

PEER TO PEER: A ROUTE TO RECOVERY OF PEOPLE WITH MENTAL ILLNESS THROUGH PEER SUPPORT TRAINING AND EMPLOYMENT

Project N° 2013-1-ES1-LEO05-66277-AN

PILOTING PROTOCOL

1. Objectives
2. Programme
3. Trainers / candidates involved
4. Carry out of the piloting
5. Evaluation

Aim of this document

The aim of the piloting protocol is to describe the way in which the piloting training will be scheduled and organised within each organization carrying out the courses. As the general conditions are different in each country and also the target group – even all of them having mental health problems – may vary in each country – the training schedule will be flexible and the training will be adapted to the learning needs of the participants.

However, objectives, materials, methodology and expected results will be the same for all the organizations in order to be able to compare the different experiences and results.

1. OBJECTIVES OF THE TRAINING

Overall aim: Equip people with the knowledge, skills and values to undertake the role of peer support worker

- Explore the development of the recovery approach in mental health
- Define and understand peer support and its role in recovery
- Describe and explain the key concepts of formalised peer support
- Apply a range of theories and concepts in the peer support role
- Develop relationships based on peer support principles
- Understand perspectives of the work role

2. PROGRAMME STRUCTURE – UNITS AND TEACHING SESSIONS

It is proposed that each session has a duration of 4 hours. Session 1 and 13 would have a duration of 5 hours, to start and end the program.

In total it is proposed that the current has a total duration of 50 hours.

Knowledge and skills	Teaching sessions	Evidence required
Explore the development of the recovery approach in mental health <ul style="list-style-type: none"> • Mental health recovery approach • Key concepts of recovery • Factors that can impact on personal recovery • Societal influences • Effects of force and trauma 	<ul style="list-style-type: none"> • Development of the recovery approach (2) • Key concepts in recovery (2) • Impact of societal influences and effects of force and trauma (3) 	<ul style="list-style-type: none"> • Describe and explain personal recovery and the recovery approach • Examine 2 key concepts of recovery • Analyse 2 societal influences on recovery • Explain 2 possible effects of force and trauma • Explain 2 factors that support recovery
Define and understand peer support and its role in recovery <ul style="list-style-type: none"> • Peer support through relationships • Types of peer support recovery • Peer support and recovery • How and why communicating experiences matters • Self help and self management tools 	<ul style="list-style-type: none"> • Understanding peer support (5) • Formalised peer support (9) • Self help and self management in peer support (11) 	<ul style="list-style-type: none"> • Define and explain the peer relationship • Explore the relationship between peer support and recovery • Analyse the implications of formalising peer support • Describe the use of self help and self management tools
Describe and explain the key concepts of formalised peer support <ul style="list-style-type: none"> • Hope and belief and their contribution to recovery • Empowerment, control and self advocacy • Choice and opportunity • Mutuality and empathy • Strengths based approach to validating experience • Positive risk taking and moving forward 	<ul style="list-style-type: none"> • Key concepts of peer support (6) • Strengths based approaches (8) • Reflecting on personal experience (12) 	<ul style="list-style-type: none"> • Explain how hope and belief underpin recovery • Explain the inter-relationship between three key concepts of peer support • Describe how a strengths based approach may validate and reframe experience • Reflect on personal experience and describe how it relates to the key concepts of peer support including positive risk taking

