FROM HERE, HEALTH



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PEER SUPPORT

An Introductory or Briefing Document

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IMPORTANT CAVEATS ABOUT THE STATUS OF THIS DOCUMENT

This document is a reduced version of another document. It is intended as an initial briefing only. IT IS NOT TO BE CONSIDERED AS DISPENSING WITH THE REQUIREMENT FOR TRAINING FOR PEER SUPPORTERS AND THEIR SUPERVISION BY MENTAL HEALTH PRACTITIONERS WHEN THEY PRACTICE AS PEER SUPPORTERS.

INTRODUCTION

It provides an orientation to peer support and its defining characteristics. It identifies the defining characteristics of peer support before subsequent sections briefly identify key matters in practising it and training to deliver it.

An important corollary is the necessity for practitioners who offer and receive peer support to recognise the limitations of this approach and what it is not. It is not, for example, a form of counselling or psychotherapy and, quite properly, there are limitations to the confidentiality that one member of staff should offer another. Therefore, the authors include some questions that peer supporters, peers and managers should ask themselves before, during and after their training.

While writing this document, the authors have referred to a number of publications from several countries. They have found particularly helpful the work of Varker and Creamer (2011; 2012) from Australia and that of the Mental Health Commission of Canada (2013-16).

THE CONTEXT

Peer support is one of the interventions that the authors propose within a wider, comprehensive approach to assisting staff to cope with the stress that comes from their work. It includes, but also goes beyond meeting the need of staff to have their voices heard though listening; it is a vehicle by which the needs of particular staff members might be identified, and responses agreed. Furthermore, as readers will see in the next section, peer support focuses on health and recovery rather than illness and disability.

We are releasing this version now in view of the unprecedented circumstances in which healthcare staff find themselves in spring 2020 as they face the COVID-19 pandemic and carry the hopes of the nation for recovery should members of the public become infected.

THE NATURE OF PEER SUPPORT

Peer support describes a supportive relationship between people who have experiences in common.

In the NHS context, peer support describes the work of healthcare practitioners who provide emotional and social support for colleagues who share a common work experience in the same specialty. The commonality may not be in relation to a specific challenge or illness, but rather to the struggle and emotional pain that can accompany feelings (including concern, distress, loss and/or hopelessness) due to their experiences. Peer support recognises that each person is unique in their experiences and their paths towards recovery from distress.

Peer support is rooted in the knowledge that 'hope is the starting point from which a journey of recovery must begin' (MHCC, 2013-16, p28). Peer supporters can inspire hope and demonstrate the possibility of recovery. They are valued for their authenticity because they can relate to the challenge.

Recovery focuses on people regaining quality of life while striving to achieve their full potential (MHCC, 2013-16, p111). Recovery goes beyond reducing 'symptoms' and considers each person's wellness from a holistic point of view that includes their relationships, their involvement within the communities of work and family, their general wellbeing and a sense of empowerment. Peer support focuses on health and recovery rather than illness and disability.

Peer support can be provided in both group and one-to-one relationships, and can take place in community groups, clinical settings, and workplaces. The course that the authors focus on is based on one-to-one support. The person who is seeking support is considered a peer, not only because of challenges they face, but also due to their past or current connections with their clinical setting or workplace. They are not patients, but colleagues.

Regardless of its setting, peer support is considered to have value, either on its own or as a complement to clinical care. Thus, peer support is not a substitute for, or an alternative form of clinical care and it does not set out to offer these therapeutic features. Nonetheless, seeking peer support may be the first step that a person takes towards recovery, or it may be introduced years into a person's journey towards wellness. The specifics of a peer support relationship are unique for each person.

The Values and Value of Peer Support

Connecting with another person who has lived with similar problems, or is perhaps still doing so, can be a vital link for someone struggling with their own situation (Creamer et al, 2012). Peer support can be an effective prevention strategy, can moderate the effects of life-challenging events (Figley and Nash, 2007) and provide a sense of empowerment (Corrigan, 2006; Dumont and Jones, 2002; Sandra et al, 2008). Research also indicates that peer support can help a person to gain control over their symptoms, offer social support and improve quality of life (Ochocka et al, 2006). For other people who may be patients, the information, empowerment and hope that come from someone who has been in their shoes can help a person to better navigate the sometimes-complicated maze of treatments and other forms of assistance.

