

Walk the Walk and Talk the Talk

A summary of some peer support activities in IIMHL countries



AUCKLAND

Level 2, 8 Nugent Street (B), Grafton
PO Box 108-244, Symonds Street
Auckland 1150, NEW ZEALAND
T +64 (9) 373 2125 F +64 (9) 373 2127

HAMILTON

Kakariki House, 293 Grey Street, Hamilton East
PO Box 219, Waikato Mail Centre
Hamilton 3240, NEW ZEALAND
T +64 (7) 857 1202 F +64 (7) 857 1297

WELLINGTON

Level 3, 147 Tory Street
PO Box 6169, Marion Square
Wellington 6141, NEW ZEALAND
T +64 (4) 237 6424 F +64 (4) 238 2016

CHRISTCHURCH

PO Box 7683, Sydenham
Christchurch 8240, NEW ZEALAND

Walk the walk and talk the talk

A summary of some peer support activities in IIMHL¹ countries

Janet Peters

May 2011²

*“My peer support worker is the genuine article who has walked the walk
so she can talk the talk.*

She is an inspiration and gives me hope”³

“Relate to a person’s potential and you call forth greatness”⁴

¹ International Initiative for Mental Health Leaders (www.iimhl.com)

² This report was revised from the 2010 version.

³ Service user, Centre for Addiction and Mental Health, Toronto, Canada, June 2010

⁴ Ike Powell

“Walk the walk and talk the talk”: A summary of some peer support activities in IIMHL countries has been undertaken as there is growing interest in this way of delivering services. Knowledge exchange is what IIMHL is all about and this report is a great example of how each of the seven IIMHL countries can learn from the experience, innovations and lessons of other countries.

Peer support services are seen by many as a key strand in the overall mental health and addictions tapestry.

Hundreds of people from across the seven IIMHL countries contributed to this work and we are very grateful for their support.

I would like to thank Fran Silvestri, Director of IIMHL, for suggesting this work; Te Pou, the National Centre for Research, Information and Workforce Development, in New Zealand for funding this work; and, Janet Peters for writing the document.

Kathy Langlois

**Chair, IIMHL
And
Director General
Community Programs
First Nations and Inuit Health Branch
Health Canada**

During the last five years we have received many requests from leaders within the seven IIMHL sponsoring countries for information about the current research, examples of peer support services, expert who have designed and implemented systems and contact details. We felt an obligation to try and gather more current information on peer support services.

It made us aware that there is a very innovative environment with many different models and services being delivered within IIMHL countries. This paper is far from comprehensive. It is a start. Each time we asked for leaders to review this, more examples emerged. We have chosen this time to release it knowing that there is more we did not capture. We know that a rewrite will have to be done to keep this as alive as possible. We hope that this snapshot of information about peer support services is helpful.

I want to thank Janet Peters our NZ IIMHL liaison for her leadership in writing this paper and our many colleagues from each country for your contributions.

I also want to thank members of Interrelate for their expertise and look forward to our continued collaboration.

Finally I want to thank Te Pou in New Zealand that manages mental health workforce efforts in the country. Without their additional funding and technical expertise, this paper would not have been possible.

Fran Silvestri

**Director
IIMHL**

Tena Kotu Katoa

People with experience of mental illness, distress and/or addiction working in services can make a unique and positive contribution to responsiveness and effectiveness. The development of this workforce is a priority in New Zealand and international countries. There are a number of service user designated roles in the mental health and addiction sector internationally. These include consumer advisors, auditors, trainers, advocates and peer support workers.

Peer support workers share a common experience of illness or distress with the people they work with and provide support towards wellbeing. This sharing of knowledge and experience assists those receiving or needing services to focus on what works in a very practical sense – using empathy and understanding of this nature can help someone navigate their way through services and be strengths based in their recovery journey.

Te Pou as the national centre for mental health research, information and workforce development aims to influence this positive experience in growing an understanding of requirements for the service user workforce. We will work with Government agencies and the sector to put this understanding into practice.

