

ZERO COERCION



ERASMUS + EUROPEAN PROJECT

TRAINING MATERIALS_7

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SUPPORT OTHER PEOPLE LIKE ME

WHAT IS PEER SUPPORT?

„Peer support is about being an expert at not being an expert and that takes a lot of expertise“

Helping each other is a simple, universal human experience. No man is an island, we all need each other to live. Yet sometimes, we need the help of those who have gone through the same thing we are going through, as we know that people with the same experience will understand us much better. For example, when people who battle addiction to alcohol look for help, they will join a group like Alcoholics Anonymous. Mothers will talk to other mothers. Even mental health professionals will talk to each other at regular meetings that allow them to discuss their problems. It is no different for people with mental health problems. What do these groups of peers do? In them, peers use their own experience of overcoming mental distress to support others who are currently in crisis or struggling.

Obviously, not all these groups are the same and they range on a spectrum from informal to formal types of peer support:

- Informal peer support (Natural-e.g.having a friend)
- In a day centre/walk in centre (Natural, finding similar people)
- Self-help groups/Mutual peer support (A group, not formally organised but there are regular meetings)
- Intentional peer support (A formally organised group of peers that meet regularly, with a focus on issue and set rules and expectations)
- Clinical peer-support (Organised by a third party, such as hospital, presided over by a mental health professional who is not necessarily a peer)

They can also be divided along the type of service they provide:





Type of Support	Description	Example
Emotional	Demonstrate empathy, caring, or concern to bolster person's self-esteem and confidence.	Peer mentoring Peer-led support groups
Informational	Share knowledge and information and/or provide life or vocational skills training.	Parenting class Job readiness training Wellness seminar
Instrumental	Provide concrete assistance to help others accomplish tasks.	Child care Transportation Help accessing community health and social services
Affiliational	Facilitate contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging	Recovery centers Sports league participation Alcohol- and drug-free socialization opportunities

You can watch a video about peer support in mental health here:

<https://www.youtube.com/watch?v=AQR01GLzE9A>

BENEFITS OF PEER SUPPORT?

As we have seen, peer support comes in a variety of types, ranging from informal to formal. In all of them, regardless whether the group is a mutual support group or there is an expert that is employed to conduct support, there is a reciprocal relationship. In all of them, peers use their own experience of overcoming mental distress to support others who are currently in crisis or struggling. This means that there is no caregiver and care receiver, simply equals exchanging experience. Furthermore, peer support focuses on a wellness model. What does „wellness“ mean then?

It simply means that people in a peer system focus on their strengths and on recovery, their own positive and negative experiences and their will to function





well. This is very different from an illness model practiced in institutional care that focuses on symptoms and problems.

In practice, people meet with each other on an equal basis, without looking down on each other, following the shared values of self-direction, choice, and empowerment. The many pathways to recovery are acknowledged, the person seeking recovery is assumed to be fully capable of making informed choices, and his or her preferences are respected. As members of a group that have a good understanding of each other's issues, peers often form a strong therapeutic bond. A group also typically fosters empathy, due to understanding. Peers can be empowered by others and have a role model for recovery when connected with peers who are further along the road of treatment and recovery. These positive aspects remain even if members of a group don't share the same mental health experience.

It is important to recognise the financial benefits of peer support as well. While therapy that shows how to recognise one's defenses, calm anxiety or is beneficial, it can also be expensive. Peer support is a great option for people who can't afford therapy, or who live in rural communities where it's not available. The final benefit to consider is that emotional distress often comes on the heels of too much aloneness, which good peer support strives to eliminate. Peer support can thus be applied to coercion as well as a number of other topics. Empowerment, choice, support and information, as well as people you can trust can only benefit a person seeking a non-coercive approach to managing schizophrenia. In this way, this whole course is aimed at stopping coercive practices.

WHAT DOES GOOD PEER SUPPORT LOOK LIKE?

Although there are important differences between different types of peer support, there are certain core principles that should apply to all of them. One of them is having shared values. If these shared values are established at the beginning they should give rise to a strength based approach, self-direction, empowerment and choice—in short, everything that is good about peer support. Which are these core values?

- **Recovery in first place**—Peers are supposed to place recovery at the center of their efforts. They focus on their strengths and resiliency and do not focus on their illness.





- **Inclusion**—Any peer group has to be inclusive and recognise that everyone has a different route to recovery and no one is better than anyone else.
- **Participation**—Peers need to be involved in creating the program they are going to follow, as it needs to be suite to their wants and needs.
- **Authenticity** —This is a peer system, provided by peers and managed by peers. Make sure it is done that way.
- **Leadership**—Make sure that peers that want to do so can become leaders, so that they are able to guide and direct the service program and deliver support services to their peers.