In other words, this approach espouses a person-centred approach in which the relationship between a peer and a peer supporter is the foundation. This means that:

- The relationship begins with welcoming and engagement
- Services are based on the person's experience and the help they request
- Services work toward quality-of-life goals
- Personal recovery is central from beginning to end
- Peer supporters should track personal progress toward recovery and use methods that promote personal growth and self-responsibility
- Peer support is voluntary; people engage or disengage as they choose
- The relationship may change and grow throughout and continue even after the peer support service ends.

Peer supporters draw from their experiential knowledge - the happenings, emotions, and insights of their experiences - as they listen to and interact with peers who seek their help.

Research shows that this authenticity helps to create a shift in attitude and results in greater feelings of empathy and connectedness with the peer supporter than what normally occurs in ad hoc relationships (Provencher et I, 2012; Chinman et al, 2006; Coatsworth-Puspoky et al, 2006).

A peer who interacts with a peer supporter should feel the empathy and connectedness that comes from similar life experiences, and this interaction should also foster hope. Hope in the possibility of a recovery that includes health, wellbeing, quality of life and resilience.

In summary, there are five core values that are essential to peer support. They are:

- 1. Experience in common: peers share similar backgrounds, experiences, interests, or goals
- 2. Safety: peer support has structures in place to create physical and emotional safety and one of those structures is the supervision that peer supporters should be offered
- 3. Choice and control: peers have choice and control in how they are involved in their peer support
- 4. Human connection: peers develop meaningful connections with one another
- 5. Freedom to be oneself: peers feel able to express themselves and be themselves in peer support.

Varker & Creamer (2011) say that peer supporters should have the conditions that are cited in Table 1.

Table 1: Peer Supporters (based on Varker and Creamer, 2011 and 2012)

Peer Supporters should:	
1	Have clear goals The goals of peer support should be to: Provide an empathic listening ear Identify colleagues who may be at risk to themselves or to others and Facilitate pathways to professional help
2	Have definite roles Peer supporters should: Not limit their activities to high-risk incidents Maintain confidentiality
3	Be selected Peer supporters should be selected to be: • Members of the target population • People who have considerable experience in the field of work • Respected by their peers
4	Be trained
5	Be looked after and have access to support
6	Have their work evaluated

The pragmatic approach recommended by the authors is based on:

- Peers and their supporters exploring peers' social experiences that have contributed to their needs, dilemmas and problems
- Endeavouring to help peers to derive an **understanding or meaning** about their experiences from sharing them with peer supporters
- Assisting peers in need to restore their feelings of control and agency as a result of their encounters

Assisting peer to develop their abilities to cope with adversity in the future.

PEER SUPPORT IN PRACTICE

The Guiding Values and Principles for Peer Supporters

In the context of healthcare practitioners, peer supporters provide emotional and social support for others who share a common work experience.

Values that best define peer support are:

- Promoting a positive outcome through self-determination: having belief that each peer
 wants to achieve a positive outcome and will be able for identify what most suits them
 and their needs.
- Empathic and equal relationships: peer support is offered in the context of a shared work experience.
- Dignity, respect and social inclusion: acknowledging the intrinsic worth of all people, whatever their background, preferences or situation.
- Integrity, authenticity and trust: noting that confidentiality, reliability and ethical behaviour underpin every interaction.
- Health and wellness: acknowledging all aspects of a healthy and full life.
- Lifelong learning and personal growth: acknowledging the value of learning, changing and developing new perspectives for all people.

Principles of Practice

The guiding values underpin the principles of practice. They describe the nature of the relationship and the philosophy of peer support work.