<p>Apply a range of theories and concepts in the peer support role</p> <ul style="list-style-type: none"> • Purpose and principles of peer support • Role modelling, hope and belief • Resilience • Power, control and choice • Labelling, identity and self esteem • Strengths based approaches 	<ul style="list-style-type: none"> • Trauma informed practice (3) • Strengths based approach, resilience, role modelling and hope (8) • Working with the effects of labelling (4) • Power, choice and control in the peer relationship (6) 	<ul style="list-style-type: none"> • Explain the purpose and principles of peer support • Demonstrate role modelling and hope including use of self and sharing of experience • Explain methods of promoting resilience • Demonstrate the promotion of power, choice and control in the peer support relationship • Reflect on the effects of labelling on identity and self esteem and how to challenge these • Demonstrate an awareness of the effects of trauma • Demonstrate the application of a strengths based approach
<p>Develop relationships based on peer support principles</p> <ul style="list-style-type: none"> • Establishment of peer relationships that are mutual and empathic • Concept of the individual as an expert by experience • Key ethical and diversity issues • Communication and recording – active listening and recovery language • Working with risk 	<ul style="list-style-type: none"> • Establishing and building peer relationships (6) • Working with the effects of labelling (4) • Power, choice and control in the peer relationship (6) • Effective communication and working with risk (10) 	<ul style="list-style-type: none"> • Demonstrate the ability to establish peer relationship based on mutuality and empathy • Define the concept of the individual as expert and how this can inform practice • Demonstrate the application of values which challenge inequality • Demonstrate effective communication • Reflect on approaches to working with risk
<p>Understand perspectives of the work role</p> <ul style="list-style-type: none"> • Peer support environment • Role tension and boundaries • Safe practice, self care and confidentiality • Role of supervision • Setting personal goals and managing setbacks • Change processes 	<ul style="list-style-type: none"> • Safe practice, self care and peer environments (11) • Considering boundaries, role tension and confidentiality (9) • Supervision and goal setting (9) • Understanding the process of change (12) 	<ul style="list-style-type: none"> • Identify what makes an environment appropriate for peer support • Identify and explain 2 aspects of role tension and boundaries • Identify and describe 2 aspects of safe practice, self care and confidentiality • Explain the role of supervision • Identify the principles of confidentiality and information sharing • Explain how goal setting could be achieved and how setbacks could be managed • Describe the process of change from personal experience



ASSESSMENT

Portfolio of Evidence (see manual Peer2Peer Annex 2)

Each session concludes with an individual assessment (evidence requirements). This evaluation includes technical concepts that each candidate must have acquired during the session and should be attached as Annex 2: Portfolio of evidence. This work is individual and each candidate should complete this portfolio individually and after each session.

DELIVERY

Flexible on delivery options

BUT need to show:

- Involved in mental health services and training
- Committed to peer support and recovery
- Include people with experience of mental health problems in delivery

Delivery options

All about meeting learning outcomes

- Teaching sessions there as a guide
- No need to follow teaching sessions
- Learning materials optional but helpful
- Need some 'classroom' time
- Balance face-to-face with individual study

3. TRAINERS / CANDIDATES

Trainers profile

Education and/or experience as a trainer

Experience of working with people with mental health problems

Able and willing to work with role plays and video therapy

Target group / candidates:

People with personal experience of mental health problems who are interested to be trained to offer support for recovery

People with personal experience of mental health problems who are interested to be employed to offer support of recovery

Good written and oral communication skills

4. CARRY OUT OF THE PILOTING

Partners (name, country)

En Primera Persona (Andalusian Federation of Mental Health Users Associations) , Spain
Escuela Andaluza de Salud Publica, Spain
Fundación INTRAS, Spain
Liga Romana pentru Sanatate Mintala, Romania
Mental Health Center prof. N. Shipkovenski Ltd, Bulgaria
Pro mente Upper Austria, Austria
Stichting Gek op Werk, Netherlands

1. Number and short description of participants (male/female, age...)

Participants of the first pilot trainings are about 8 to 25 persons, usually more women than men – in the Netherlands and at INTRAS are more men than women. Most of them are between 30 to 50 years old, a few percent under the age of 30 or more than 50. In Romania about 50% of the participants have a university diploma in various areas.
At INTRAS, Spain there are 70% who finished high school and 2 people who has a University Degree. Just 3 of them are currently into employment and approx. 50% are attending a training course.