We will use these values to build our course and train participants with the skills to both participate and become peer leaders. In practice this means that our „good“ peer support program will focus on peoples' resiliences and capabilities rather than trying to correct their problems. By this point, other DETAs will have already helped us uncover our abilities and resources, so we will use them to succeed in achieving our goals. We will start our journey in a group (or pair) by finding out what our intersts, goals and abilities are, and as we continue these will continously become clearer or change. As our goals become clearer, we'll find out what resources and skills we need to attain our goals.

These key ingredients, our own capacities, our goals and our own ability to improve form the foundation of an empowering recovery plan.

Together we will engage in our community and find resources to support recovery. As we achieve our goals, we will also need to find out where our resources outside the group are. We will form connections with family members, mentors and other stakeholders so that we can become leaders and improve not only ourselves but the situation at large, thus fighting outdated practices like coercion. They will identify, in their own words, what has worked for them, what they think is needed, and what they can contribute to the peer effort. This assessment also facilitates the building of important stakeholder relationships and serves as a foundation for effectively connecting people to resources in the community that support recovery. We have an ambitious goal, but we also have an immense amount of strength.

RESOURCES

Repper, Julie & Carter, Tim. (2011). A review of the literature on peer support in mental health services. Journal of mental health (Abingdon, England). 20. 392-411. 10.3109/09638237.2011.58394





The future of mental health care: peer-to-peer support and social media, Naslund JA, Aschbrenner KA, Marsch LA, Bartels SJ, Epidemiol Psychiatr Sci. 2016 Apr;25(2):113-22. doi: 10.1017/S2045796015001067. Epub 2016 Jan 8.

Core competencies of peer workers: <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers>. Updated December 19, 2018.

US Department of Health and Human Services. What Are Peer Recovery Support Services? <https://store.samhsa.gov/system/files/sma09-4454.pdf>. 2009.

Elosh project: <https://www.easpd.eu/en/content/elosh>





Instruction for the trainers

1. Before starting the session have a moment to plan – not only to review the content and other materials but also to see the space where the trainings will take place. Critical questions:
 - a. Is it accessible? If not – how to make it accessible?
 - b. Is it easy to find? Do you need to give more easy-to-read instructions or arrows leading to the training venue?
 - c. Is projector, flipchart and other things you need available?
 - d. Is there enough space to do group activities?
 - e. Is there enough space to follow social distancing and other measures required due to Covid-19 or other public health concerns?
 - f. Difficulties with language / communication
 - g. Difficulties with written material
2. To have a successive training a trusting atmosphere has to be created, so that participants feel safe to share their experiences or express their thoughts. Identifying together the rules of the group is a start for that. But it is very important for the trainers themselves to not show any stigmatization towards the participants. In contrary, to express full respect for their opinions even if there are different than the material presented. You as a trainer are here to share collective insights, to discuss them but not to preach the truth. Use emphatic listening techniques. Helping the participants feel respected adheres to the aims of the training - to empower people with lived experience of schizophrenia crisis.
3. Don't rush! Using any presentation or exercise give enough time for questions and reflections of participants. Once you remind the audience that they can give questions – give time for people to formulate those questions. Time spent in discussion is more important than covering all the slides of presentation in time. Always adapt your speed of giving information to the participants who need more time to understand the





material. On the other hand, always respect time for breaks and finishing the session in time.

4. Three different target groups might be participating in the training: people with lived experience of schizophrenia crisis, their relatives and specialists, or even people with experience of other mental illnesses. If it is a mixed group there are a lot of benefits to it – discussion can be more interesting and fruitful. But at the same time power imbalance can arise – relatives and specialists might be better spoken and more active during the training. Your role is to moderate the discussion in a way to give space for everybody's voice to be heard and express clearly that the experience of all these groups are equally valuable.
5. All those who train, facilitate and participate should respect each other's confidentiality. Any information or items of a confidential nature that is shared must not be disclosed to anyone else apart from other members of the training. You should treat all information you receive as confidential unless there is a clear reason to share it more widely. You should not share information about those attending or providing the training. If someone experiences anything that worries them, for example if they suspect fraud or criminal activity, they should take advantage of the complaint procedure.
6. Quality control. We propose two separate types of quality control-an anonymous complaint procedure and a quality control sheet to be used at the end of each session. This allows the participants to correct or address any of the issues they perceive without having to challenge poor behavior or issues directly. Both proposed documents are appended to the DETA.





