People participation and peer support

Speakers:
People Participation Lead
Two Peer Support Workers (PSW)

Introduction to the service
60 peer support workers across the Trust, in both inpatient and community teams
4 in forensic teams since the last 4 years. PSW started 12 years ago
Started on the back of carers feedback, with many reporting high rates of dissatisfaction.
They participate in User Involvement Groups, looking to improve ward services, challenge old practices and to focus on co-production
Peer support training happens over 8 weeks and is accredited by the RCPsych.

PSW 1
Discussed the training they receive.
Uses principles of peer support to encourage and support peers.

Key Principles:
Meet with peer in safe environment
Mutual respect
Promote autonomy; if service user (SU) takes the lead it helps with resilience and confidence
Inspiring hope
Social inclusion and connectedness

He spoke of his journey as a SU.
Initially declined role as peer support worker when approached but then met a peer colleague and accepted the role.
He has now been a peer support worker for 3 years. Works in Community Forensic Team with 6 clients. He meets them for social activity and home visits.

PSW 2
Discussed his journey as a SU. He described an admission to hospital for 2 years when met he met the PP Lead and did his training. He has been working with psychology to co-facilitate a group. He continues to run the support group and has clients in the community.

He has also worked on an inequalities project looking at how the system works and commented on the need to remind people “are you talking to me or my illness”

He discussed spirituality. He said many SUs have spiritual beliefs and a “fear of the devil” which can exacerbate illness experience. Little attention is paid to spiritual beliefs when in hospital but this creates challenges when returning to these social support groups on discharge. Discussed how there can be a a lot of confusion between spiritual beliefs and illness. Has supported improved spiritual awareness within services and recruitment of spiritual leads within inpatient settings.

Question and Answer session:

What support do the peer workers get as the role could be triggering.
Informed they have supervision regarding their role and the impact on this on their mental health is explored and time off offered as needed. Each PSW has 2 types of supervision; peer and line management. Also refresher training is given to ensure boundaries are maintained.

How do they balance self disclosure and the role of their experience alongside the need for privacy and boundaries
They tend to inform SU early on about their lived experience which helps joint working. However the details of their experiences are kept limited eg may share where they have been admitted.
Issues can arise when they have met SU they had been detained alongside and the risks of being treated in an overfamiliar way, so the need to ensure they continue to maintain boundaries.

How do they manage those with lack of insight.
PSW described one SU he was working with who was using cannabis and was reporting to have many problems to deal with. He described to the peer how his habits were not giving him the time and headspace to work on the problems. When this was reflected back the SU became verbally aggressive and he had to terminate his role. PSW spoke of how you can't force people to have insight
PSW had a SU with no insight. Attempted to engage him with open questions, but SU not comfortable with this so he kept it light. It took 4 months+ to gain his trust sufficiently to be able to encourage him to use the support available

What happens when a client's mental health deteriorates and how do they manage that
PSW 1 as yet has had no experience of this, but commented that they have a phone system which can alert for support as needed. PSW 2 reported that can often recognise early signs of illness which then gets reported to their line manager and a decision is made about their ongoing involvement with the SU. They are kept in the loop about any concerns about a clients mental state.

Spirituality in hospital and role of the leads in hospital
They now have muslim, christian and general faith leads. They have faith meetings and specific faith leaders can be brought in to support as needed. Training in faith is now delivered.

What forums are there to deal with social inclusion and barriers to this e.g. racism.
Majority of the PSW's come from BAME backgrounds as they are disproportionately represented in the forensic services. There are currently no white PSW's. PSW discussed the commencement of men's group to support them to engage more with their emotions. Work is in its early stages, but all are keen to develop and grow this in view of hgh rates of suicide in male populations.

PSW was asked why he said no initially to becoming a PSW and his thoughts now on recruiting others

All discussed the need to expand the service. Currently interested individuals can shadow existing peer workers to support participation/recruitment. They also attend the wards and speak of their experience as a PSW, describing what they do; ie 1:1 work and co-facilitating groups and outings in the community. He commented that they get paid and it doesn't affect their benefits as less than the 18 hours.

Discussed case load mix, numbers in hospital vs community and whether they are ever asked to support those in MHT.

Currently only one PSW for in-patients, the low secure unit. In-patient work is very different from community work. There are no current PSW's in the MSU. They would be happy to support in MHTs if asked. It was discussed the potential benefit of the emotional support that could be provided by PSWs to support participation of the SU in the hearings

There remain challenges in ensuring trust in the PSW from the clinicians to support them being part of the MDT.