

# Need Analysis Report

## PEER TO PEER Project: A Route To Recovery Of People With Mental Illness Through Peer Support Training And Employment.

### 1. Brief description of the project and the consortium.

#### 1.1. Mission Statement

Peer2Peer will train individuals with personal experiences of mental health difficulties to become employable as Personal Assistants to those currently living with mental health problems. Our mission is to enable both the Personal Assistant and the individual availing of the peer support process, to progress positively in their individual stages of the recovery process. This progress is achieved through a sharing of lived experiences, trust and hope.

*"Peer support is a system of giving and receiving help founded on the key principles of respect, shared responsibility, and a mutual agreement of what is helpful." - Mead et al. (2001)*

#### 1.2. Aims and objectives

Training

To provide high quality peer support training and experience for people with mental illness.

To empower people with mental illness with the skills and confidence to gain access to employment.

## Support

To encourage people with mental illness to support one another and view their experiences as a resource for recovery.

To facilitate a structured support system for people with mental illness.

## Recovery

To support individuals as they progress further along their path to recovery.

To encourage recognition and awareness of the importance of peer support in the recovery process.

## Innovation

To transfer and share skills amongst partner organisations to create an innovative approach to mental health policy and recovery.

To produce training materials that facilitates the implementation of the peer support model across Europe.

### **1.3. Conceptualizing Peer2Peer**

What is Peer2Peer?

Peer2Peer is a vocational training course. It enables individuals who have experienced mental health problems to become personal assistants to those who are currently living with similar difficulties. Peer2Peer approaches support and training for people with mental health problems with a focus on their recovery.

Peer2Peer is a unique project which affords us all an opportunity to influence, on a social, political and policy-making level, how we approach recovery for people with mental health issues

Why is Peer2Peer necessary?

Individuals with mental illness are 3-5 times more likely to be unemployed than other Europeans. People with mental illness are often willing and able to work. This group

frequently faces obstacles that other members of society do not, particularly in relation to employment. These individuals have much to contribute to society and Peer2Peer recognises the importance of improving access for people with mental illness to employment and training. We are actively working to facilitate the entry or re-entry of people with mental illness to the labour force using vocational learning methods.

How does Peer2Peer work?

Peer support working involves developing mutually beneficial relationships between individuals who can share their lived experiences in a manner that inspires hope for and belief in, the recovery process. Peer support workers can be powerful role models for support users. They are examples of recovery as a realistic process for those who may feel that the path to recovery is very steep.

Peer2Peer also provides a positive and safe space for trainees to grow into the role of a Personal Assistant. The vocational training, with specific focus on experiential education, provides a practical learning environment as the trainees progress towards working as a professional support worker.

#### **1.4. Who's Involved**

There are eight partner organisations from six European countries involved in Peer2Peer.

Peer2Peer as a project has emerged because of the innovative and collaborative approach being taken by eight organisations from across Europe who are working together to make Peer2Peer a reality. The organisations or partners involved in Peer2Peer have taken a cross disciplinary and skills sharing approach in order to achieve tangible and lasting results. Each organisation has specific skills and experiences to offer the project. Areas of expertise involve experience in working with recovery processes, mental health, job training, and vocational and group therapy.

## 1) Fundación INTRAS

INTRAS is a non-profit organisation founded in 1994 dedicated to high quality research and intervention in the mental health field. The organisation nowadays consists of 8 centres in 3 different provinces in Spain with more than 90 psychiatrists, psychologists and professionals from social and economic fields carrying out research, training and clinical practice.

The development of its services is based on a recovery approach. This approach empowers our users to live a self-determined and confident life that enables them to reach their potential. INTRAS provides them with vocational training programmes that aim to assist the users in finding employment in a suitable field.

Years of professional work in the field of European projects and in the development of innovative activities and training tools for employment rehabilitation has resulted in INTRAS having solid experience and excellent referential background both nationally and internationally. Since 2011, INTRAS holds a European Excellency Seal +400 (given by European Foundation for Quality Management).

### *Role in the project*

INTRAS will be responsible for managing and ensuring overall coordination of the project. INTRAS will perform pilot vocational training and coordinate PR strategy and communication to ensure wide dissemination both at national and EU level.