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DETA 7; Objective 8.13_ Development of peer support dynamics

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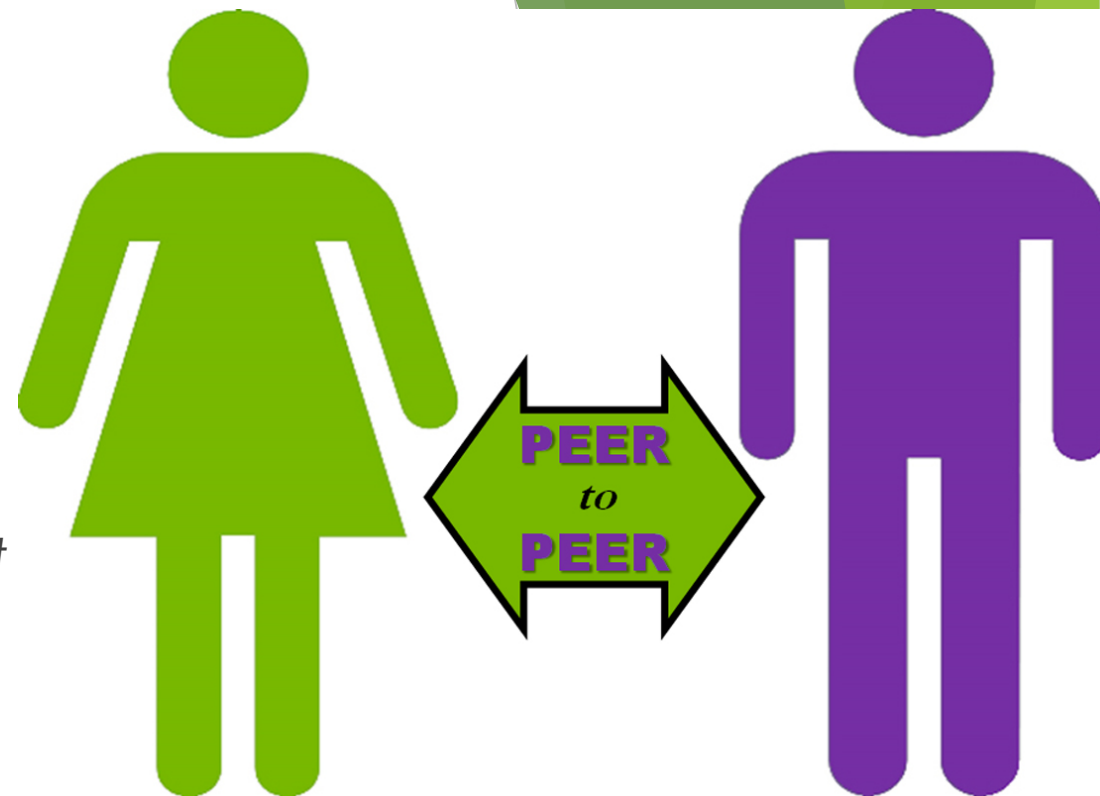


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*„Peer support is about being an expert at not being an expert
and that takes a lot of expertise “*



Name some examples of peer support

- Alcoholics Anonymous
 - Sports leagues
- Supervision meetings



So what is good peer support?

- ▶ **Recovery in first place**—Peers are supposed to place recovery at the center of their efforts. They focus on their strengths and resiliency and do not focus on their illness.
- ▶ **Inclusion**—Any peer group has to be inclusive and recognise that everyone has a different route to recovery and no one is better than anyone else.
- ▶ **Participation**—Peers need to be involved in creating the program they are going to follow, as it needs to be suited to their wants and needs.
- ▶ **Authenticity**—This is peer system, provided by peers and managed by peers. Make sure it is done that way.
- ▶ **Leadership**—Make sure that peers that want to do so can become leaders, so that they are able to guide and direct the service program and deliver support services to their peers.

What is most important about good peer support?

- ▶ How we communicate.
- ▶ What ways should we communicate?
- ▶ What is supportive communication?

**'It's nice to talk to others who
understand and can put themselves
in my shoes'**





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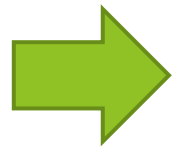
Exercise: Guess who you are!



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YES I HAVE A MENTAL ILLNESS
AND NO ITS NOT CONTAGIOUS



Debriefing: How did trying to guess
who you are make you feel?



