



**Delivering for Mental Health  
Mental Health Peer Support Worker February 2007  
Conference – Outcomes  
March 2007**

“We will have in place a training programme for peer support workers by 2008 with peer support workers being employed in three board areas later that year.”

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## Introduction

**“ We will have in place a training programme for peer support workers by 2008 with peer support workers being employed in three board areas later that year “**

*Delivering for Mental Health (2006) Commitment 2*

This paper records the issues raised in discussion at the national conference held in Edinburgh on 8 February 2007 to consider and advance the development of the Peer Support Worker (PSW) role in Scotland.

Over 130 delegates attended from across Scotland from a range of backgrounds including service users and carers, as well as clinicians, managers and policy makers. Almost all NHS Board and Local Authority areas were represented.

A significant part of the day focused on hearing from those who have had a role in developing this work to date, and also from those who have undertaken the training programme run in December 2006. Thanks go again to the graduates of this programme who helped facilitate the discussion groups to such good effect.

The day was designed to be interactive and did indeed allow all delegates the opportunity to ask questions and to provide informed views on how best to take this commitment forward in Scotland.

It was agreed to use the information from the conference to inform thinking about 'next steps' which will involve developing a training programme and piloting the Peer Support Worker role. There will of course be wider engagement with Commissioners and Directors in NHS Boards and Local Authorities as we move forward with this important *Delivering for Mental Health* commitment for change and improvement.

Two issues were discussed:

- A. The opportunities of the peer support worker role and possible barriers, (to it being successful or reaching its potential)
- B. What should a training course for Scotland look like? What do we need from a training course and how should it be structured?

## **The opportunities of the peer support worker role, possible barriers, (to it being successful or reaching its potential)**

### **1. Positives**

The Mental Health Peer Support Worker initiative offers a cost effective approach to build the skills pool for employers; while also addressing misconceptions and helping to establish joint working collaborations to bring about attitude changes in staff and services. The initiative also offers opportunities for participants and patients to take responsibility for, and positive advantage of, their own experiences to build their resilience and self esteem.

Participants will be in a key position key to help promote and implement change from within key organisations in the move to improve service design; care responses and to ensuring recovery is embedded in day to day practice.

The employment advantages for people recovered/recovering are obvious and participation can open doors to other career opportunities in addition to help with personal development. There is also a sound educational component for staff and patients.

There is also the opportunity for participants to help inform professional thinking by asking the challenging questions within a joint working team forum. The Worker has the opportunity to offer insights into the user's holistic experience of services, transitions and the full journey from prevention to recovery.

There will be opportunities to help establish and maintain new ways of working around encouraging patient involvement through learning links and networking with other organisations. On a more personal level the participants will have the potential to engage better than most with those that are the hardest to engage – may make that informed peer connection.

## 2. Barriers

*This section summarises the potential challenges identified by delegates. There is some overlap with issues identified by delegates as positives, indicating a desire to resolve not stall progress.*

Clarification will be needed on whether there are any locations or teams in which it is considered impractical for a Peer Support Worker to be located. Would any impracticality be insurmountable? It is important the Peer Support Worker, wherever possible, is integrated in a team to engender ongoing contact, information sharing, and support. Resistance from staff and service users will need addressed through a structured approach underlining the benefits and added value of the Peer Support Worker role.

For those integrated with services and teams there may be working hour/day tensions to be resolved. Organisationally there may be a need for long lead in times to build up the necessary relationships within the teams and to build the confidence of the Peer Support Worker.

Training is important for all staff and Peer Support Worker needs must be integrated, as a priority, within the services' training strategy, both for their own training and wider team awareness needs. Training should also be designed to help create a supportive environment and to avoid tokenism. Ongoing support must be built into training and employment approaches.

Support will be needed for existing staff and the Peer Support Worker to help develop an enhanced focus on involving service users in discussions about recovery

There is a need to have strategy to address staff, patient and public cynicism on the benefits and added value of the role. This may necessarily involve gathering measurable evidence of success. Negative staff attitudes will need to be challenged based around proving the role for the Peer Support Worker in providing informed insights to recovery.

Important to take advantage of the momentum this initiative currently has attracted and proceed quickly to implementation.

Will funding be the ultimate barrier to progress? Will the Peer Support Worker initiative be competing for mainstream funding? Is there potential for the initiative to be funded by partnership working between NHS and non statutory body.

There will need to absolute clarity or the expectations made of a Peer Support Worker including the link to and with advocacy. Need to plan to avoid friction where others are worried that Peer Support Worker may be taking over their role. Peer Support "specialists".

Will Peer Support Workers need knowledge and experience of illness treatment, medication etc or is the aim to avoid professionalizing the PSWs?

**B. What should a training course for Scotland look like?  
What do we need from a training Course?  
How should it be structured?**

**1. Content/approach**

*This section looks at who should be involved in designing the course, how it should be delivered, and what it should contain.*

Early input to the content, design and delivery of the training should be invited from those with experience of mental illness so that experience is validated in a way that is constructive for others. Early involvement should also be invited from diverse communities and inequalities groups so that issues of spirituality, diversity, equality and boundary management are covered appropriately.

With time, the course content, design and delivery should adapt with experience and be informed by graduates.

The course should be delivered locally in all parts of Scotland. Questions arise as to whether it would be best designed around a 2 week block course to avoid loss of momentum, or if it should be delivered over a number of weeks, or running over weekends or otherwise, to meet the needs of family, work and other life commitments. This may require a modular course with people coming together, spread over time. There may also be a role for distance learning.