## 2) Escuela Andaluza de Salud Pública

EASP's mission is to co-ordinate and establish the basic structures required for the training and specialisation of professionals and organisations in the field of Public Health & Healthcare Administration. This is to be achieved by encouraging debate, promoting teaching, conducting assessment and research activities, and advancing co-operation and exchange in scientific and technical areas on a national and international scale.

EASP drives training towards change and innovation. Indeed, this is the only Public Health School in Europe that combine in-house training and research potentials with

a firm commitment to transforming organisations through know-how transfer on an international scale, largely through projects coordinated by the International Co-operation Division.

EASP has a wide experience on teaching, research and consultancy in the topics mental illness stigma, the recovery approach, discrimination and participation in health issues by people with severe mental illness.

### *Role in the project*

EASP will lead the adaptation of the PDA in Mental Health Peer Support and will participate at the video-therapy methodology adaptation. It will perform pilot testing of the peer support training in Spain (Andalucía).

### 3) Scottish Recovery Network

SRN was formally launched in 2004 as an initiative designed to raise awareness of recovery from mental health problems. SRN developed out of a loose affiliation of individuals and organisations with a common interest in recovery, and has been designed to share information and ideas as quickly as possible.

We operate as an autonomous and independent entity hosted by the voluntary sector organisation Penumbra which is a Scottish charity and company limited by guarantee.

SRN has four overall goals: (1) Raise awareness of recovery; (2) Encourage empowerment; (3) Develop the evidence base; (4) Influence policy and practice.

Specific experience in relation to this project includes leading the introduction of the Peer Support Worker role to the Scottish mental health service sector. This has included the development of the nationally validated training award (PDA Mental Health Peer Support), research management and the production of a range of associated support materials.

### *Role in the project*

SRN will transfer to the consortium the Professional Development Award (PAD) in Mental Health Peer Support and the associated learning and teaching pack. Besides, SRN will lead the production of final didactic products.

#### 4) Mental Health Centre "Prof. N. Shipkovenski"

MHC "Prof. N. Shipkovenski" Ltd is a hospital for the district Sofia, under the authorization of medical activity, issued by the Minister of Health which carries out diagnostic, treatment and social rehabilitation activities in the field of mental disorders and mental health. It performs specialized support on the issues of youth, gerontological, forensic psychiatric and narcological psychiatry. There are psychotherapeutic, psychosocial, and psychological and EEG studies.

Mental Health Center provides night and day emergency psychiatric care for the capital (40 bed space). Modern equipment and skilled specialists are the guarantee of service to patients as required for good medical practice.

MHC works jointly with Bulgarian Society for Psychodrama and Group Therapy as well as with Psychodrama Center Orpheus (Institute of Psychotherapy created and managed by MD Galabina Tarashoeva, also manager of MHC) to train psychologists/therapists belonging to MHC on psychodrama techniques.

### *Role in the project*

MHC will lead the adaptation of the psychodrama – video therapy methodology and will contribute to the Professional Development Award PDA in Mental Health Peer Support. It will perform pilot testing of the peer support training in Bulgaria.

#### 5) Pro mente Oberösterreich

For 45 years now, pro mente Upper Austria, Society for mental and social health, has provided counseling and care for persons suffering from mental health problems, with a staff of almost 1,350 professional employees and 260 volunteers.

It runs roughly 150 facilities providing assistance in the province of Upper Austria. pro mente Upper Austria activities include counseling both for persons with mental health and social problems and also for their relatives.

Vocational training being one of its main areas of work, various training and counseling centers prepare clients for reemployment after a disease or crisis. In addition a number of different centers in Upper Austria provide assistance with regard to housing, work and spare time as well as addiction. Here a central aim is to facilitate the integration into local communities of persons with mental problems.

With regards the project proposed, pro mente run a specific peer training and have also hired peer workers in their staff.

#### *Role in the project*

pro mente will contribute to the adaptation of Professional Development Award (PDA) in Mental Health Peer Support and video-therapy methodology. It will perform a pilot vocational training in Austria, ensuring optimal combination between the two innovation transfers.

#### 6) Stichting Gek op Werk

GOW is a non-profit foundation which provides a program of e-coaching combined with face to face coaching for people with a psychiatric background that are in search of competitive jobs.