This is why good and supportive
communication is important-we
will not guess and label but :



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Supportive communication skills
means:

- ▶ Listen to what is being said rather than offer advice/guidance
- ▶ Show interest by looking at the person, nodding agreement
- ▶ Allow the person time and space to talk
- ▶ Check your understanding by summarizing and feeding back, or ask for clarification/more information
- ▶ Encourage the person to speak freely
- ▶ Accept that feelings may emerge unexpectedly and that it is ok for this to happen
- ▶ Help underlying issues to be aired
- ▶ Enable solutions to be raised and investigated
- ▶ Try to identify the important aspects and not be distracted by lots of little issues



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*Thank
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A person who uses a wheelchair

A person who has a mental health 'disorder'

A person who lives in an institution (for people with mental health problems)

A person with intellectual disability

A nurse

A police officer

A politician

An EMT

A man who has a diagnosis of schizophrenia

A psychiatrist

Hearing-disabled person





Homeless person

A person who uses a wheelchair



EXERCISE: Communicating supportively

The following is a tried and tested approach to supportive communication. Play around with it and try asking yourself the questions, descending down the table. This will familiarize you with the supportive communication model.

G: Goal	<i>The goal i.e. the identified problem</i>
Suggested questions	<p>Explain briefly the issue or problem that you are currently facing.</p> <p>What are the outcomes that you wish to achieve?</p> <p>What is the timeframe for achieving these objectives?</p>
R: Reality	<i>What is going on that makes this a problem?</i>
Suggested questions	<p>What are the key factors that have led to the current situation?</p> <p>What aspects do you personally have control over?</p> <p>What actions have you taken so far?</p> <p>What obstacles do you see in the way?</p> <p>What resources would you need that are not already available?</p> <p>Where could these resources realistically come from?</p> <p>What really is the issue here?</p> <p>What is the root cause that makes this an issue?</p>



O: Options	<i>An idea storm of possible options (the idea is to generate ideas, not to sensor them at this stage)</i>
Suggested questions	<p>In what ways could you approach this issue?</p> <p>Make a list of all possible options – large or small, realistic or bizarre</p> <p>What else could you do?</p> <p>What would be your ideal scenario?</p> <p>What other suggestions can you make?</p> <p>Grade each of the suggestions listed on a scale of 1-10 – one having the least appeal/impact, 10 having the most</p> <p>Which of these actions appeals to you the most?</p> <p>Which would have the most positive impact?</p>
W: Will	<i>What will you do? The action plan</i>
Suggested questions	<p>Which of the list of options do you choose to take action on?</p> <p>Do these actions wholly meet your objectives?</p> <p>What is your measurement for assessing this?</p> <p>What is the timescale (start and finish) for doing these actions?</p> <p>What obstacles might arise to hinder the completion of your actions?</p> <p>What support do you need/require to undertake your chosen actions or overcome hindrances?</p>





	<p>How will you obtain this support?</p> <p>What commitment on a scale of 1-10 (1 = least, 10 = most) do you have to taking the identified actions?</p> <p>What prevents your grading from being 10?</p> <p>How can you raise the grade nearer to 10?</p>
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Peer Support Competences

First, let's once again look at what Peer support is:

https://www.youtube.com/watch?v=iUS4CYM_V2A

We have, by now, learned what good peer support looks like, but we still only have a cursory idea on how to actually achieve it. When we do, these stronger bonds between us, we will be able to put a halt to coercive practices long after this project ends as well as assist people in recovery and contribute to our communities. If we want this, we need to make sure we have the appropriate skills (competencies), so that our peer support system thrives and develops. These necessary competencies are called „Core Competencies“. These are not the values that we discussed before, but rather a group of skills that we need to adopt so that we can improve our performance, set goals and ultimately assess our progress.

Let's look at what a peer needs to know.

First cluster: Engages peers in collaborative and caring relationships

This category of competencies is focused on developing good, long-term relationships with people in the group. In this group of skills, there are skills related to relationships and skills related to recovery. A good peer therefore:

- Initiates contact with peers
- Listens to peers with careful attention to the content and emotion being communicated
- Reaches out to engage peers across the whole continuum of the recovery process
- Demonstrates genuine acceptance and respect
- Demonstrates understanding of peers' experiences and feelings

Second cluster: Provides support

The competencies in this category are critical for peers to be able to support each other. The core of this is supportive communication addressed earlier, but there are additional skills.

- Validates peers' experiences and feelings
- Encourages the exploration and pursuit of community roles
- Conveys hope to peers about their own recovery
- Celebrates peers' efforts and accomplishments





- Provides concrete assistance to help peers accomplish tasks and goals

Third cluster: Shares lived experiences

This cluster of competencies is, arguably, the most unique, as it is not applied in other settings. Peers need to be able to share their stories of recovery and problems in such a way that they can inspire and support each other. These stories are unique to each peer, so the value of confidentiality needs to be in place before such personal data is shared.