2. How did you find the participants? How did you do the promotion?

Participants for the pilot trainings have been found amongst the interviewees of the need analysis interviews or within the own organization (users association, hospital) or regional centers as universities, mental health services and other associations.

3. Name of trainers and qualification of trainers

Spain, En Primera Persona:

Amaya Villalonga Alba, Member of SAPAME, Activity Coordinator of En Primera persona. Facilitator of Peer Support Groups at SAPAME and at the URA service at the Hospital San Cecilio, Granada. Community Worker Degree. Gestal Therapist.

Bibiana Navarro Matillas, PhD in Psychology. Associated Teacher at the Andalusian School of Public Health. Expert in teaching methodology.

Spain, INTRAS:

Teresa Orihuela (PhD of psychology)

Gustavo Martín (PhD of social pedagogy)

Eva Galán (Psychologist expert in Psychodrama and Music-therapy)

Laura Virginia Sanchez (Psychologist)

Oscar Hernando (Expert by experience will conduct session 12)

Guadalupe Morales (Manager of an users' organization)

Romania:

Diana Stanculeanu, Psychologist, 10 years of experience in working with mental health problems, clinical psychology and CBT specialization.

Raluca Nica, Psychologist, CBT and clinical psychology specialization.

Bulgaria:

Emilya Markova, PhD of psychology and education, social pedagogy.

Angel Tomov, magister of pedagogy and psychology, psychodrama therapy.

Austria:

Erwin Kargl, management consultant, economic coaching, systemic coaching, NLP-Trainer (INLPTA), Certified Coach (ICF, International coach federation), quality management pro mente Upperaustria.

Netherlands:

Pieter van den Aarsen, master of law, NLP certified coach

Paulo Neto Rodrigues (volunteer)

Date and place of the training

The trainings are carried out July until November 2014.

In Bulgaria and Romania the dates and hours will be fixed soon together with participants.

In Spain sessions are held in the morning 10:00 to 14:00. In Netherlands 14 meetings are organized. In Austria the training is organized in workshops in 5 days. First two days participants are invited to a nice seminar hotel on the countryside, because pro mente Upper Austria could organize some extra budget for this.

Usually the trainings take place in the own facilities of the partners (or next to the office), where participants are accustomed to the environment and feeling comfortable.

4. Agenda of the training / Topics to be treated

The topics to be treated will follow the peer2peer manual, according to the 13 sessions and adapted to the different needs. The partner in Netherlands added one extra meeting before the start to inform aspiring participants.

5. Media that are going to be used

Media used are computers, projectors, flip charts, fotos, video cameras and a large room with movable chairs.

6. Materials to be distributed amongst the participants

Materials to be distributed are the peer2peer manual, the materials indicated in every session, minutes and working papers. INTRAS, Spain will distribute a file with the portfolio and general info of the project. In Romania a flyer is produced with the presentation of the project and the agenda of the



training.

7. **Methods that are going to be used**

Teaching of the theory, short presentations, case analysis, group discussion/reflection, role play, simulation methodology, video therapy, individual work / reflection, reading articles, assessments, feedback.

8. **Are there any difficulties that you foresee during the training? If so, which one? How will you solve it?**

Difficulties foreseen are

- to find participants, who are willing to share their experiences and mental health problems
- low level of education of the participants
- no complete and continuous participation ("keeping people to come back week after week")
- unexpected illness episodes
- too much theory and not enough time for practice
- peer2peer manual is tailored to the situation in UK
- to fill in the portfolio of evidence

Problems will be solved by encouraging the participants to be consistent, contacting everybody the day before the training and role modelling. Acute mental health problems could be used as examples for recovery. And the peer2peer trainings material has to be adapted to the national situation. Individual sessions are planned to clarify concepts and help with the portfolio of evidence.

Are there any criteria to exclude a participant from the training?