Gek op Werk works in cooperation with other Dutch organizations, such as private companies, different Patient organizations, social security services and employers from all sectors, in order to increase equal opportunities for people from the target group to find a job that is according to their personal preferences and capabilities.

Gek Op Werk is unique in its approach because of the following two points:

- GOW specializes on the Job Reintegration of people who have or have had psychic or psychiatric problems;
- GOW uses experience-skilled people as job coaches (peer-to-peer coaching).

Gek Op Werk has good knowledge and vast experience with the methods and good practices in the working field as well as a relatively high success rate in placing people from the target group.

#### *Role in the project*

GOW will contribute to the adaptation of Professional Development Award (PDA) in Mental Health Peer Support and video-therapy methodology. It will perform a pilot vocational training in the Netherlands and it will coordinate the exploitation phase, ensuring the sustainability of the project outcomes within the project partners institutions and beyond.

#### 7) Liga Romana pentru Sanatate Mintala

The Romanian League of Mental Health has as main mission to become the most powerful membership based organization influencing government policy and promoting alternatives in mental health area in Romania. It is an inter-professional, non-governmental organization funded in 1990, acting in the mental health area, open to all the persons or groups interested in this area.

Its main activities are the following:

- Promoting accessibility of training programs for people with disabilities
- Promoting employment among people with disabilities
- Training in advocacy for the NGOs working with the persons with disabilities
- Training in advocacy for people with disabilities
- Promoting Health Education within the Romanian Schools

#### *Role in the project*

RLMH will contribute to the adaptation of Professional Development Award (PDA) in Mental Health Peer Support and video-therapy methodology. It will perform a pilot vocational training in Romania ensuring optimal combination between the two innovation transfers.

## 8) Scottish Qualifications Authority

SQA is the national accreditation and awarding body in Scotland. In its accreditation role, SQA accredit vocational qualifications that are offered across Scotland, including Scottish Vocational Qualifications and approve awarding bodies that wish to award them. As an awarding body, it works with schools, colleges, universities, industry, and government, to provide high quality, flexible and relevant qualifications.

SQA strives to ensure that their qualifications are inclusive and accessible to all, that they recognise the achievements of learners, and that they provide clear pathways to further learning or employment.

Within the Scottish Credit and Qualification Framework, SQA has created a PDA in Mental Health Peer Support.

This is a new award which has been designed to meet the needs of peer support workers and provide them with a robust accredited award which will not only serve to set standards but also contribute to the creation of a recognised employment.

### *Role in the project*

SQA as associated partner will be in charge of assessing the pilot testing organisations for providing quality accreditation that will allow the partners to become approved centres and thus to deliver the training in their own countries.

## **2. Context of mutual support in Europe.**

Internationally, organizations that offer peer support services for people with mental health problems include Fountain House, Emotions Anonymous, the Depression and Bipolar Support Alliance (DBSA), GROW, and Recovery International. Peer support is a key concept in the recovery approach. The role of peer workers in mental health services was the subject of a conference in London in April 2012, jointly organised by the Centre for Mental Health and the NHS

Confederation. Research has shown that peer-run self-help groups yield improvement in psychiatric symptoms resulting in decreased hospitalization, larger social support networks and enhanced self-esteem and social functioning.

Fountain House traces its roots to the late 1940s at Rockland State Hospital in Orangeburg, New York. Six patients formed a group that met in a hospital “club room” where they shared their stories, read, painted and participated in social functions. Soon after leaving Rockland, they joined together to re-create the respectful and supportive group they had formed in the hospital, meeting on the steps of the New York Public Library. All believed they could offer each other support in life’s challenges and sustain their social community. They hoped that their successful recovery would gradually change society’s perception of people living with mental illness, leading to broader understanding and a reduction in stigma. The group they formed, “We Are Not Alone,” speaks to what remains the central problem for people living with serious mental illness today- social isolation. In 1948, with help from their supporters, they bought a building in New York City. The fountain that adorned the “Clubhouse” garden at West 47th street represented both hope and rejuvenation and inspired the name “Fountain House.”