Principles of practice for a peer supporter include:

- Encourage self-determination by working with each peer to co-create and explore options rather than simply providing direction
- Interact in a manner that keeps the focus on the peer rather than themselves and maintains a peer relationship that is open and flexible, making themselves available as necessary to a reasonable extent
- Use appropriate language and interact in a manner that focuses on the peer's requirements
- Share aspects of their experiences in common in a manner that is helpful to the peer, demonstrating understanding
- Practice self-care, monitor their own wellbeing and be aware of their own needs for the sake of their mental health, recognising the need for health, personal growth, and resilience when working as a peer supporter
- Use appropriate communication skills and strategies to assist in the development of a relationship that cultivates trust and openness
- Empower peers to work towards identifying an appropriate time for ending the relationship with the peer supporter
- Respect professional boundaries of all involved when exploring with the peer whether engaging with other professions, for example, occupational health, might be appropriate

- Facilitate connections and refer peers to other resources whenever appropriate
- Know personal limits, especially in relation to dealing with crises, and ask for assistance when appropriate
- Maintain high ethics and personal boundaries and this includes being clear between supporters and each peer about what are those boundaries, the limitations to confidentiality that need to be in place and who else in the organisation is to know about each peer's use of the service
- Participate in continuing education and personal development to learn or enhance skills and strategies that will assist in their peer support work.

The Experiences in Common of Peer Supporters and Peers

It is a fundamental requirement for peer supporters to have work experiences in common with the peers who request their support. The peer support relationship is based on the connection and understanding that comes from having experienced a similar challenge.

The Competencies of Peer Supporters

Peer supporters should be able to demonstrate the following competencies:

1. Interpersonal Relations

Interacts in a manner that aims to build positive, respectful relationships, conveying genuine interest in their peer. Even in a difficult or tense situation strives to maintain a level of respect and consideration for the other.

2. Demeanour

Is sensitive to what each peer might be feeling and demonstrates a capacity for non-judgmental approach. Selectively self-discloses own their experience in a manner that ensures the relationship remains peer focused.

3. Communication

Listens with empathy and without judgement. Uses communication styles and skills to improve understanding and adapts the style and tone of communication to suit the listener and the situation.

4. Critical Thinking

Engages using active listening skills. Considers the possible implications or outcomes of their actions and, when asked, will help peers to explore the outcome or possible consequences of various options. Demonstrates good judgement in respecting the limits and boundaries of their role.

5. Self-Management

Understands the importance of self-care and stress management and models the practices that work best for them to remain healthy while supporting others. Strives to maintain calm and diffuse stressful or challenging situations.

6. Flexibility and Adaptability

Is open to new ideas, deals comfortably with ambiguity, and adjusts plans or behaviours to better suit a given situation. Is willing to be open-minded and compromises when needed.

7. Self-Awareness and Confidence

Interacts in a manner that demonstrates a balance of self-confidence with openness to the thoughts and opinions of others. Self-reflects and understands that personal thoughts and attitudes can influence their behaviour and actions.

8. Initiative and Commitment

Is dependable and carries tasks through to completion. Demonstrates good judgement knowing when insight or assistance should be requested from another and are trustworthy when working independently.

9. Teamwork

Shares knowledge, ideas and resources with team members in a cooperative and collaborative manner. Strives to fulfil their role and responsibility within the team while respecting the roles and responsibilities of the other team members.

10. Continuing Professional Development

Recognises the value of continuous professional development and takes advantage of opportunities to learn and development. Maintains a connection with their supervisor and their peer support network.

Practising Peer Support

The various types or formats of peer support are often described as falling along a spectrum ranging from informal support among acquaintances through to formal peer support within a structured organisational setting. One of the determinants in defining the type of peer support is the degree of preparation, as well as an intention or plan to make oneself available for peer support work.

The range of peer support options begins with informal peer support when acquaintances notice the similarity of their experiences and listen to and support each other. This type of interaction is more focused than a typical friendship may be. At the other end of the spectrum is peer support within a structured setting, in which there may be a programme in which peer supporters make a connection with peers based on similarities in their professional experiences, and offer the opportunity for a supportive, empowering relationship.

Peer support of a formalised nature assumes that peer supporters learn how to ensure that the critical aspects of hopefulness, recovery-orientation, empowerment, non-judgmental acceptance, and trust are promoted within the peer support relationship. Other important components include:

- Knowledge about limits and boundaries for the sake of each person within the relationship
- Understanding the importance of self-awareness and self-care to maintain wellness and resilience, and avoid relapse as much as it is possible to do so
- Understanding how to prepare with the peer for the end of the peer support relationship.

One challenge of this type of more formal peer support is that the relationship may become, or be perceived to be, unequal where the supporter is considered to have an agenda for the other person's recovery or more power in the relationship. Adherence to the guiding values and principles of practice for peer support by peer supporters helps to ensure that an approach based on equality and self-determination is maintained within the relationship.

