



Scottish Recovery Network

Conference summary report: Celebrating and Developing Peer Support in Scotland

SRN National Conference 2005
01st December, Glasgow

Background

The Scottish Recovery Network is part of the Scottish Executive's National Programme for Improving Mental Health and Well-being (www.wellontheweb.net). The Programme's over arching vision for Scotland is:

Improving mental health and well-being for everyone living in Scotland, and improving the quality of life and social inclusion of people experiencing mental health problems.

The Scottish Recovery Network has three main aims:

- To raise awareness of recovery from long term mental health problems.
- To develop understanding about the things that help and hinder recovery.
- To build capacity for recovery by supporting local action and highlighting and encouraging innovation in services.

To help us achieve our aims we run and support regular local and national events. Following contact between SRN staff and providers of formalised peer support services based in the United States it was agreed that this approach to providing services for recovery was worth highlighting in Scotland.

Purpose of the Conference

This conference was initiated by The Scottish Recovery Network to encourage interest in the field of mental health and wellbeing around the use, and development of, formalised peer support approaches in Scotland.

The aims of the conference were to:

- Raise awareness of models of formalised peer support being developed in the United States.
- Celebrate the variety of peer support activities going on in Scotland, already.
- Capture the uniqueness of peer support both here and abroad.
- Consult with a range of stakeholders on how we might apply international learning in Scotland.

Report format

This report was designed as a brief summary of the key conference presentations and workshop feedback. More detailed information on formalised peer support approaches and the event, including pictures and graphical representations of themes and ideas, is available at www.scottishrecovery.net or on request from SRN.

Key note presentations were provided by Gene Johnson and Lori Ashcroft (META Services, Arizona) and by Larry Fricks (Georgia Certified Peer Specialist Project).

Context

The conference illustrated how transformational change in services is being achieved in two areas of the United States through the employment of peer specialist workers. It raised awareness about existing peer support approaches in Scotland, and discussed the development of peer employee services.

Formalised peer support differs from informal peer support in that it is based on the concept of educating, training and employing peer specialist workers whose primary initial qualification is their lived experience of mental health problems and recovery.¹

The credential of what people bring (to services) is who they are. What they bring is their experience.

Gene Johnson, President, CEO META Services, Arizona.

Throughout the conference there was an emphasis on the positive benefits peer support and employment brought to the employees, and their organisations, as well as the service users.

In the United States, peer training and employment is becoming an increasingly accepted part of mainstream service provision, providing people with additional options to psychiatric treatment. For example, certified peer specialists are funded by Medicaid, and national guidelines have been developed at a Federal level to support States introducing peer support services and a peer trained workforce.

Recovery and formalised peer support in the mainstream

For some time the mental health service community in the United States has been debating how to realise the vision of a recovery orientated mental health system², and the role of peer employees within mainstream psychiatric services has emerged as a key component for success.

The conference speakers stressed peer support programmes have made a positive difference to people's lives and produced effective outcomes. In Arizona, META services transformed from being what Gene Johnson described as a 'traditional service provider' to a provider where 53% of its staff (196 people) are peers, more than \$5million is spent on peer operated services, and restraint is never used.

The Georgia Certified Peer Specialist Project was begun when the State Government threatened to ask for a repayment of funds because 'outcomes' weren't satisfactory and insufficient people were moving on and out. The change in services to peer provided care began because consumers were around the planning table and pushed for it. Now the project is funded by both the state and federal government, which commissioned it to produce resource guides for implementing peer employee services across America.

¹ For a definition of 'peer support' see the SRN briefing paper at www.scottishrecovery.net

² This has been encouraged by the President's New Freedom Commission for Mental Health report (2003) which stated that the vision for the future is that everyone with a mental illness will recover and everyone with a mental illness has access to effective treatment and supports.

How does it work?

Larry Fricks, who personally has recovered from bi-polar illness, says that peer support works because it is based on someone's strengths. The starting point is to consider what you have and how you can build on it, rather than concentrating on the person's illness, symptoms and deficits.

In Georgia and Arizona, training and employment of peer support specialists is linked: there needs to be opportunities for people to find work after the training for it to be meaningful. Both peer support projects consider paying a fair wage and creating a career ladder as crucial to integrating peer workers successfully into the workforce. The peer training is 'certified', for example people who undertake META's training earn college credits and can work towards an associate arts degree.

Transformation

Key speakers were clear that their experience of introducing peer support services has been a transformation. It's much more than training peers: it's, what was described as, a "life altering" recovery experience for mental health services.

Gene Johnson described what has happened in META Services, and they hope will happen across the USA, as "a profound, deep, intense, and penetrating alteration in the status quo". It is something which has spread from the belief that "recovery is a fact", but like all transformations it has faced resistance, and required long, hard work, vision and strong leadership.

Several arguments have persuaded the federal and state governments of the value of peer employees. The experience in Georgia and Arizona is that training and employing peer support workers has made the mental health services more efficient and effective. Money has been saved on high level care, for example, the hospital admission rates have significantly declined for qualified peer support workers. META has spent those savings on peers' salaries. Initial evaluation results from the Georgia service confirm findings from other studies of peer support approaches, identifying improved outcomes for service users on a number of measures.

Morning workshops

For the morning workshop delegates had the opportunity to hear about existing peer support approaches in Scotland: Health in Mind and Befriending Network Scotland highlighted their work with peer support in befriending programmes, Acumen spoke about peer support and advocacy, and Positive Mental Attitudes hosted a workshop about peer support and campaigning. The Wise Group spoke about their formalised peer support project in the prison setting, which is similar to the peer support work in Arizona and Georgia. Former prisoners are trained as life coaches to work to support prisoners in their transition from prison into the community.

Afternoon workshop feedback

In the afternoon workshop delegates were asked to consider the necessary steps towards developing formalised peer support worker roles in Scotland.

Participants were enthused by the conference and keen to learn lessons from the American experience. Responses can be summarised as follows:

1. The development of more formal peer support services offers an opportunity for service users to be employed as experts. It can provide positive recognition of their experience, support in their own and other's recovery and a chance for service users to be involved alongside other professionals, as their equals, in care and treatment.
2. The development of peer support services in Scotland should involve service users as equals in planning and implementation. Development of peer support services should take account of current, local good practice particularly around voluntary sector projects with peer support elements. However, for formalised peer support to develop, the buy-in of the local authorities and health boards is essential, and it's envisaged they will create peer posts. This may be facilitated by the evidence from the USA that formalised peer support services can result in cost savings around acute care.
3. It is important that formalised peer support is recognised as a part of mental health service development at the national, strategic level, and training be developed. Significant coordination will be required to move forward the successful development of peer support services in Scotland.
4. Alongside developing peer support services, it's desirable to develop a network of interested agencies and individuals which could act as champions of peer support services; record positive stories around the power of local peer support and continue to spread the message of recovery, for example to the general public.

Making it happen in Scotland

All speakers were clear that the enthusiasm and leadership of the service user movement was crucial to the success or failure of new services. There was considerable interest and enthusiasm amongst delegates and workshop feedback emphasised the need to for all interested groups to work collaboratively on developing peer training and employment.

The event raised people's hopes, as it is thought it might be a springboard to developing peer specialist worker roles in Scotland. At the end of the conference, the Head of the Scottish Executive's Mental Health Division, Geoff Huggins, committed to supporting the development of accredited training for peer support specialists. This is a substantial step forward and SRN will be working with interested parties to try and make a formalised peer specialist workforce a reality.

This report produced jointly by the Scottish Development Centre for Mental Health and the Scottish Recovery Network, January 2006.

