

Peer support: Big Debate

Notes of the questions and conversations



Alison Faulkner, Angela Newton, Clare Ockwell, Steve Gilbert

peerfest 14

What is a 'Peer'?

Generally, being a peer involves sharing an experience of using mental health services or having mental health problems - sharing an aspect of your identity.

We would all have specific definitions as we are all different.

I was at an agricultural show, where there weren't many black people. I met someone there who took the same medication as me - peer support is about connections like that.

Peers can be in other settings. The term needs to be used with caution as it can mean lots of other things.

Is it necessary to use the “peer” tag?

The most important thing is what happens within the group, not the term.

It's about people 'connecting'!

We can take ownership, use it for our advantage!

I'm not sure it is - for many communities and groups it doesn't mean anything.

How can we make it respected as a recovery tool?

It is a recovery tool! But commissioners sometimes see it as a cheap option. We are professionalising what we've been doing for each other for a long time. We need to keep the values base and stay as peers.

Professionalisation makes it part of the mental health system and undervalues it.

How can we ensure it isn't a token gesture by organisations?

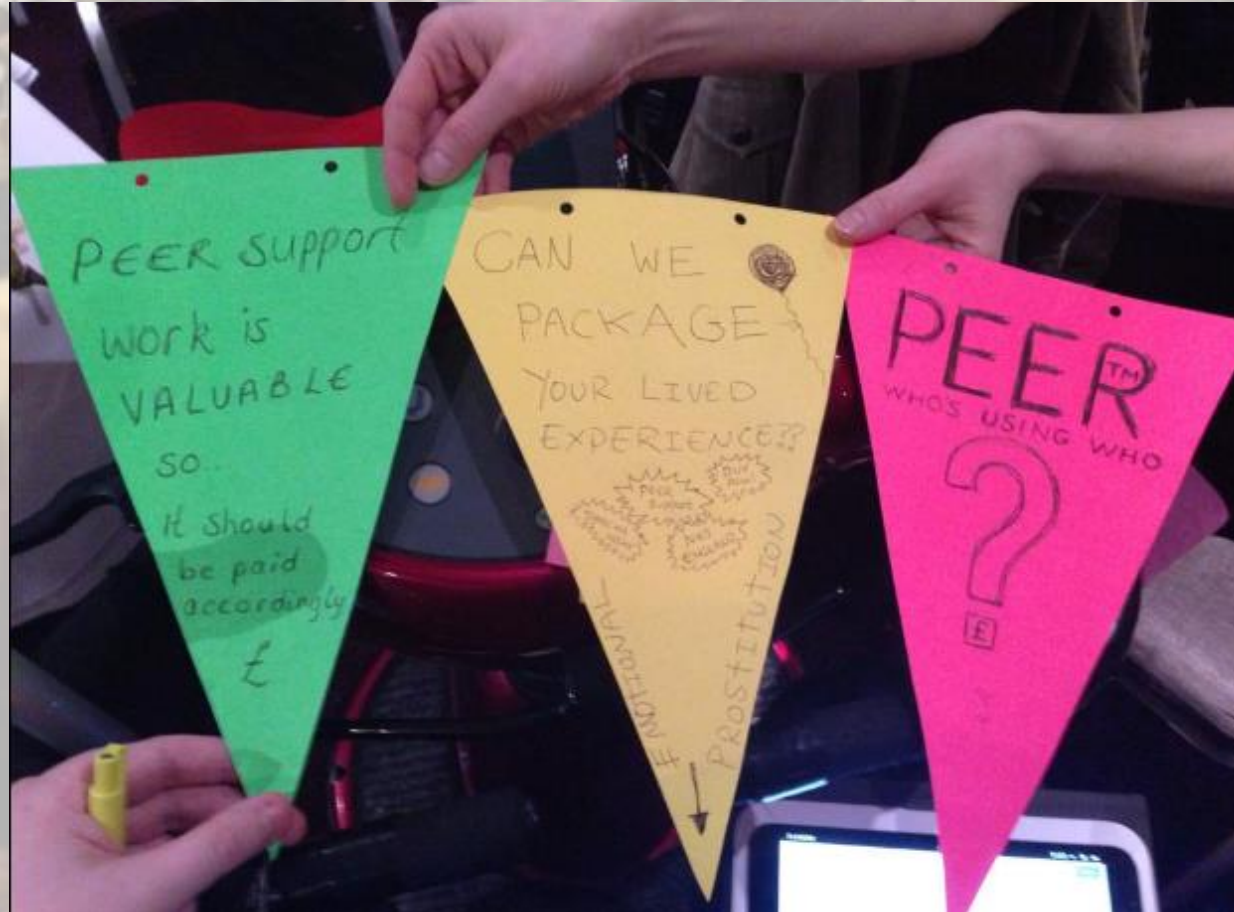
I'm not sure we can. We're here today to hold onto peer support as our own. Employing service users as low cost mental health assistants is a worrying development. We need to make ourselves stronger as organisations.

We need to make sure that people with Lived Experience are directing and running Peer Support. It is hard to formalise it but keep it grounded.