GUIDELINES FOR TRAINING PEER SUPPORTERS

The formal objectives of training are to share knowledge and to develop skills. In addition, each potential peer supporter should contribute to the learning and skills development by the application and contribution of their shared life and clinical experiences. The training programme for peer supporters that the authors have developed addresses the following themes:

- An introduction to peer support and its fundamental principles
- An introduction to the skills for peer support
- Concepts and methods that enable peer support
- Opportunities to practice methods and techniques.

Peer Support and its Fundamental Principles

The history and principles of peer support

Understanding what peer support is and why it is needed, the principles of psychosocial care and peer support and an introduction to the background knowledge including values and ethics

Supporting peer supporters

Understanding peer support and supervision for peer supporters including being clear about what peer support is not, the limitations of peer support and dealing with difficult situations and where peer supporters can get help

Skills for Peer Support

1. Skills from experiences in common

Being able to approach working with a peer on the basis of work experiences in common is fundamental to peer support.

2. Critical thinking

Critical thinking is an underpinning skill that builds on the ability of the peer supporter to observe, analyse, engage in problem solving and adapt to the needs of the peer. This may include being able to recognise situations that are beyond their and/or the peer's ability to cope and how to respond in an appropriate manner including seeking help from others.

3. Interpersonal communication principles and methods

Interpersonal communication skills are basic to all contacts between people regardless of the mode of communication. Good communication skills foster the key elements of peer support, for example, trust and self-determination, and is an important factor in building effective relationships. Communication skills are an area of expertise that can be developed and improved through training and practice.

4. Teamwork and collaboration

Increasing awareness and developing strategies to assist with, for example, the first meeting, creating an atmosphere of trust, deciding when to share experiences from the peer supporters' clinical lives, preparing for the ending of the relationship, listening techniques.

5. Skills relating to ethics

Peer supporters need to assess and manage personal and role-oriented limitations and boundaries, how to negotiate and respect those boundaries and strategies for identifying when a boundary has been crossed and what the appropriate response might be

Concepts and Methods That Enable Peer Support

Training for peer support describes the following:

- How stress and distress effect healthcare staff and why it is important to understand the differences. What coping looks like and why coping is not always a positive response to stress and distress.
- What mental disorders are likely to arise after emergencies and how to respond to people who may have them.
- Understanding the concepts of emotional labour and psychological safety and how to know use these to apply to the process of peer support.
- Understanding and developing active listening skills.
- Developing an understanding of what is a group and how it differs from a team.
- Understanding what social support looks and feels like and why it is important.
- Understanding personal and what collective psychosocial resilience.
- Knowing how to build supportive relationships.

Opportunities to Practice Methods and Techniques

Fundamental to the training for peer supporters is the need to ensure that there are opportunities to practice methods and techniques in a safe environment.

QUESTIONS FOR SELF-REFLECTION

Peers Who Are Being Supported

- What if the person supporting me keeps notes about our meeting will they be used against me?
- Does my line manager/boss have a right to know what we discuss in our meetings?
- What if I don't want to follow the advice/recommendations that are given to me?
- What if I feel that advice or recommendations that are made to me are dangerous or inappropriate?
- If I apply for a promotion or new job, do I have to declare that I have received peer support?
- How can I ensure that as a result of receiving support, there are no adverse effects on my career?
- If I have received support, can I later become a peer supporter myself?

Peer Supporters

- What if the person I am supporting tells me something that makes me concerned they are an imminent risk to themselves?
- What if the person I am supporting tells me something that makes me concerned about their ability to safely carry out the job, or something that threatens patient safety?
- What if I make recommendations to the person I am supporting, but they do not adopt them?
- What if I feel like the person, I am supporting needs more support than I can offer?
- What if my boss/line manager asks to see details of a peer support meeting I have had with a peer?
- How and what documentation should I keep and to whom am I obliged to make this available?
- How long and where am I obliged (if at all) to keep records of peer support processes that have occurred?
- What if, as a result of providing support, I find I am not achieving my normal work goals (e.g. because of time commitments)?
- What if the person I am supporting asks to meet outside of work time, away from the place of work?

Supervision

- Do I have to have supervision of my work as a peer supporter?
- What authority does my supervisor have over me and my work as a peer supporter?
- Will the contents of the meetings with my supervisor be confidential to me and that person?