Emotions Anonymous is a twelve-step organization, similar to Alcoholics Anonymous. Their fellowship is composed of people who come together in weekly meetings for the purpose of working toward recovery from emotional difficulties. EA provides a warm and accepting group setting in which to share experiences without fear of criticism. Through weekly support meetings, members discover they are not alone in their struggles. The program was founded in St. Paul, Minnesota in 1971. As of 2007 there are over 1000 EA chapters in 35 countries, including the United States. Emotions Anonymous is supported and maintained by member contributions and each member and group is encouraged to share in the financial support of Emotions Anonymous.

The Depression and Bipolar Support Alliance (DBSA) is the leading peer-directed national organization focusing on the two most prevalent mental health conditions, depression and bipolar disorder. DBSA’s peer-based, wellness-oriented, and



empowering services and resources are available when people need them, where they need them, and how they need to receive them—online 24/7, in local support groups, in audio and video casts, or in printed materials distributed by DBSA, our chapters, and mental health care facilities across America. Through more than 700 support groups and nearly 300 chapters, DBSA reaches millions of people each year with in-person and online peer support; current, readily understandable information about depression and bipolar disorder; and empowering tools focused on an integrated approach to wellness.

GROW is a peer support and mutual-aid organization for recovery from, and prevention of, serious mental illness. GROW was founded in Sydney, Australia in 1957 by Father Cornelius B. "Con" Keogh, a Roman Catholic priest, and psychiatric patients who sought help with their mental illness in Alcoholics Anonymous (AA). Consequently, GROW adapted many of AA's principles and practices. As the organization matured, GROW members learned of Recovery International, an organization also created to help people with serious mental illness, and integrated pieces of its will-training methods.[1][2] As of 2005 there were more than 800 GROW groups active worldwide.[3] GROW groups are open to anyone who would like to join, though they specifically seek out those who have a history of psychiatric hospitalization or are socioeconomically disadvantaged. Despite the capitalization, GROW is not an acronym.[4] Much of GROW's initial development was made possible with support of from Orval Hobart Mowrer, Reuben F. Scarf, W. Clement Stone and Lions Clubs International.[2]

The mission of Recovery International is to use the cognitive-behavioral, peer-to-peer, self-help training system developed by Abraham Low, MD, to help individuals gain skills to lead more peaceful and productive lives. Recovery International has grown to 600 community-based meetings in the U.S., Canada, Ireland, Puerto Rico, Spain, Israel, India and the United Kingdom, and is also available via telephone and online meetings.

Other specific international experiences, including specific training in peer support are:

EE UU:

- META Services (Arizona)
- Georgia Certified Peer Specialist

New Zealand

- META Services

Australia:

- PEER Support for Mental Health Project

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The Centre for Mental Health is an independent national mental health charity. The aim to inspire hope, opportunity and a fair chance in life for people of all ages living with or at risk of mental ill health. They act as a bridge between the worlds of research, policy and service provision and believe strongly in the importance of high-quality evidence and analysis. They encourage innovation and advocate for change in policy and practice through focused research, development and training. They work collaboratively with others to promote more positive attitudes in society towards mental health conditions and those who live with them. One project involves users in services: over the past ten years they have championed the role of service users in leading evaluations of mental health services. The user-focused monitoring (UFM) programme showed how their unique perspective produces research that breaks boundaries and gives service providers new insight into the

impact they have on people's lives. Many services around the country have now adopted this approach and our work culminated in 2006 with the publication of a practical guide to managing UFM projects.

The Mental Health Network of the NHS Confederation is the voice for NHS funded mental health and learning disability service providers in England. They represent providers from across the statutory, independent and third sectors in working with government, regulators, opinion formers, media and the wider NHS to promote excellence in mental health services and the importance of good mental health.

In Europe, we have specific experience in formalized peer support, as Peer Support Workers for Jasper Ward (South West London and St. George's) and the experience of The Scottish Recovery Network (SRN).

The SRN have played, and continue to play, a key role in supporting and sustaining the development of peer working roles across the mental health sector in Scotland. Peer support workers are trained and employed to support other people in recovery. As part of their commitment they worked with the Scottish Qualifications Authority (SQA) to develop an accredited award and learning materials to further support the training of future peer support workers.

### **3. Summary of the situation in Spain, Bulgaria, Romania, Austria, UK and Netherlands.**

#### **Defining Needs Analysis Parameters Report**

As a starting point, the first activity that the PEER2PEER project undertook, was to ask the future peer support workers about what they felt they needed in order to use their expertise to assist their peers. In this study, 124 people, 68 women and 56 men, between the ages 30 and 50 took part.