Reasons for exclusion are different: In Bulgaria participants will be excluded in case of acute psychosis, alcohol and drug addiction, aggressive behaviour. In Romania the reasons for exclusion are acute stage of illness or the personal decision of not participating. In Spain/En Primera Persona and Austria the only criterion is a not balanced stage which wouldn't allow following the contents and the dynamics of the course.

In Netherlands analphabetism is a criterion for exclusion, not going by the rules of communication within the group and missing more than 2 or 3 meetings.

INTRAS/Spain mentioned the criteria for inclusion:

Hospitalisation due to mental illness, at least once

No hospitalisation due to mental illness for the last year

Having a positive self-perception about their recovery process

To consider that their own experience may be useful for others

To consider that they have motivation to help other people to face



9. How does the peer2peer training fit into your national qualification framework and legal requirements in vocational training?

At the beginning of this year in Bulgarians national register of professions a new profession was included with code 34123018, named "Expert of experience, social inclusion". In the opinion of the Bulgarian partner this is very close to peer support workers. But there is no university or school giving official education in this profession.

In Romania there is no peer support stipulated in the Classification of Occupations.

In Upper Austria there is an education for peer counselling embodied in the Upper Austrian Equal Opportunities Act and Upper Austria law for caring professions and organized by the Empowerment Center in Linz. This peer counselling education lasts 1,5 years and 240 hours and is financed by the government of Upper Austria. Graduates of this training are employed in various services and also at pro mente Upper Austria. Peer2peer education therefore cannot be officially recognized as professional education but pro mente Upper Austria promote it as training for the members of the service user representation.

In Netherlands being a coach is a free profession, no requirements are set to enter this kind of profession. In NL there are already 'Experts of experience' that have paid jobs within the mental healthcare. These jobs tend to be more oriented on making sure policy is in line with what the target group needs. A small portion of the education of these Experts involves peer-coaching, but this is not as elaborate as our training.

In Spain the peer2peer training will fit with the national regulations, as after the course attendees who have completed the portfolio will be part of an employment bureau or volunteer bureau. Besides there is a new movement in the regional government trying to promote the personal assistance role, which fits perfectly with the peer2peer model.

10. Results of the training

As results the partners expect an improvement of the communication and social skills, self-awareness, the improvement of understanding the recovery process and the ability to use the knowledge as peer support workers. In Romania they expect at least 75 % of the participants to go through the whole training course. In Netherlands the partner expect participants to be able to help themselves better and be more engaged in their surroundings and more future oriented. They also expect that most participants will be able to start with the coaching of other clients/customers of Gek op Werk. INTRAS, Spain expects to have some peer workers or experts by experience collaborating with them next year.

5. EVALUATION



The assessment of the quality of the course will be based on the feedback received by both: candidates and facilitators. This feedback will be collected after each session using two different tools (see annex 3):

- Quality Assessment Instrument ** Candidates version**
- Quality Assessment Instrument **Facilitators version**

These questionnaires provide a thorough revision of each session in terms of usefulness, quality and coherence. Partners are requested to submit the questionnaires altogether once per week. Questionnaires should be submitted in English.

The results of the evaluation will influence the final version of the methodology developed. In order to be able to do that, two reports will be produced right after the first and second piloting course.

CARRY OUT OF THE 2nd PILOTING

1. Partners (name, country)

- Andalusian School of Public Health – Spain (with the collaboration of En Primera Persona - Andalusian Federation of Mental Health Users Associations , Spain)
- Fundacion INTRAS, Spain
- Liga Romana pentru Sanatate Mintala, Romania
- Pro mente Upper Austria, Austria

2. Number and short description of participants (male/female, age...)

Participants of the first pilot trainings are groups of 15 to 19 persons.

A total of 66 persons, 36 women and 30 men. They are between 24 to 60 years old.

All of them are mental health service users or es-users.