Managers

- One of my staff wants to be a peer supporter, but I don't feel they are suitable / are asking for the wrong reasons? What should I do?
- One of my staff, who was receiving peer support, is now subject of a complaint / review, can I access notes from their meeting?
- One of my staff, who was receiving peer support, is now off sick with work-related health problems can I access notes from their meetings?

REFERENCES AND FURTHER READING

Varker T, Creamer M (2011) Development of Guidelines on Peer Support Using the Delphi Methodology. Australian Centre for Posttraumatic Mental Health, University of Melbourne.

Creamer et al. (2012) Guidelines for Peer Support in High-Risk Organizations: An International Consensus Study Using the Delphi Method. Journal of Traumatic Stress, 25:134–141.

Sunderland K, Mishkin W, Peer Leadership Group, Mental Health Commission of Canada (2013) Guidelines for the Practice and Training of Peer Support. Calgary, AB: Mental Health Commission of Canada. Retrieved from: http://www.mentalhealthcommission

Neal A, Kemp V, Williams R (2019) Caring for the Carers. In: Williams R et al (eds) Social Scaffolding: applying the lessons of contemporary social science to health and healthcare. Cambridge University Press.

Williams R, Kemp V (2019) Caring for healthcare practitioners. BJPsych Advances, 1-13 doi: 10.1192/bja.2019.66

British Medical Association (2019) Caring for the Mental Health of the Medical Workforce. BMA.

Maslach C, Leiter M (2016) Understanding the burnout experience: recent research and its implications for psychiatry. World Psychiatry, 15:103–11.

General Medical Council (2018) The State of Medical Education and Practice in the UK. GMC.

General Medical Council (2019) The State of Medical Education and Practice in the UK. GMC.

Stevenson D, Farmer P (2017) Thriving at Work: The Stevenson/Farmer Review of Mental Health and Employers. Department for Work and Pensions and Department of Health and Social Care.

West M, Coia D (2019) Caring for Doctors, Caring for Patients. How to Transform UK Healthcare Environments to Support Doctors and Medical Students to Care for Patients. GMC.

Mental Health Commission of Canada (2009) Toward Recovery and Well-Being, A Framework for a Mental Health Strategy for Canada, MHCC, p. 28. ISBN: 978-0-9913795-0-0.

Mental Health Commission of Canada (2009) Toward Recovery and Well-Being, A Framework for a Mental Health Strategy for Canada, MHCC, p. 111. ISBN: 978-0-9913795-0-0.

Figley CR, Nash WP (2007) Introduction: For those who bear the battle. In C.R. Figley & W.P. Nash (Eds.) +Combat Stress Injury Theory, Research, and Management, pp. 1-10. New York: Routledge Psychosocial Stress Book Series.

Corrigan PW (2006) The impact of consumer- operated services on the empowerment and recovery of people with psychiatric disabilities. Psychiatric Services, 57:1493-1496.

Dumont JM, Jones K (2002). Findings from a consumer/survivor defined alternative to psychiatric hospitalization. Outlook. Pp.4-6.

Resnick SG, Rosenheck RA (2008) Integrating Peer-Provided Services: A Quasi- experimental Study of Recovery Orientation, Confidence, and Empowerment. Psychiatric Services. doi: 10.1176/appi.ps.59.11.1307

Ochocka J, Nelson G, Janzen R, Trainor J (2006) A longitudinal study of mental health consumer/survivor initiatives: Part III – A qualitative study of impacts on new members. Journal of Community Psychology, 34:273-283.

Provencher, Gagné, Legris (2012) l'intégration de pairs aidants dans des équipes de suivi et de soutien dans la communauté: points de vue de divers acteurs. Rapport final de recherche (version sommaire). Université Laval.

Chinman, Young, Hassell, Davidson (2006) Toward the Implementation of Mental Health Consumer Provider Services. The Journal of Behavioral Health Services and Research, 33,2:176-195. doi: 10.1007/s11414-006-9009-3.

Coatsworth-Puspoky R, Forchuk C, Ward Griffin C (2006) Peer support relationships: an unexplored interpersonal process in mental health. Journal of Psychiatric and Mental Health Nursing, 13:490-497.