- Relates their own recovery stories, and with permission, the recovery stories of others
- Discusses ongoing personal efforts to enhance health, wellness, and recovery
- Recognizes when to share experiences and when to listen
- Describes personal recovery practices and helps peers discover recovery practices

Fourth cluster: Personalizes peer support

These competencies help peers to maintain a personal relationship and make sure that they don't forget each person has their own, unique path to recovery.

- Understands his/her own personal values
- Appreciates and respects the personal beliefs of peers and their families
- Recognizes and responds to the uniqueness of each peer's process of recovery
- Tailors services and support to meet the preferences and unique needs of peers

Fifth cluster: Supports recovery planning

Each recovery needs to be planned to an extent. If we want to be productive in our sessions, we need to think about what our goals are.

- Assists and supports peers to set goals
- Proposes strategies
- Supports peers to use decision-making strategies when choosing services and supports
- Helps peers to function as a member of their treatment/recovery support team
- Researches and identifies credible information and options

Sixth cluster: Links to resources, services, and supports

As was made obvious in previous seminars, not everything we need for recovery can be acquired from other peers. We need to realise that resources from the community, other services and support of other groups are necessary to succeed. We need to have the knowledge of as many possible resources as we can.





- Develops and maintains up-to-date information about community resources and services
- Assists peers to investigate, select, and use needed and desired resources and services
- Helps peers to find and use health services and supports
- Accompanies peers to community activities and appointments when requested
- Participates in community activities with peers when requested

LEVELS OF USE

So far, we have talked about skills and competencies of peer workers in a general manner. We can agree that everything covered so far is beneficial toward a peer supportive system, but it is obvious that not everyone will be equally good at mastering these skills. One of the general goals and values of peer services is also improvement, specifically improvement at being a peer supporter. Peer counsellors are usually divided into different groups according to experience:

- Essential – people when they start work or after an agreed induction period need to demonstrate this level of competency.
- Peer practitioner – people who have worked at least two years in their role need to demonstrate this level of competency.
- Peer manager – team leaders and other line managers need to demonstrate this level of competency.
- Peer leader – organisational leaders need to demonstrate this level of competency

For everything beyond an essential knowledge peer support, core competencies are not enough. In the following lessons we will concentrate on the advanced level: **Peer Worker competencies.**

RESOURCES

Peer support competencies: <https://www.tepou.co.nz/uploads/files/resource-assets/peer-support-competencies-2014.pdf>, September 2014

Jacobson, N. et.al. (2012). What do peer support workers do? A job description. BMC Health Services Research. 12:205

APA. Position Statement on Peer Support Services. <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2018-Peer-Support-Services.pdf>. May 2018.

Mental Health America. Peer Services. <https://www.mentalhealthamerica.net/peer-services>. 2019.





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DETA 7; Objective 8.13_ Development of peer support dynamics

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Last time we talked about
supportive communication.
Today, we'll see what other skills
there are.

6 clusters:

1. Engages peers in caring relationships
2. Provides support
3. Shares lived experiences
4. Personalizes peer support
5. Supports recovery planning
6. Links to resources, services, and supports



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The IDEAL HELPER

Reflect on a past problem and think about the person that you turned to for help.

What qualities and behaviors did that person possess?



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- ▶ What was it about the person that made you choose them?
- ▶ What specific aspects of their personality or behavior did you find helpful?
- ▶ What did they say or do which may have helped you to relax and encourage you to confide in them?



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DISCUSSION

Let's see what we agree on.

Does our list resemble the 6 clusters?



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Debriefing!

Characteristics of good helpers are universal. We can see them in the 6 clusters, but we can simplify them to 3 concepts that we really need:

Look at the printouts

Closure

► Homework:

Today's homework is all about thinking with the 6 clusters and the 3 core concepts and applying to your lives. When you think about people that help, you can think about how you should support others.

► Next meeting:

The next meeting will be online, as we'll discuss some more complex ideas. If you don't know how to use ZOOM or SKYPE, or if you don't have a computer, please let me know.