This report will enable New Zealand and our international partners to understand the current situation for the service user workforce and share innovations and learning in its development.

We look forward to your comments and feedback

Ka Kite Ano

Robyn Shearer

Chief Executive Te Pou

EXECUTIVE SUMMARY

1. IIMHL put out a call for documents on the status of peer support services in the participating countries: Australia, Canada, England, Ireland, New Zealand, Scotland and the US. The aim was to quickly share innovation, resources and information across countries.
2. This current document first outlines the policy context for peer support services in each country. It also summarises the information sent in (where available) by country (in alphabetical order); that is, findings of reports, articles/evaluations; projects, processes, services and websites; personal stories,

training, references and other contacts. Some further information was then gleaned from websites. *To note: this is not an exhaustive review or analysis of all peer support issues, rather a summary of information sent in to IIMHL.*

3. For the purposes of this document we are referring to purposeful peer support roles rather than the informal peer support we get from our friends and family. Peer support work in mental health and/or addiction workforce is provided in a purposeful contextual framework. Peer support workers are trained to support people currently experiencing mental illness/distress and/or addiction issues towards wellbeing. Some of the information sent in was wider than this definition but we also included it.
4. The documents supplied showed that all seven countries have national policy documents which include strengthening the service user/consumer workforce and most plan to include peer support services as part of service development plans for the future.
5. As the documents show, peer support services may operate effectively across the whole continuum of tertiary, secondary and community services for mental health and addiction services and primary care services. We found peer support facilitated groups in Forensic inpatient services, peer support in acute inpatient services, in community based non-government organisations (NGOs), peer operated respite services and alternatives to acute inpatient stays; peer operated “warmlines”, peer services in primary mental health care; and peer led training, recovery education and evaluation. Access to clinical support is important in some services (e.g. respite services) so that both peer and clinical services work together to meet the service users’ goals. It was noted that the addiction recovery peer model has a continuum of service models that are not necessarily inclusive of clinical settings, but instead have a focus on community settings in which natural supports are highlighted.⁵ White (2009) notes that *the history of addiction treatment and recovery in the United States contains a rich “wounded healer” tradition* (p. 7).
6. Overall findings suggest that peer support services are effective in encouraging people to move from “*patienthood to personhood*”⁶. Benefits include: decreasing hospitalisation and mental health service usage, reduction of symptoms of mental distress, increases in quality of life, improvements in social support and accommodation/housing, increased rate of volunteering and employment, less reliance on benefits, improvements in physical health (when this was targeted) and increases in use of recreational and community agencies; in addition as peer support workers cost less than clinicians – suggesting that they are cost-effective. Peer workers have also been used successfully in education, evaluation and training roles. All roles may lead to the decrease of stigma as people in services and communities see consumers contributing to services in a positive way.
7. Related benefits can be seen reported by peer support workers themselves. Many have reported: increased confidence, self-esteem, increased knowledge of mental health and mental distress; increased levels of employment lead to better financial situations, increased volunteering, social support and networking; and increased aspirations for life – all factors that enhance and maintain people’s wellness. In addition reported decreased use of mental health services suggests less distress. For family, carers and people in the community the more effective, less coercive approach means that families may be more relaxed as the right support is provided to the individual and family. For services clinical staff may be more effective as they are able to really ‘hear’

⁵ Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services, email communication via Rose Shannon, 29 October 2010.

⁶ Overview of Future Directions Consumer Operated Services. Department of Communities, Community Mental Health Branch, Queensland, Australia. November 2009, p.3.

the service user voice and thereby communication may be improved and reduction of stigma. Meaningful relationships with staff lead to a more valuing and effective service and reduced use of resources in statutory sector⁷. In addition the reduction of demand on acute inpatient and other mental health and health services is an important outcome.

