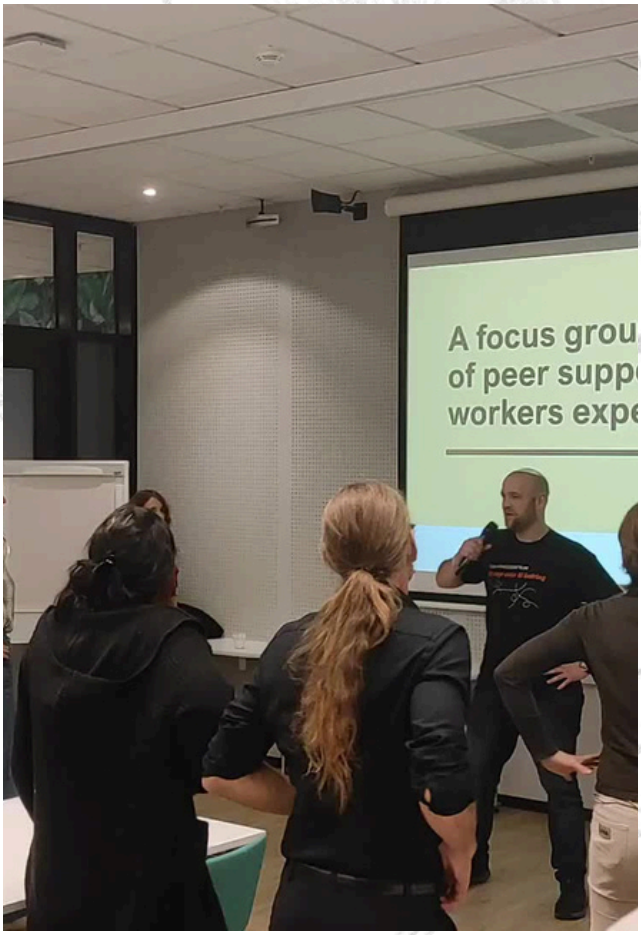


PARTNERSHIPS

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

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.

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.

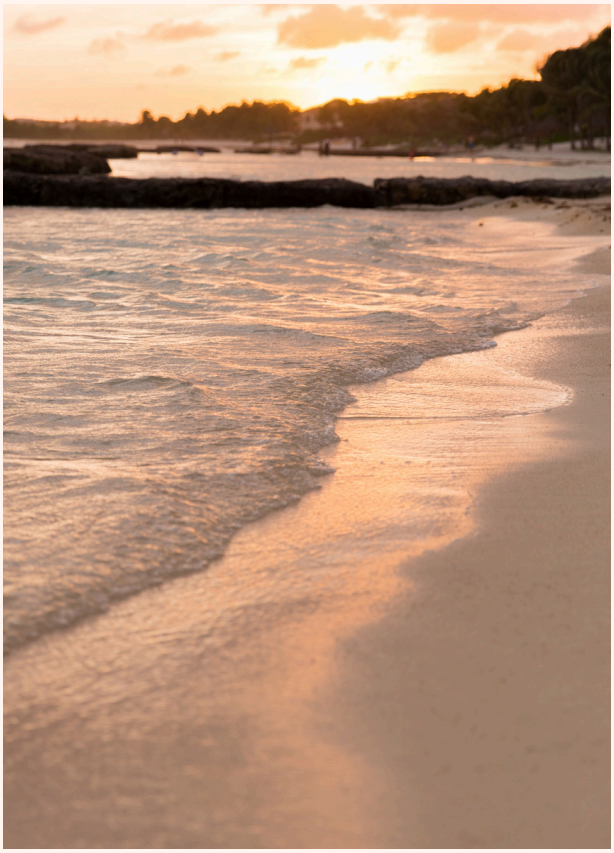
Intervisions

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.