We're on the frontline of a battle to hold onto our values.

Setting up a Peer Support group can be done through partnering with an organisation like Mind or setting it up yourself. We need to keep it in the community and not let the NHS in.

Conversations



In the system or out?

- People who have Lived Experience and go into the mental health field become part of the system and have to battle against it. They feel oppressed and discriminated against. They want to stay true to what Peer Support is about but they also have to earn a living. It's about connecting with other peers - there is a gap for people who are mental health professionals.
- I'm employed because of my Lived Experience. We've done work on Peer Support. I've found it's developed connections within organisations between people.
- Capital provides inpatient Peer Support. We've worked with the NHS, but maintained our independence. Peers are a bridge - they build partnerships.

Who represents us?

- Many feel people speak too much on our behalf. People on the table at the front are getting too much authority within the room. This is representative of the system. Empowerment doesn't come from organisations working on our behalf.
- The project that I am involved in is a Time to Change Project. I wouldn't be here at the front of the room if it wasn't for that project. The Peer Support group is led by us. I've been listened to and valued. The money has to come from somewhere.

Value of peer support

- I'm concerned that Peer Support workers are being used by services as cheap. The values, ethos and ethics could be dissolved by the NHS - this is happening in Wales. We should maybe have a universal declaration of peer support?
- Peer support is young in England. In the US Peer Support is formalised and you have to have a qualification. A charter could be of value.
- Peer 2 Peer is a national network which enshrines the values of peer support. We'd like to make a charter that doesn't exclude organisations. We have to get it right!
- It is an issue of holding onto values. How much Peer Support workers are paid is a massive issue. They are filling in for staff who would be paid more, which is very worrying.
- I have a sense that peer support workers are being used. Co-counselling addresses a lot of these issues. In co-counselling we are all equal. It is open to everyone. You don't have to be ill to get better. Lots of behaviour among people with mental health problems is normal for people who don't have mental health issues.

No labels?

- Should Peer Support be available for anyone even if they don't have a diagnosis?
- I understand the reason for the question. However there is also something about common experience. Multiple approaches are needed. I'm excited to develop Peer Support in the community. We can circumvent the NHS. Could put adverts in the newsagents - there are other ways. Even if someone isn't diagnosed they could go along.
- I'm tired of hearing about Peer Support as separate from the community. Mental health needs to be normalised. I'm sick of the label - are you a service user or not? In my group there are service users and others - they are just people.
- It shouldn't really be one in four. It should be one in one. We all have mental health. Things like bereavement affect everyone.

Professionalisation

- How much should we pay peer support workers?
- The same as a frontline support worker - or don't pay them, but then the peer support worker wouldn't be equal. I'm on the fence.
- In Germany we try to make it a profession. A peer support research paper has concluded that peer support is about unidirectional support from someone who is further on in recovery - that is what a paid peer support role is.
- It's good to work with hospitals but remain an independent organisation. A survey was done of workers within Leeds NHS. 42% would not declare it if they were struggling with their mental health. Peer Support workers are a cheaper option. Their job descriptions are the same as healthcare workers. I work with people with Lived Experience. We need to make it safe for staff to declare rather than pay a pittance to Peer Support workers.
- We should have a basic income for everyone and then Peer Support workers could use their energy as they wanted.
- The only normal people are the ones we don't know well. IAPT's approach is "least intervention first time) - this is concerning. We need to get the social movement going - staying independent and not applying for funding. Then no one else would be able to hijack peer support. Our recovery movement has been hijacked.

Inclusion

- We need to open peer support up to the community. It is easier to go to a Peer Support group than to your GP.
- ‘300 Voices’ is a project which is aimed at African and Caribbean men between the ages of 18 and 25. Women who worked for the trust have been present at meetings and the dynamic was great. It should be aimed at African and Caribbean males, but include others.
- There aren’t many men, ethnic minorities, young people. When I came out of hospital there was nothing for me. We need to diversify our groups. Peer Support groups can be friendship groups.
- We need to be non-exclusive.

Evidence...the future?

- Peer Support workers have a role in research and we should also work with people with power. Peer support workers can shift culture on wards. We need to work with the system to get close to people who need it.
- I take in things we think are useful. We don't have to use all of the research. We're thinking for ourselves - not having to use papers or documents. We don't have to sign up to someone else's agenda.
- Survivor led research is close to my heart. However it is hard to get funding. NSUN involves survivors in research.
- Peer Support is not about keeping people out of hospital, but we need an evidence base to be able to get funding.
- We should have a basic income for everyone and then Peer Support workers could use their energy as they wanted
- I'm going to play devil's advocate. I'm a fan of peer support, but as a service user we're excluded a lot and we need to access peer support without it being something else to exclude us. Recovery should be a process. We use services, then they discharge you. I don't want to work in mental health and be pushed out of society because there's a job in mental health.

What is the future for Peer Support?

I know a lady who had never met anyone with the same experience after 30 years. It should be your right to get support.

Improved accessibility.

Build on our strengths, networking, connections of shared experience.

It's up to us - and the sky's the limit!