



Scottish Recovery Network

The role and potential development of peer support services

SRN briefing paper

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Introduction

I've achieved something in the way that I can bring hope to other people by sharing my own experiences.¹

Every day at work is rewarding... I work side by side with others, peer to peer. I offer strength, support, experience, lend a listening ear, but most of all, I get paid to spread hope.²

This paper was developed to coincide with the Scottish Recovery Network's national conference 2005 - Celebrating and Developing Peer Support in Scotland. It is designed to help inform and encourage discussion during and after the conference.

1 Defining peer support

There are many existing examples of peer support work already seen in Scotland both within and out with the mental health field. Peer support exists in many different forms. Some is informal, for example, the type of mutual support many people describe from friends and acquaintances who have had similar experiences to them, while there are other existing examples that are more formal, for example, befriending schemes, self-help groups and collective advocacy projects.

Phyllis Solomon summarises peer support definitions as follows:³

Peer support is social emotional support, frequently coupled with instrumental support, which is mutually offered or provided by persons having a mental health condition to others sharing a similar mental health condition to bring about a desired social or personal change (Gartner & Riessman, 1982). Mead, Hilton, and Curtis (2001) have further elaborated that peer support is "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful" (p. 135). Through the process of offering "support, companionship, empathy, sharing, and assistance," "feelings of loneliness, rejection, discrimination, and frustration" frequently encountered by persons who have a severe psychiatric disorder are countered (Stroul, 1993; p. 53). Peer support may be either financially compensated or voluntary. A peer in this context is an individual with severe mental illness who is or was receiving mental health services and who self-identifies as such (Solomon & Draine, 2001).

This makes the point that peer support can be provided on a voluntary or paid basis and it is this distinction which marks out some of the newer peer support services in the US from much of the existing peer support work currently seen in Scotland.

This paper will concentrate on a developing model of peer support where peer workers are employed and trained as peer workers specifically because of their own lived experience of recovery. Solomon describes these services as *Peer Employee* services. Peer employee services are not necessarily wholly user operated or managed.

Arizona-based META Services follow this model and describe the key elements as follows:⁴

1. Mutuality: Giving and receiving help and support with respect based on a shared experience.
2. Empathy: Understanding through the personal experience of having "been there".
3. Engagement: Sharing personal recovery experiences. "If she/he can do it, so can I."
4. Wellness: Focusing on each person's strengths and wellness.
5. Friendship: Promoting recovery through relationship and friendship.

SRN believe that the potential development of similar, recovery-oriented, peer support services and the wider use of peer specialist employees could, and should, offer a valuable addition to the existing range of mental health services in Scotland. We also believe that this approach would fit well within the current policy context.

The recently published *Kerr Report* on the future of the NHS in Scotland made a number of recommendations for the future of the NHS. These included a greater emphasis on using the skills of the 'expert patient', promoting 'self management' and a greater concentration on long-term conditions. A peer support approach could help realise these ambitions.⁵

2 Peer support, recovery and possible benefits

This model of formalised peer support neatly fits a recovery ethos and approach, as developed internationally over the last twenty years⁶, in the following ways:

1. They value the lived experience of recovery, powerfully demonstrating the principle that having experienced mental health problems need not necessarily be entirely negative.
2. They offer a chance for people with experience of mental health problems to contribute or 'give back', commonly identified as being helpful in promoting recovery.
3. They offer much needed training and employment opportunities for people who have experienced mental health problems.
4. They offer a supportive and well managed work environment for peer support workers and clients - both may have fluctuating levels of health and particular support needs.
5. They work around recovery planning methods using tools specifically designed to promote the recovery experience, for example, Wellness Recovery Action Planning (WRAP)⁷ or the Strengths Model⁸.
6. They emphasise learning – both in their emphasis on training and self management skills.
7. Clients who opt to use one of these services should be prepared to actively engage in a recovery planning process.
8. Because many are newly developed projects they are based from the outset around the principles and values which have been described in the international literature as being helpful towards promoting recovery.
9. Through their very nature they provide a level of empathetic and therapeutic relationship between peer worker and client not always possible between peer and professional.
10. They can promote engagement with people who have shunned professionally led services. Complementing existing services with peer support could also offer new options to people who currently fall out with the remit of secondary mental health services.

3 Evidence for peer support approaches

*The rationale for a more consumer-centric approach to managed care derives from a clinical prediction that services provided in this manner will lead to improved outcomes.*⁹

The research base for peer support (and specifically peer employee approaches) is in its infancy. However, it can be concluded from available studies that these services are as effective, or more effective, than non-peer provided services. There is also evidence that where peer worker specialists are added to existing mental health teams the outcomes for service users are enhanced.¹⁰

One of the measures most commonly used in evaluating peer support services is reduced hospitalisation. Consistently positive results on this measure clearly imply a cost saving as hospitalisation is the most expensive means of providing mental health services.¹¹

Clearly if peer support services are to be further developed it is of paramount importance that a culture of evaluation and learning be integrated from the outset.

References and web links

- ¹ Quote from SRN Narrative Research Project participant
- ² Peer support worker quoted in Ashcroft, L and Anthony, W. 2005 (April). A Story of Transformation, Behavioral Healthcare Tomorrow
- ³ Solomon, P. 2004. Peer Support/Peer Provided Services Underlying Processes, Benefits and Critical Ingredients, Psychiatric Rehabilitation Journal
- ⁴ From META Services presentation. 2005
- ⁵ Building a Health Service Fit for the Future (The Kerr Report) and the Scottish Executive's response, Delivering for Health are available at: <http://www.scotland.gov.uk/Publications>
- ⁶ Bradstreet, S. 2004. Elements of Recovery: International learning and the Scottish context., SRN Discussion Paper Series. Report No.1. Scottish Recovery Network.
- ⁷ For more information on the Wellness Recovery Action Planning (WRAP) tool developed by Mary Ellen Copeland see <http://www.mentalhealthrecovery.com>
- ⁸ Rapp, C. 1998. The Strengths Model. Oxford University Press
- ⁹ Sabin, J and Daniels, N. 2003. Strengthening the Consumer Voice in Managed Care: VII. The Georgia Peer Specialist Service. Psychiatric Services
- ¹⁰ Solomon, P. 2004. Peer Support/Peer Provided Services Underlying Processes, Benefits and Critical Ingredients, Psychiatric Rehabilitation Journal. See also On Our Own Together: Peer Programs for People with Mental Illness, Edited Clay, S. Vanderbilt, 2005
- ¹¹ Solomon, P. 2004. Peer Support/Peer Provided Services Underlying Processes, Benefits and Critical Ingredients, Psychiatric Rehabilitation Journal

Scottish Recovery Network: <http://www.scottishrecovery.net>

National Programme for Improving Mental Health and Well-being:
<http://www.wellontheweb.org>

META Services Arizona: <http://www.metaservices.com>

Georgia Certified Peer Specialist Project: <http://www.gacps.org>

Center for Psychiatric Rehabilitation: <http://www.bu.edu/cpr>

Peer to Peer Resource Centre: <http://www.peersupport.org>

Shery Mead Consulting: <http://www.mentalhealthpeers.com>