At the time of this research, most of the respondents were attending training activities; the majority of participants took part in activities during their free time that matched their interests. One piece of feedback that was consistently given by respondents throughout the interviews was the importance of having a positive attitude and the will to overcome difficulties. They stressed the importance of the existence of a supportive environment and a space where they can be heard.

Participants highlighted the importance of support to avoid relapse after a period without being admitted. They named the various sources or types of support that can be received or utilised such as: relatives, classmates, friends, clubhouses or associations, professional assistance or support from other mental health in-patients. Interestingly, in many cases, the respondents identified support from someone who has experience in similar situations and first hand knowledge of the complexity of each individual's path, as an effective method of assistance. Without the support of someone who really understands how they feel, "it is as if no one knew how to fix the problem".

In addition, participants identified the barriers that hinder their own recovery process. These included economic problems, family problems, lack of employment opportunities and/ or independence, alcohol/drugs, medication, loneliness after admission to a facility, stigmatisation, low self-esteem (lack of motivation and apathy) and discrimination.

Most respondents would like to help other people with similar problems (the average response indicating a level of 4.09 on a scale of 1 to 5). 25% of participants also indicated that they felt that they would be able to perform this task to a good standard, with relative comfort and in a manner that would be of real benefit to other people with the appropriate support. These individuals can show that although they 'must live with the possibility of relapse', a change in perspective, further knowledge and training will help people with mental health issues to overcome this fear. Even if participants do not consider themselves as

examples of recovery, they still acknowledge that they have learned from the steps they have taken and the setbacks they have faced.

When identifying points that need to be strengthened to become professional peer support worker, the primary difficulties identified were the ability to manage stress and the difficulty with disconnecting or maintaining a necessary distance from the situation. Almost 50% of respondents anticipate empathy, self-esteem and communication problems. Many participants fear that they will not be able to strengthen the capacities of others.

After interviewing 124 people with mental health problems who are well advanced along their road to recovery, there has been a clear indication given of their hopes for this project. It is apparent that participants are motivated and keen to help others. Despite the barriers to overcome that they have identified such as the stress of facing a situation similar to one's own, communication problems and fears, participants wish to use their experiences to pass hope on to others.

#### **4. Recommendations.**

In this project, half of the participants are women, so gender differences should be taken into account. Gender sensitive key information should be introduced in a cross way throughout the training.

Given the variability of the age of the participants, both the representation and the variability according to age should also be taken into account while choosing materials and methodology.

At the time of choosing the participants, it is important to count on local associations, as they are now the ones committed to provide informal peer support. Besides, almost half of the participants belong to an association.

In the training, difficult situations experienced by the participants should be worked, as well as traumas such as hospital admissions, the moments of diagnosis or when the first symptoms appeared, moments of social discrimination, etc.

Most of the participants know the term 'recovery'. Approximately half of the participants know the term 'peer support'. The least known expression is 'role modelling'. Therefore, training should take into account that an important part of the contents should focus on going in depth in the terms and implications of role modelling and the formalizations of peer support. Also to reinforce existing knowledge about the recovery model.

Most of the people would work as peer support workers if they receive a good training and if they previously work on difficult situations that could happen during the peer support meetings. Therefore it's important to focus the training on a variety of possible difficult situations, through role playing and other methods based on experience.

Most of the interviewees would work as support worker, both as volunteers or as paid workers. Efforts should be done to achieve further formalisation of peer support and the employment of the trained people to let them work in the local health services.

Although most of the interviewees think they could play a good role as peer support workers, the questionnaire shows some doubts about being up to the task and to represent a model for the person they are helping. Therefore, an important part of the formal and informal contents should focus on increasing self-esteem, empowerment and perception of achievement from the participants in the training.

During the training, it's important to emphasise the development of skills to transmit hope to others.

In this study, half of the interviewees consider that they don't have enough communication skills or capacity to promote personal development and empowerment to other people. These two subjects should be trained in depth during the training, together with the technical knowledge.

The training in computer skills, problem resolution skills and the increase in self confidence are three important points that should be taken into account in order to increase their ability.