8. Several countries have training programs for peer workers that vary in structure and content, depending on the program and the country of origin. Some countries have certified training programs with a core curriculum based on a recovery model of support, rather than a clinical model. Two key models of training are Wellness Recovery Action Plan (WRAP; Mary Ellen Copeland) and Intentional Peer Support (Shery Mead). Peer workers have also accessed shorter specialist workshops around such topics as co-supervision, crisis work, Hearing Voices and Recovery. Recovery Innovations from the US are seen by many countries as leaders in implementing peer work.
9. Factors that strengthen peer support workers effectiveness include: careful planning for peer support workers (e.g. information about how the mental health services operate – staff roles and responsibilities, effective training (e.g. confidentiality and ethical codes), supervision and ongoing mentoring; and pay commensurate with other workers). Such practices within organisations were called “mindful employers” by one agency in that systemic change needs to occur to enhance the peer workers work. Factors that assist clinical staff in services in their embracing of peer support workers include: information about the effectiveness of peer support; how clinical and peer roles can intersect and benefit the service user - thus helping clinical staff to see the added value of peer support workers.
10. This report is limited in that it only reports on material that was sent to IIMHL. Thus it does not go into depth on some key issues (e.g. specific population groups like indigenous people, women, and people with co-existing challenges).
11. However it is now clear that peer support services are seen as a key part of effective mental health services now and in the future in most countries participating in IIMHL. The gains outlined above also point to the fact that (as noted by White, 2009) peer support services can have a transforming effect on larger systems of care and on our society, by enhancing recovery outcomes and elevating public and professional perceptions of hope for recovery.
12. Future efforts to strengthen the role of peer support workers may include the development of national/state guidelines to improve consistency in roles, job descriptions, competencies, training (e.g. confidentiality and ethical codes of practice), supervision, documentation, equitable pay etc. Continued evaluation of peer led services may capture the unique qualities of peer support work and add to the growing body of knowledge around these important services.

BACKGROUND

⁷ Together, www.together-org.uk, Briefing Paper, June 2010

IIMHL is made up of seven countries: Australia, Canada, England, Ireland, New Zealand, Scotland and the USA. As the establishment of peer support services is a growing force in each country's mental health development policy; and, each country is at a different stage of development, a call was put out for information from IIMHL members so that knowledge and innovation about peer support service development could be shared.

The following summarised information has been obtained largely via email from IIMHL members; thus it is not a definitive review of the area. We are grateful for the generosity and expertise of people from each of the seven countries who have taken the time to contribute to this report.

A draft of this report was sent to national leaders of the seven countries and other key commentators for comment and then the report was revised.

Some authors use differing terms (e.g. consumers, survivors or service users; and, peer support workers, peer specialists etc). I have chosen to use the language that the specific author has used in his or her article/report. The spelling uses the format of the country in question.

REPORT CONTENT

This report summarises information under the following headings:

- Peer support defined
- Limitations of this report
- Policy context

Then by country in alphabetical order:

- Reports
- Articles/evaluations
- Projects, processes, services or websites
- Personal stories
- Training
- References sent in by people
- Other contacts/people who helped

PEER SUPPORT DEFINED

Bradstreet (2006) noted three types of peer support:

1. informal/unintentional and naturally occurring peer support
2. participation in consumer or peer-run groups and programmes

3. use of service users as paid providers of services – formal or intentional peer support.⁸

For the purposes of this document we are referring to the latter two types - purposeful peer support roles rather than the informal peer support we get from our friends and family. Peer support work in mental health and/or addiction workforce that is provided in a purposeful contextual framework. In intentional peer support, workers are trained to support people currently experiencing mental illness/distress and/or addiction issues towards wellbeing. It is non-clinical, it is not a treatment; and, it is optional – people cannot be compelled to use it. A simple definition comes from Australia: *“A Peer Worker is someone with a lived experience of mental illness, who is living well and is able to support others experiencing mental illness in facilitating their own recovery”*. www.peerwork.org.au