The content, design and delivery should all fit with peer support workers (PSWs) being integral to organisations' set up and approach to care with the importance of modelling recovery as a distinct discipline. It will need to be agreed at the outset whether the training will be designed for delivery in advance of PSWs taking up post, i.e. whether best recruited then trained, or trained and then recruited (see *Local organisation consideration*).

To be fit for purpose, the training needs to be purpose-designed and informed by a clear, concise job description for PSWs and a clear understanding of the desired outcomes for graduates and services. The training should be comprehensive and cover all aspects of mental ill health and be geared towards the needs of service users and future colleagues with joint sessions wherever appropriate. Training will need to address the different needs within the spectrum of provision from primary, acute, and tertiary care. The course will need to relate to a clearly defined role based on available evidence and best practice and should allow participants to develop their own recovery skills.

The content should include attention on capacity building for the PSWs particularly in engagement with new colleagues, professionals and others; on integration within teams and integration within large health and social care organisations. In terms of course approaches there may be a place for role-play and experimental learning that places a focus on skills, rather than on academic qualifications.

The course should also emphasise an ongoing dimension for the participants (particularly on peer support development) and should have built in evaluation mechanisms. The peer support development content could also cover or lead to training graduates to train others. After the course is complete, a peer support network should be set up and possibly the training could be franchised (i.e. 'train the trainer').

Candidates may need to go through Disclosure Scotland process prior to training due to the potential for working with vulnerable adults.

## **2. Local organisation consideration**

*This section looks at what the local organisations will need to consider when setting up a peer support worker post and training, including setting guidance, and who they should target from the local area.*

Local organisations should commit to funding PSW posts and training as part of their commitment to recovery services and the overall culture of change. Consideration should be given by the local organisations as to whether the PSW training should be made compulsory for PSWs and the staff with whom they will be working. It will need agreed at the outset whether the training is to be designed for delivery in advance of PSWs taking up post, i.e. whether best recruited, then trained, or trained and then recruited.

Attention is needed on how best to integrate the training and objectives with the knowledge & skills framework of the parent organisations. Organisations will also wish to consider, and later review, whether the training component is best carried out by an independent body or in partnership.

Organisations will need to determine, agree and publish Codes of Practice and accountability on peer support, the associated training, required participation and ongoing commitment. This may include consideration on how far along the 'road to wellness' PSWs should be.

Consideration should be given to recruiting from those in relevant employment as well as those who are unemployed and seeking employment and of those seeking to work as informal peer supporters.

Organisations will need to be aware of the potential that attention to PSW issues and recruitment may leave other workers feeling undervalued and with this in mind clarity will be needed on the differences and different expectations between peer support specialists and other support workers.

### **3. Courses/models/qualifications**

*Various approaches, accreditation and qualification models were offered for consideration, including:*

- META (American course that Penumbra peer support training is based around);
- Accreditation linked to Scottish Qualifications Authority (SQA), NHS Education Scotland (NES) and the Scottish Social Services Council (SSSC), (minimum of SVQ3) ;
- Peer support workers 2 week course + life experience ;
- Wellness Recovery Action Plan (WRAP);
- Scottish Mental Health First Aid (SMHFA);and
- NSV distance learning.

**Mental Health Peer Support Worker Conference  
Thursday 8 February 2007**

**ANNEX A**

9.30 am–10.00 am	REGISTRATION
10.00 am	INTRODUCTION AND CHAIR FOR THE MORNING <i>Dr Debbie Mountain, Consultant Psychiatrist, Royal Edinburgh Hospital</i>
10.15 am	SETTING THE CONTEXT – DELIVERING FOR MENTAL HEALTH <i>Alex McMahon, Head, Mental Health Delivery and Services Unit/Mental Health Nurse Advisor</i>
10.30 am	WHAT IS A PEER SUPPORT WORKER AND WHY DO WE NEED THEM IN SCOTLAND?" <i>Simon Bradstreet, Director, Scottish Recovery Network and Pippa Coutts, Programme Change Lead, The Scottish Development Centre for Mental Health</i>
11.00 am	SHARING YOUR STORY TO PROMOTE RECOVERY <i>Rona McBrierty</i>
11.15 am	TEA/COFFEE
11.45 am	RUNNING A COURSE IN SCOTLAND? LESSONS LEARNED <i>Nigel Henderson with Sam Anderson and Laurence Wilson Graduates from the 2006 Peer Support Worker Course</i>
12.15 pm	ROUND TABLE DISCUSSIONS (1)– <i>hosted by a Peer Support Worker Graduate</i> What should a training course for Scotland look like? What do we need from a training course, how should it be structured?
1.00 pm	LUNCH
	<b>CHAIR FOR THE AFTERNOON – GEOFF HUGGINS, HEAD OF MENTAL HEALTH DIVISION, SCOTTISH EXECUTIVE HEALTH DEPARTMENT</b>
2.00 pm	WHAT WOULD AN EMPLOYER LOOK TO GAIN FROM EMPLOYING A PEER SUPPORT WORKER? <i>Linda Irvine, NHS Lothian and Cameron Stark, NHS Highland,</i>
2.45 pm	ROUND TABLE DISCUSSIONS (2) – <i>hosted by Peer Support Worker Graduate/Service User</i> The opportunities of the role, and possible barriers (to it being successful, or reaching its potential)
3.30 pm	NEXT STEPS <b>Geoff Huggins/Alex McMahon</b>
4.00 pm	CLOSE

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