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*Thank
you!*



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1.) ACCEPTANCE

Communicate an atmosphere of respect and safety by:

- Accepting them for who and what they are
- Respecting the individual's beliefs
- Valuing them and their views
- Being non-judgmental
- Actively listening
- Being attentive
- Keeping confidentiality

2.) GENUINENESS

Communicate your true interest in a person and build trust by being:

- Authentic
- Straightforward
- Truthful
- Sincere
- Open and clear

3.) EMPATHY

Communicate that you are trying to understand a person's unique situation by:

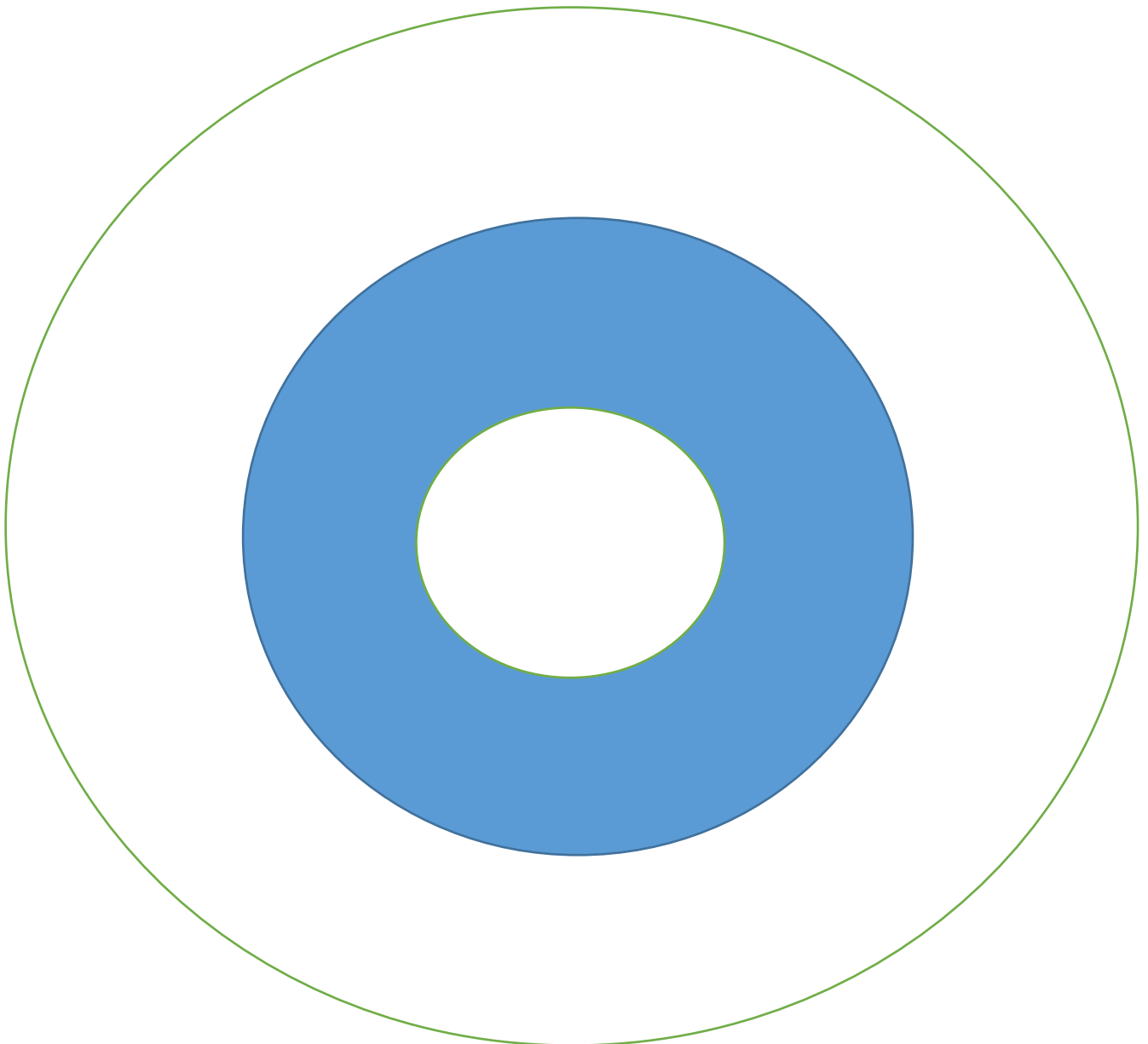
- Caring to understand what is really "going on" for a person
- Asking relevant questions about a person's circumstances
- Thinking, acting and feeling in the person's interest
- Refraining from making assumptions or judgements





Homework: Circles of helpers!

Write down the helpers you already have and think about why you like going to them for help. Put them in circles- the centre is the place for the person or people that you confide in or feel closest to on any level. The outer rings are for people that are more distant to you. You will not have to share this. Think about how your helpers have acceptance, empathy and genuineness.





WORKER COMPETENCES AND FORMING PEER SUPPORT SYSTEMS

For everything beyond an essential knowledge peer support, core competencies are not enough. Establishing a common set of values, common skills and goals is important for a peer group to function, but it does not mean that the peer system being implemented is up to the standards established over the previous decade.