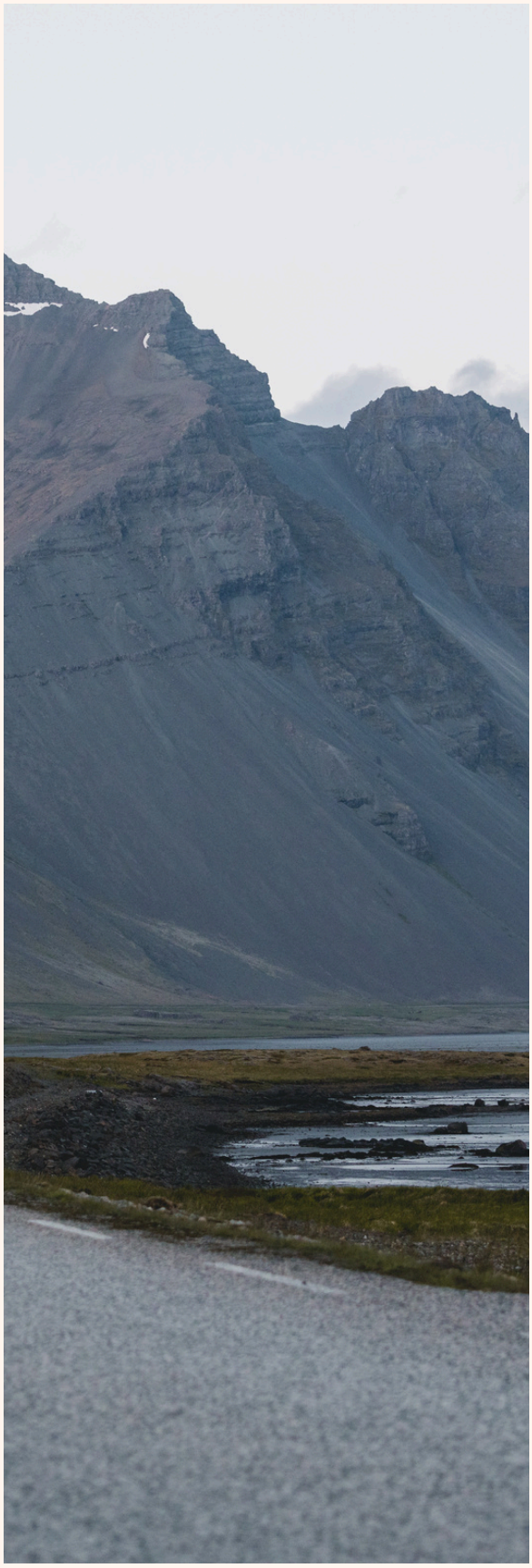
Regarding the methodological framework, the principle of professional confidentiality applies. This means that the situations discussed are anonymized and that the exchanges are not shared outside the group.

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.

