



INNOVATION
network

Making a difference

Facilitating peer support
in secure services

July 2016

Contents

Foreword.....	3
Background.....	4
Aims of the intervention.....	5
Methodology and evaluation	6
Pilot sites and limitations	7
Findings.....	8
Learning and recommendations.....	10

Rethink Mental Illness is grateful for the involvement and support of mental health professionals, individuals with lived experience, and carers throughout this project. In particular, we would like to thank:

Dawn Jeffries and Sarah Alexander (Priory Group)

And our colleagues Sue Harris, Karen Lewis and Aileen Orr at DNV GL for providing evaluation support.

Summary

The Innovation Network pilots set out to assess the value of formal peer support in secure services. Overall, the pilots have led to:

- peer support workers feeling trusted and valued,
- an improved ward environment for staff members and those who live in secure care,
- individuals feeling welcomed onto a new ward environment, and confident to approach others for support.

Learning from the pilots suggests that other providers interested in facilitating formal peer support are more likely to be successful if they:

- build on and improve existing peer support approaches,
- invest in ongoing training and support for peer support workers,
- develop an ongoing programme to recruit peer supporters with the right attitude and skills.



Following the publication of the Schizophrenia Commission's report *The Abandoned Illness*, Rethink Mental Illness made a commitment to take forward its recommendations. We formed the Innovation Network, a leading group of mental health care providers, committed to working collaboratively and bringing about change within their settings whilst involving people who use services in all levels of decision making.

We have been proud to be part of this progress over the past few years. These providers have gone above and beyond to support each other, to share resources, and to add value to their interventions.

People are still spending longer than they need to in secure care settings. This is restrictive for the individual involved, and costly for the system. Individuals with lived experience talk about the difference that support from others makes, and the pilots described within this report aim to implement a formalised system of peer support within secure settings.

Across the pilot sites, we have seen positive results; peer support workers talk about feeling trusted by staff members, other individuals talk about the encouragement they have been given to gain a support role.

We've heard about individuals gaining confidence through being a peer support worker, and using that confidence to talk about their experience at national conferences. Individuals have told us that they look up to the peer support worker on their ward and aspire to work towards holding that role. Staff members talk about the new relationships they've been able to build with peer support workers.

During the evaluation period, many of the providers involved have gone beyond any progress we could have anticipated two years ago, and the results in this report highlight the cultural changes within these secure settings. This is a huge step forward, and it's important to consider the learning captured within this report to ensure that all individuals are at the centre of decision making at every point on their recovery journey.

Mark Winstanley

Chief Executive, Rethink Mental Illness

Background

Why have we focussed on peer support?

Rethink Mental Illness established the independent Schizophrenia Commission in 2011 to examine the provision of care for people living with schizophrenia, psychosis and other severe mental illnesses.

The Commission's members, drawn from a wide range of experts, took a strong interest in the value of social networks, including peer support.

Specifically, the Schizophrenia Commission recommended:

“Services must take interest in people’s wider social support network when planning treatment and support programmes. We heard far too many cases where the social element has been lost in treatment and support planning. Occupational therapists, social workers, peer support workers and CPNs have a crucial role in not letting health concerns eclipse the social dimension of mental illness.”

The role of the Innovation Network

Rethink Mental Illness recognised the need to turn the Schizophrenia Commission’s 42 recommendations into change, and formed the Innovation Network. The Innovation Network brought together a group of mental health care providers committed to implementing a collaborative approach to practice improvement.

Today, the Innovation Network is a space in which mental health care providers can share experiences, discuss solutions to particular challenges, showcase examples of good practice and pilot new approaches.



The 'Peer Support +' pilots

The Innovation Network recognised that peer support is valuable for both the person being supported and the peer supporter.

The Innovation Network saw benefit in introducing a formalised system into a ward environment. There was particular interest in the role that peer support could play in providing volunteers with transferrable skills and experiences for future employment.

Innovation Network member the Priory Group agreed to trial an enhanced peer support approach, 'Peer Support +', in several of their secure care hospitals. This built upon existing informal arrangements in some of their wards. It was recognised that admission was a key point when peer support could be especially valuable.

Rethink Mental Illness commissioned an evaluation to analyse the impact of this approach and the difference it made to ward life. The 18-month pilot began in September 2014.