In the previous theoretical document, a distinction was made between different levels of peer supporters. Since we want our peers to advance, become more knowledgeable and provide their experience to others so that non-coercive practices can be adopted sustainably, additional and continuous training is needed. While this course can not fully train each peer, it can present a solid foundation that can be built upon later. Therefore, we will first consider the necessary skills that peer workers need (as opposed to people simply participating in a peer system) and then follow up with the basics of setting up a peer support group. Both of these topics can be delivered online or through practical face-to-face training.

The following tables will show what degree of competency is expected of those that work as peer workers, giving back to their communities and guiding the process of recovery for those with less experience.

Peer support worker definition and example video:

<https://www.youtube.com/watch?v=SMO3F1mjSaA>

RELATIONSHIPS AND PEER WORK

First, we'll deal with relationships. This is the basis of peer work, and the more skills you have the further along the table you are, moving from basic all the way to leader roles.

Basic	Intermediate	Advanced	Leader
Can describe the concept of equality and its importance in peer support relationships.	Works with people who use the service as equals while acknowledging relative power and status as their worker.	Treats staff as equals while acknowledging relative power and status as their manager	Models and promotes equality in the organisation.





Can describe how to create safe conditions so people are able to share their lived experiences.	Provides a safe environment for people who use the service to be able share their lived experiences.	Supports staff to provide safe environments for people who use the service to share their lived experiences.	Ensures the organisation has policies and processes in place that support a safe environment to share lived experiences
Can describe the importance of privacy in keeping trust.	Can interpret relevant laws and documentation to work and peer principles.	Supports staff to maintain privacy under the relevant laws and directives and organisational privacy policies using peer principles.	Ensures organisational policy development and compliance in using the relevant laws, and stays current with developments and debates aligning these with peer principles.

GOAL ORIENTATION AND PEER SUPPORT

Peer support needs to have goals and aspirations and awaken or recognise them in each peer, otherwise peer support groups are not truly supportive.

Basic	Intermediate	Advanced	Leader
Can describe taking a purposeful approach to the peer counselling sessions.	Works with the people who use the service towards developing and maintaining goals in a format that suits them.	Ensures peer staff work purposefully with people in developing their life goals in a format that suits them	Ensures the organisation provides flexible formats and approaches to developing life goals for people using the service.
Can describe local services and resources that will assist people to reach their aspirations.	Works with people who use the service to find and use local services and resources that will assist them to reach their aspirations.	Supports peer staff to find and use services and resources that will assist people to reach their aspirations	Supports the organisation to collect and provide accessible information on relevant local services and resources for people and their carers.





Can describe the importance for people of reviewing progress and changing goals.	Works with people using the service to review their progress or make changes to their goals.	Ensure peer staff regularly review progress or make changes to goals.	Ensures the organisation provides flexible formats and approaches for reviewing life goals
Can describe the importance of affirming success and learning from setbacks for recovery	Works to affirm successes and share learning from setbacks in a style that suits the people who use the service.	Ensures peer staff work with people to affirm successes and share learning from setbacks in a style that suits the people using the service	Supports the organisation to measure success and that the information is used to improve the service

PEER SUPPORT PRACTICES

We have already found out what is necessary to be a good participant, but the requirements for a good worker go far beyond that. These are the hard-skills that are common among social workers and psychologists, but have their uses in peer systems as well.

Basic	Intermediate	Advanced	Leader
Can describe the rationale for peer support in mental health.	Can describe the origins of peer support in mental health.	Ensures staff understand the rationale and origins of peer support.	Stays current with developments and debates in peer support and communicates this to the organisation.
Can describe the growing role of peer support in mental health services	Can describe national policy in peer support	Informs peer staff of national policy in peer support.	Informs organisation of national and international policy and workforce development initiatives in peer support
Can describe types of peer support, peer support programmes and peer support settings.	In practice uses some of the different types of peer support, peer support programmes and	Informs peer staff of the different types of peer support, peer support programmes and peer support settings and	Informs the organisation of the different types of peer support, peer support programmes and peer support





	peer support settings	supports staff to use them.	settings including new developments.
Knows about peer-led tools used by peer support workers	Uses peer-led tools with the people who use the service	Supports peer staff to use tools in their work.	Familiar with a wide range of peer-led tools and ensures the organisation has access to and uses them.