From the US came the early defining words: *“Peer support is a system of giving and receiving help founded on the key principles of respect, shared responsibility, and a mutual agreement of what is helpful”* (Mead et al, 2001). Mead (2003) notes the language used is centered on *“hope, recovery, connection, story-telling, healing journeys, loving attention, dignity, friends, spirituality, empowerment and the transformative power of crisis”*. Mead’s work is taken further in New Zealand: *“A peer support worker is a person-centered worker whose actions are underpinned by recovery and strength-based philosophies. The life experience of the worker creates common ground from which a trust relationship with the person is formed. Empowerment, empathy, hope and choice along with mutuality are the main drivers in purposeful peer support work. There is great deal of*

strength gained in knowing someone who has walked where you are walking and who now has a life of their choosing. In this way it is different from support work or clinical work or community work - it comes from a profoundly different philosophical base.”(www.tepou.co.nz)

“I am not a diagnosis, I am a human being and as such I am more important than my diagnosis.

Peer Support sees the person first, understand their distress and can offer true solutions that the Supporting Peer has used themselves”⁹

In general the terms ‘peer support/peer specialist’ and ‘consumer/survivor’ or ‘service user’ are not seen as being interchangeable by many. Peer support is a way of delivering a service, a philosophy, a model – the relationship rather than the person. Consumer implies a political voice. (In saying this however, some countries and agencies do use the word consumer).

In addiction services recovery is seen within the model as a personal [journey](#), that may involve developing [hope](#), a secure base and sense of self, supportive [relationships](#), [empowerment](#), [social inclusion](#), coping skills, and [meaning](#). Originating from the 12-Step Program of [Alcoholics Anonymous](#) and the [Civil Rights Movement](#), the use of the concept in mental health and addictions emerged as [deinstitutionalization](#) resulted in more individuals living in the community. A very good background to the early origins of consumer involvement in mental health care and consumer activism in the US in the 1970s is outlined by Franke et al (2010)¹⁰. As a result of this activism, a pivotal change in mental health (and a facilitator of the growth of peer support services) has been the recognition that service users can (and do) recover and regain control over their life and have a meaningful and contributing role in society. *“The benefits of peer support can be explained by the underlying psychosocial processes including social support, experiential knowledge and the personal benefits derived from effectively helping others”*(p.180).

⁸ Bradstreet S, Harnessing the ‘lived experience’. Formalising peer support approaches to recovery. *The Mental Health Review*. Vol 11, 2, 33-37.

⁹ Peer Support Worker, Peer2Peer Group Member, Together, England.

¹⁰ Frank C, Paton B & Gassner L-A Implementing mental health peer support: a South Australian experience. *Australian Journal of Primary Health*, 2010, 16, 179-186.

Recovery has gained impetus due to a perceived failure by services or wider society to adequately support social inclusion and the journey to wellbeing, and by studies demonstrating that many can recover. The recovery model has now been explicitly adopted as the guiding principle of the mental health systems of a number of countries and states.

Just as consumer involvement in service planning, research and evaluation of mental health services has grown, so have the types of peer support and peer support services that are available for consumers. Peer support now can mean a range of services: from the most basic form of peer support (the informal mutual support provided by individuals on a one-to-one basis) through to Peer Specialists (trained and employed to provide support to consumers within mental health or addiction services); through to totally peer run standalone services (e.g. peer run respite services, addiction services or alternatives to hospitalisation).

LIMITATIONS OF THIS REPORT

As noted earlier, this information in this report has been obtained largely via email from IIMHL members; thus it is *not* a definitive review of the area.

It is of note that most information sent in referred only to peer support services in mental health services – not addiction services. This may reflect a stronger emphasis in IIMHL on mental health rather than addictions? One leading addiction service user in New Zealand noted that there may be many reasons for this in her country; for example, less government policy oriented to this concept, peer support services may not be seen as an effective workforce by the addiction workforce, addiction services may use more ‘volunteers’, and it has also been reported that people who use addiction services are more likely (after recovery) to go on to train as counsellors¹¹ – these may be some reasons. However it was stated that this statement may not be accurate for other countries, for example in the US *“addiction recovery support services have historically been rooted in mutual aid societies and separate from clinical settings. However addiction recovery support services are recognized as an effective practice by the addiction workforce and many service models involve paid peer specialists/recovery coaches. Although some individuals in recovery do seek professional training as clinical counselors, the majority of individuals in recovery sustain vocations in many areas including peer recovery specialist/peer leaders/administrators”*.¹²