3. How did you find the participants? How did you do the promotion?

Participants for the pilot trainings have been found amongst the interviewees of the need analysis interviews, within the own organization (users association) or regional centers as universities, day care centers, peer support groups or other mental health services.

For the training of Intras some people contacted Intras after reading the information about the course. In Romania the participants of the 2nd pilot training are the same as in the 1st pilot training. They were chosen as they could be very helpful in analysing the changes that were made in the training curricula.

4. Name of trainers and qualification of trainers

Andalusian School of Public Health, Spain:

Amaya Villalonga Alba, Member of SAPAME, Activity Coordinator of En Primera persona.

Facilitator of Peer Support Groups at SAPAME and at the URA service at the Hospital San Cecilio, Granada. Community Worker Degree. Gestal Therapist.

Bibiana Navarro Matillas, PhD in Psychology. Associated Teacher at the Andalusian School of Public Health. Expert in teaching methodology.

Intras, Spain:

Teresa Orihuela (PhD of psychology), *Gustavo Martín* (PhD of social pedagogy), *Eva Galan*

(Psychologist expert in Psychodrama and Music-therapy), *Laura Virginia Sanchez* (Psychologist),

Guillermo Pastor Sobrino (Peer worker trained at the first piloting course)

Liga Romana pentru Sanatate Mintala , Romania:

Diana Stanculeanu, Psychologist, 10 years of experience in working with mental health problems, clinical psychology and CBT specialization.

Raluca Nica, Psychologist, CBT and clinical psychology specialization.

pro mente Upper Austria:

Erwin Kargl, management consultant, economic coaching, systemic coaching, NLP-Trainer (INLPTA), Certified Coach (ICF, International coach federation), quality management pro mente Upper Austria.

5. Date und place of the training

The trainings were carried out February until May 2015.

In Romania the training will take place at the club house in Bucharest, the dates and hours will be fixed together with the participants, usually 1 day a week, each day of training covering 3 chapters of the manual..

In the Andalusian School of Public Health sessions are held in the morning 10 to 14 h at a day hospital.

Intras is organizing the training in Valladolid every day from 10 to 14 h.

In Austria the training is organized in workshops in 6 days. First two days participants are invited to a nice seminar hotel on the countryside, because pro mente Upper Austria could organize some extra budget for this.

Usually the trainings take place in facilities, where participants are accustomed to the environment and feeling comfortable.

6. Agenda of the training / Topics to be treated

The topics to be treated will follow the peer2peer manual, according to the 13 sessions, adapted to the changes we made at the mid term meeting and the different needs.

7. Media that are going to be used

Media used are computers, projectors, flip charts, oral presentations, photos, video cameras, websites and a large room with movable chairs.

8. Materials to be distributed amongst the participants

Materials to be distributed are the peer2peer manual, the materials indicated in every session, minutes and working papers. In Romania a flyer is produced with the presentation of the project and the agenda of the training. Intras and pro mente have distributed files to store all the minutes, photo protocols and working papers.

9. Methods that are going to be used

Teaching of the theory, short presentations, case analysis, group discussion/reflection, role play, video therapy, individual work / reflection, assessments, feedback, papers, articles, simulation methodology, self reflection exercises and all the methods described in the manual.

10. Are there any difficulties that you foresee during the training? If so, which one? How will you solve it?**Andalusian School of Public Health:**

Nothing in particular. The usual difficulties in the learning process:

Contents: the need to clarify concepts, back issues and treaties; some content with which they felt identified and generated emotional distress, etc. They were shared by encouraging the participation of all, working on emotional support.

Group dynamics: moderating interventions of some of the participants.

Intras:

Yes, as for the first piloting, we foreseen some difficulties for candidates to fill in the portfolio of evidence, so we've planned to carry out two individual sessions to clarify concepts and help candidates to reflect upon important topics.