Competencies are required at some level by everyone participating, but not everyone needs to be competent to the same level. These encompass a variety of roles, not all of which are necessary and not all of which will be present. It gives participants the option, however, to continue pursuing training and education in a direction they feel is lacking as it offers practical goals. They can also be used to inform a range of processes including the development of job descriptions, performance management systems and training curricula.

Make sure that your competencies don't stagnate and that every peer improves, not only for others but for themselves as well.

ESTABLISHING A PEER SUPPORT SYSTEM

After finishing with the above competencies, you might think that the requirements for having any success with peer systems are very high. This is not true. In fact, the final part of this DETA is establishing a peer network of our very own. Of course, if the organisation that you're taking this class at already has such a body you might want to talk to them and figure out how to implement a group on non-coercive practices.

In any case, here are suggestions on how to quickly, effectively and safely organise among yourselves:

Suggested Steps:

Visit / contact self-help groups in your area that deal with similar concerns or are run in ways you

might want to use. There are many benefits of learning from other groups, including:

- If an existing group already meets your needs, you may not need to start a new group.
- The existing group may assist with forming a "sister group"; allowing you to use the existing group and its members as a resource and support.





- The ability to learn from the strengths, weaknesses, and challenges of other groups.
- Talk with experienced self-help group leaders / organizers, ask them how they began their group(s) and what challenges they encountered.

You already have a group of people, so share leadership roles and tasks as early as possible. Peer support is a group process. It can be very difficult for a group with only 1 or 2 dedicated people to be sustainable. Look for people who want to help because they share your enthusiasm, but who are not overwhelmed by their own challenges. The mentors or leaders should understand that they are there only to help launch the group, not to lead it indefinitely. As your group grows, it is important to allow for skill development and leadership opportunities for new members.

Roles:

Each group will work out what the roles and responsibilities of its group members look like. Some groups set roles with clearly defined boundaries, while others wait and see what natural roles develop according to the skills and characteristics of members.

Meeting leader:

Helps meetings run smoothly by opening the meeting, helping figure out the agenda, making sure that the meeting is purposeful. They are NOT in charge. The meeting leader can remain the same, change or whatever other system the group sets up.

He:

- Keeps members on topic.
- Summarizing what members have said and the direction of discussions.

Participants:

Everyone is in this role and it's the one you now know enough about to join.

You:

- Actively engage in group discussions.
- Practice and develop skills.
- Provide feedback as requested.
- Seek feedback regarding personal goals.

Observers:

Some groups have observers. They can pay attention to what is happening and give recommendations.

They should report on:

- How is the atmosphere?





- How do people interact?
- Do people work together and enjoy working together?
- Is it a productive meeting?

How to run a meeting

The final chapter in this DETA and in this course is simply to prepare you for your first meeting. You should now be capable of discussing solutions to crisis situations, know how to empower yourself and, of course, seek support from each other. In the meetings you'll hopefully organise on your own you'll be able to find how to address coercion and seek support much more easily than up until now. So how are you going to go about organising the group?

- Prepare to be flexible, as people have different schedules
- Be prepared, arrive early, have an agenda
- Welcome everyone, every time
- Start on time
- Use icebreakers and other fun activities
- Check-in. Participants should each have the opportunity to talk
- Don't forget to check for regular business and do announcements as necessary. Practical business will, of course, intrude into your regular activities sometimes. It is best to get it out of the way early.
- Give your participants the opportunity to engage in some light hearted activities from time to time, so people can get to know each other and not be serious all the time.
- People will open themselves up slowly. This is normal, DO NOT force people to open up before they wish to themselves. It may take time.
- Close the Meeting and make sure you notify participants a few minutes ahead of time so that they can finish up.

You now have enough information to attempt a peer support system of your own. With discipline and by following the above, this can become a major influence in your and the life of your community. Never forget that you are capable of great change and improvement-and now you have the tools to achieve it.

Resources:

Self Help Alliance. 2013. Peer Support. www.self-help-alliance.com

Dennis, C-L. 2003. Peer support within a health care context: a concept analysis. International Journal of Nursing Studies, 40:321-332





Hill, Karen. 1987. Helping You Helps Me: A guide book for self-help groups. Canadian Council on Social Development

Peer support training manual, Trinity College Dublin, 2013,

https://www.tcd.ie/Student_Counselling/student_learning/assets/docs/old/Peer%20Support%20Training%20Manual.pdf

Elosh project, Training Pack, European Core Learning Outcomes for the Integration of Support and Housing (ELOSH) Two-day classroom based version,

https://www.easped.eu/sites/default/files/sites/default/files/universal_training_pack__classroom_edition_final_0.pdf



Erasmus + European project
Training program for the management of schizophrenia crisis in home environments



Co-funded by the
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