What the pilots hoped to achieve

The aim was to discover whether a 'Peer Support +' approach in secure services would lead to:

- improved recovery outcomes for those receiving support,
- an improved ward environment for staff members and residents,
- improved recovery outcomes for those in the 'Peer Support +' supporter role.

What the pilots did

Each pilot site introduced the following:

- A ward induction by peer support workers where they would use their personal experience to help orientate new people to the ward, give them 'tips', answer questions about the ward routines and tell them where they could find further information. This was followed up by sessions when the peer worker was available on the ward.
- A clear recruitment application process, including a job description, to reflect the process involved in applying for a paid employment role.
- Training and other resources for the peer support workers that would be expected in a paid role. This included a 'Peer Support +' worker ID badge.

How did the pilots measure improvement?

Improvement was measured across the 3 main outcomes.

1

Improved recovery outcomes for those receiving support

The pilots used interviews and focus groups with staff and residents. Qualitative feedback was gathered from individuals across the sites at the beginning and end of the pilot. Staff and peer support workers who had received training were interviewed during and at the end of the pilot to gauge their views on the pilot's impact.

2

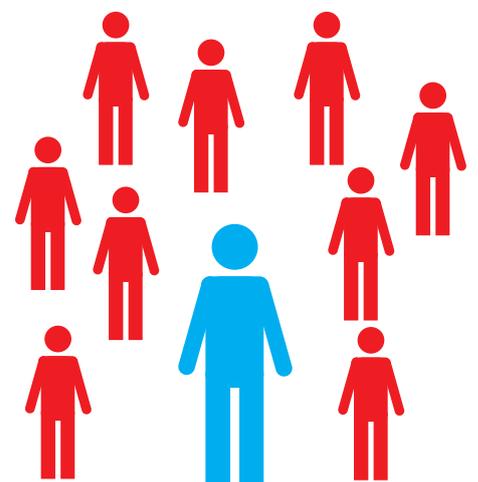
An improved ward environment for staff members and residents

Success was measured by feedback from individuals, interviews, focus groups and an organisational climate assessment. Staff interviews and a survey of staff members took place at the beginning and the end of the pilot. A focus group with residents was held at the beginning and the end of the pilot to discuss impact.

3

Improved recovery outcomes for those in the 'Peer Support +' role

Success was measured by interviews and focus groups with staff and residents, and this included an organisational climate assessment. Interviews and focus groups were held with peer support workers during and at the end of the pilot to discuss how they felt the pilot had impacted on ward life.



Pilot sites and limitations

Our pilot sites

Priory Group

- Chadwick Lodge
- Farmfield Hospital
- Thornford Park
- Sturt House

Limitations of the pilot

There are challenges in evaluating change within secure services. This is because of limited access to data in secure care which makes it difficult to attribute progress to the pilots as opposed to other initiatives. The key limitations related to this project can be summarised as follows:

- We have limited understanding of why new entrants declined the offer of peer support.

Peer support can really help newcomers to a ward as they adjust to a new and difficult environment. Some chose not to receive this support at the time, but it was not possible to speak to them directly to establish why. This limits the ability to suggest support that would appeal to all individuals.

- We were able to gain only a partial picture of how the pilot had been received across the wards. The use of focus groups and interviews tended to engage those who had received support through the pilot. This means we have a deeper sense of the impact on peer support workers and the individuals which they support. However, the evaluators did not have access (through a ward-wide survey, for example) to those who did not attend the focus group sessions.

Q&As with peer support workers

Q What do you think you are able to offer as a peer support worker?

A Listening skills, being able to understand people's needs, knowing quite a bit about the system – I've been here for 20 years. My knowledge is vast. I feel that I can pass on my experiences to others. They just want to know the ward routine and what you can do during the stay. Some people ask what it is really like here and what am I supposed to do.

Q What other skills have you been able to bring to the role?

A A new service user came in and didn't know that there was a smoking ban. I supported him through the ban. We sat down and had a cup of coffee and talked about it – his nicotine replacement started to kick in and it helped.

What did the 'Peer Support +' pilots tell us?

The pilots were well received across the sites by both staff members and the residents.

In summary:

- There was significant interest in the role of peer support worker. Some wards had several applicants for the position,
- No negative experiences of being a peer support worker were reported,
- Overall, respondents reported good impressions of ward life,
- There was a positive impact on peer supporters and their transferable skills.

The impact on people who benefit from peer support

Residents who received support particularly appreciated the help they received when they joined the ward. Many were also keen to 'give something back' themselves.