Liga Romana pentru Sanatate Mintala

- any unexpected illness episode of the participant- which can be solved by medication (as prescribed by the doctor) and engaging into the process of recovery by peer support . This will also be used as an example of recovery and regaining of functioning, self-administration, self-help, and peer support. However there will be a postponing of the individual's participation in the training course.

- the lack of participants being consistent – which can be solved by the instructor trying to encourage and give examples of role modelling

pro mente Upper Austria:

We adapted the curriculum to our needs, so there are no difficulties foreseen!

11. Are there any criteria to exclude a participant from the training?

Andalusian School of Public Health:

The only criterion is not being on a balanced stage which wouldn't allow to follow the contents and the dynamics of the course.

Intras:

These are inclusion criterias:

- Hospitalisation due to mental illness, at least once
 - No hospitalisation due to mental illness for the last year
 - Having a positive self-perception about their recovery process
 - To consider that their own experience may be useful for others
 - To consider that they have motivation to help other people to face difficulties.
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- If there is a person interested in attending the course and he or she fits the criteria, then there will be an interview with Laura Virginia Sánchez to assess his/her communication skills. She discusses the inputs from the interview with her team and makes a decision about the suitability of the course for the candidates.

Liga Romana pentru Sanatate Mintala

Acute stage of illness and their personal decision of not participating

pro mente Upper Austria

If somebody is in a stage where he/she is not able to follow the contents of the training.

12. How does the peer2peer training fit into your national qualification framework and legal requirements in vocational training?**Andalusian School of Public Health:**

Currently being reviewed by the National Institute of Qualifications (INCUAL), the most appropriate way to certify the professionalism of peer support workers. In Andalusia, the reference body is the Andalusian Institute of Professional Qualifications (IACP) <http://portal.ced.junta-andalucia.es/educacion/webportal/web/iacp>, under the Ministry of Education, Culture and Sports.

There are two possible ways to set up certification:

- 1) Create a professional Peer Support Worker certificate
- 2) Modify an existing certificate, including the occupation of Peer Support Workers

The second pathway might be more viable. The INCUAL database should be reviewed in order to identify certificates that already exist and to check if any of them could be included as profile / job / occupation of Mutual Support Worker.

Intras

It will fit with the national regulations, as after the course attendees who have completed the portfolio will be part of an employment bureau or volunteer bureau. Besides there is a new movement in the regional government trying to promote the personal assistance role, which fits perfectly with the peer2peer model.

Liga Romana pentru Sanatate Mintala

At the moment there is no peer2peer support posts stipulated in the Classification of Occupations in Romania as the role of peer support workers is still developing.

pro mente Upper Austria

In Upper Austria we have an education for peer counselling. This education is embodied in the Upper Austrian Equal Opportunities Act and Upper Austria law for caring professions and organized by the Empowerment Center in Linz. This peer counselling education lasts 1,5 year and 240 hours and is financed by the government of Upper Austria.

The peer2peer training therefore cannot be compared and officially recognized as professional education but the user organisation "strada" is offering every year some trainings and we will establish the peer2peer training as training for the members of our service user representation and all the other clients.

13. Results of the training**Andalusian School of Public Health:**

Acquisition of suggested contents is assessed with the portfolio. Teaching quality and satisfaction are assessed with a questionnaire.

Intras:

As for the first piloting, we expect to have some peer workers or experts by experience collaborating with us in Intras next year. Guillermo is one of the peer workers trained at the first piloting. He was hired by Intras as a inclusion officer and as a facilitator for this second piloting. Furthermore, at the end of this second piloting course the employment/volunteering opportunities bank will be released, to cover vacancies at Intras facilities.

Liga Romana pentru Sanatate Mintala

We expect at least 75% of the participants to go through the whole training course and finish it. The participants will then be able to start using their knowledge as peer support workers helping others on their journey to recovery.

pro mente Upper Austria

Improvement of the communication skills and social skills; self-awareness for participants; improvement of the understanding of the recovery process; participants will be able to use this knowledge in the user representation and in daily life.