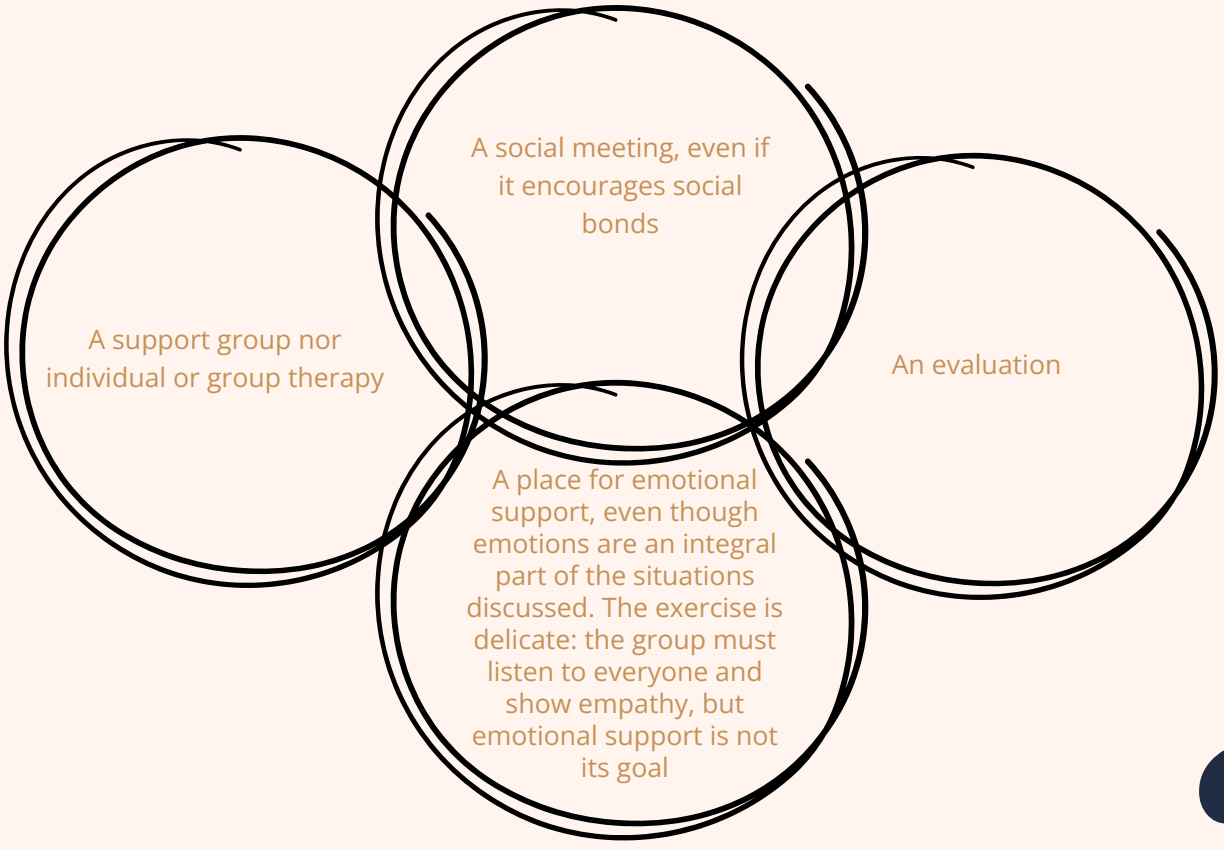
06 Finally, the peer support worker reports back to the group on the key points they are taking away and how they plan to implement them in their work for themselves, the team, and the people they support.

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:



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.

RESULT NUMBER V

VET MH
TUTO 3
Peer Support
PAT - PEER AND TEAM SUPPORT

Development of a MOOC (Massive Open Online Course)

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Partenariats de coopération dans le domaine de l'enseignement et de la formation professionnels.
Projet ERASMUS AC220 - 2021-1-BE01-KA220-VET-000034852

Le partenariat a visé à contribuer à la professionnalisation du travail de soutien par les pairs dans le domaine de la santé mentale en Europe.
Les objectifs du projet étaient les suivants :

- Innover dans la relation soignant-patient en intégrant plus structurellement le soutien par les pairs dans le parcours de soins.
- Stimuler l'emploi des pairs aidants en renforçant leur profil professionnel et leur formation.
- Préparer les équipes professionnelles à accueillir et intégrer les pairs aidants dans leurs pratiques : accompagner l'équipe tout au long du processus d'intégration.
- Encourager l'innovation et l'échange de pratiques sur ces thèmes.

OUTILS

- Un référentiel de compétences pour les pairs aidants.
- Un profil de formation standardisé pour les pairs aidants.
- Des supports de formation pour les (futurs) professionnels de la santé mentale.
- Un cadre méthodologique pour soutenir l'intégration des pairs aidants dans les équipes.
- UN MOOC.
- L'inclusion du groupe cible principal du projet (utilisateurs de services de santé mentale et pairs aidants).

and Linkedin

ERASMUS AC220 - 2021-1-BE01-KA220-VET-000034852

VET MH TUTO 3 Peer Support

PAT - PEER AND TEAM SUPPORT

Co-funded by the European Union