Individuals were very positive about the support they had received from peers in

settling into their new environment. Many placed high value, as a new arrival, of having access to someone who has been through the process themselves.

The evaluators did not receive any negative feedback from those who had received peer support. However, individuals did acknowledge that every person arriving on the ward had individual needs and not all of them would always appreciate peer support involvement. This meant there were some individuals who did not benefit from peer support but it also highlights that peer support workers recognised the issues involved and respected individuals' preferences.

Some individuals expressed an interest in becoming a peer supporter after receiving support themselves. During their admission period they aspired to be involved in supporting new ward members in the initiation to the ward activities and routines in the future.

Q&As with peer support workers

Q How would you like to develop the peer support programme?

A I'd like to be able to introduce a welcome pack for new patients to be provided with including a toothpaste, toothbrush, flannel, mug, etc. – all the things you might need to get you started and before you've had a chance to go to the shop.

Q What challenges have you seen in your peer support role?

A A new patient came on and he was arguing with staff. I went to him and helped him to understand the situation. He listened to me and backed down. If someone isn't cleaning their room I will go and do it and show them how to do it. I have shown people how to wash their clothes. I like to show them I care by helping. If they fall back into their old pattern that can be challenging.

The evaluators spoke to a peer support worker who recalled his own experiences of being welcomed to a new ward in the same hospital. This overwhelmingly positive experience had prompted him to offer help and support to others by becoming a peer support worker.

The impact on perceptions of ward life

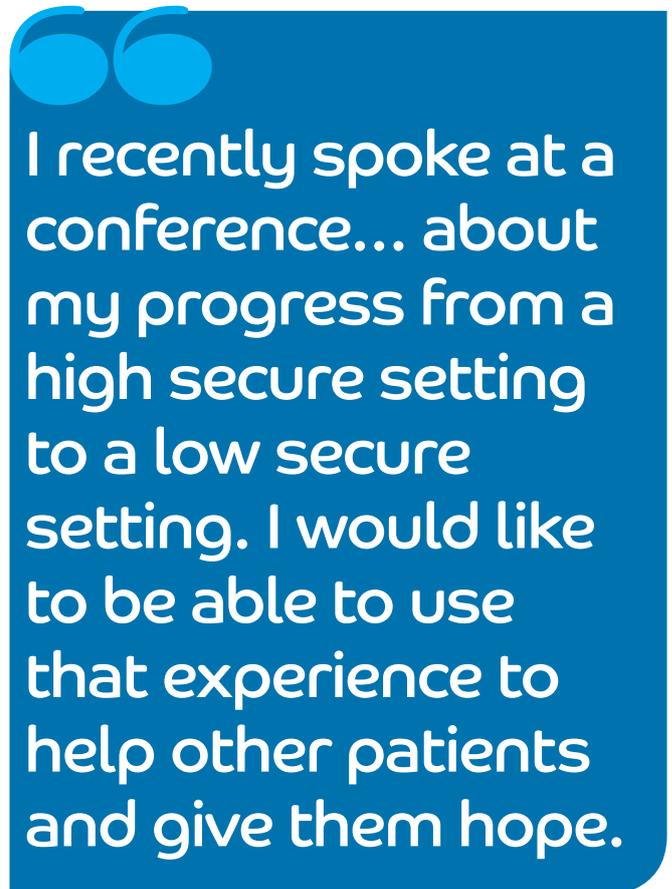
Peer support workers were proud of their involvement and the help they provided and recognised the need to model good behaviour. Staff reported a change in individual conduct with better relationships between staff and peer support workers as a result of involvement in the pilot.

The value of being a peer support worker

Peer support workers who participated in the focus groups told us:

- about the value that they were getting out of the programme,
- the impact it had made on their recovery, their feelings of self worth and growing confidence in their abilities,
- that they recognised that they were seen as role models and they had adapted their behaviour accordingly.

Some told us that being a peer support worker gave them a reason for moving forward and helped them to focus on others as well as themselves. Several peer support workers acknowledged the impact of their own mental health on their ward role. Many accepted that some days were more challenging than others, and that there would be some days when they would not be able to support others.



I recently spoke at a conference... about my progress from a high secure setting to a low secure setting. I would like to be able to use that experience to help other patients and give them hope.

Both staff and individuals involved in the pilot noted that being given a position of trust and responsibility built confidence and that it was a good stepping stone on the road to recovery.

An individual who took part in the focus group in March 2016 and was training to become a peer support worker said he had “been to lots of conferences. I recently spoke at a conference with 160-200 people and spoke about my progress from a high secure setting to a low secure setting. I would like to be able to use that experience to help other patients and give them hope”.

What can providers learn from the pilots?

Staff 'buy in' is needed at the outset

Many of the pilot sites already had existing forms of peer support or 'buddy' systems. Not all staff were clear about what distinguished the pilots from existing systems.

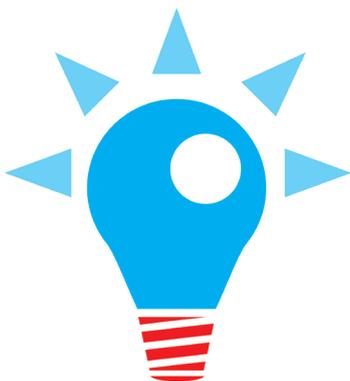
It may be useful to have a dedicated member of staff with responsibility for making the shift across to a new system.

At times, it was challenging for busy staff members to dedicate time to implementing a new system when it was felt that their existing system already ticked many of the outcomes that 'Peer Support +' offered.

Recruitment of peer supporters needs to be managed closely

Some staff noted that it had been difficult to recruit suitable individuals on some of the wards. Often individuals are not in the acute setting for the length of time required to develop knowledge and networks to support others. It was also identified that "if someone has a setback in their recovery, such as them moving from the rehabilitation ward to an acute one, it becomes difficult for them to continue in the role".

Staff members identified good social and communication skills as key attributes for a successful peer support worker. They suggested individuals needed to be "keen to engage", "be motivated", "organised" and "have knowledge of the unit and world". Staff also cited "self-confidence", "being trustworthy", and having "empathy and a caring and supportive character" as key.



Recommendations to other providers

Build on and improve existing peer support approaches

Providers should look at ways in which any existing system can be developed and formalised. This could include the following small steps:

- Establishing times of the day in which peer support workers are available, rather than having an ad hoc arrangement.
- Having a monthly support session for those in a peer support role.
- Creating a checklist for all the activities which peer support workers complete.
- Encouraging the peer support workers to host a session to describe activities to others on the ward.
- Holding a training session with existing peer support volunteers focussed around role-play and problem solving.

Invest in ongoing training and support for peer support workers

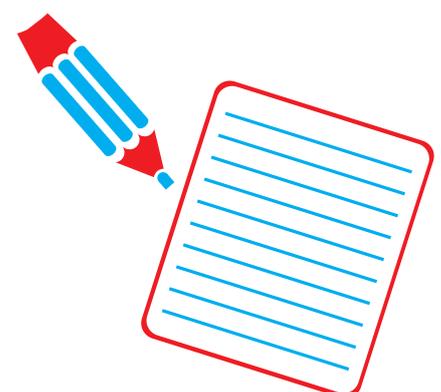
It is important that peer support workers have appropriate support, as holding a position of responsibility comes with additional pressure. Support could include:

- A regular session, or ‘supervision’, for peer support workers to reflect on their role, and also to put a system in place in the case of situations in which a peer support worker may need immediate support related to their role.
- A training programme that signposts or describes additional support that will be available to the peer support worker.

Develop an ongoing programme to recruit peer supporters with the right attitude and skills

The programme should be sustainable and not reliant on the individuals already in those roles.

- Organisations should plan regular recruitment sessions on wards, at which peer supporters can share their experience and its value for them.
- Unsuccessful applicants need to be given thorough feedback, and an action plan should be developed to help them towards reapplying in the future.
- Organisations should consider simple promotional tools – some peer support workers noted that conversations had been prompted by peers noticing their ‘Peer Support +’ lanyard and clipboard.



The Innovation Network brings together 13 mental health providers, including Rethink Mental Illness. We share a desire to achieve better outcomes for people affected by mental illness. We do this by sharing good practice and piloting new ways of working.



**Leading the way to a better
quality of life for everyone
affected by severe mental illness**

For further information
Telephone 0121 522 7007
Email info@rethink.org

www.rethink.org

Registered in England Number 1227970. Registered Charity Number 271028. Registered Office 89 Albert Embankment, London, SE1 7TP. Rethink Mental Illness is the operating name of the National Schizophrenia Fellowship, a company limited by guarantee. © Rethink Mental Illness 2016



Rethink Mental Illness is a partner in