It has been pointed out that the document does not address the value of both mental health and addiction recovery services in addressing the unique needs of disparate populations and those with special needs (e.g. women, HIV/Aids, LGBTQ communities and people with physical challenges¹³. In addition while the document only refers to IIMHL countries and there will be a literature around peer support services in non-English speaking countries. Although we know that certain racial or ethnic populations have been poorly served by mental health and addictions services (e.g. in the US American Indians, Alaska Natives, Native Hawaiian, African Americans, Asian Americans and Latinos¹⁴; in Australia Aboriginal and Torres Strait Islanders; and in New Zealand, Maori, Pacific peoples and

¹¹ Rhonda Robertson, Consumer Project Leader, Matua Raki National Addiction Workforce Development, New Zealand

¹² SAMHSA, email communication via Rose Shannon, 29th October 2010

¹³ Ibid.

¹⁴ Ibid

Asian communities) – these issues are not adequately addressed in this report. In addition little work sent in talked about indigenous peoples’ use of peer support services however in New Zealand Maori (as well as Pacific peoples) have successfully worked in and/or used peer support services.

These will all be fruitful areas to focus on in relation to peer support services in the future.

The disability sector is not covered in this report. Lorna Sullivan of the International Initiative for Disability Leadership (IIDL) notes that “*peer support is not a common approach in the area of disability, although examples of small scale peer mentoring programmes do arise from time to time particularly in respect of young people with physical disabilities. It is however much more common to see collectives of disabled people coming together in well established political advocacy networks such as the international People First network and Disabled Persons International*”¹⁵.

POLICY CONTEXT

Country	Policy context
Australia	<p>The Australian Government website (www.health.gov.au) notes that the programs being implemented by the Department of Health and Ageing, with the aim of improving the mental health of Australians, are directed by the:</p> <ul style="list-style-type: none"> • National Mental Health Strategy http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-strat • Council of Australian Governments' (COAG) national action plan on mental health (2006-2011) http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-coag • National Mental Health Policy 2008 http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-pol08 • Fourth National Mental Health plan http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-f-plan09 <p>Queensland Context The Queensland Health Mental Health Directorate is guided by six principles, five priorities and a number of actions under the Queensland Plan for Mental Health 2007–17. The six principles are:</p> <ul style="list-style-type: none"> • Consumer and carer participation • Resilience and recovery • Social inclusion • Collaboration and partnerships • Promotion, prevention and early intervention

¹⁵ Lorna Sullivan, email communication, 30th August 2010.

	<ul style="list-style-type: none"> Evidence-based <p>The Queensland Plan for Mental Health 2007–17 identifies that <i>by 2017, the Queensland Government will have improved the capacity of the non-government sector to deliver a range of mental health services in the community, towards a ten year target rate of ... 3 places per 100,000 population for crisis and respite services.</i>¹⁶</p> <p>The Queensland Plan for Mental Health 2007-2017 is downloadable from the following Website: www.health.qld.gov.au/mentalhealth</p>
<p>Canada</p>	<p>In Canada, health care is primarily the jurisdiction and responsibility of the ten provinces and three territories who develop and fund their own strategic (mental) health policies and programs. Canada does not have a national mental health plan however the key document which led to the establishment of the Mental Health Commission of Canada (MHCC) was 'Out of the Shadows at last: transforming mental health, mental illness and addiction services in Canada' (The Standing Senate Committee on Social Affairs, Science and Technology, May 2006). www.parl.gc.ca.</p> <p>The Mental Health Commission of Canada's goal is "<i>to help bring into being an integrated mental health system that places people living with mental illness at its centre</i>". In November 2009 the MHCC released a framework for the development of a mental health strategy for Canada entitled Toward Recovery and Well-Being (www.mentalhealthcommission.ca). The framework outlines seven linked goals for a transformed mental health system.</p> <p>The Service Systems Advisory Committee's mission is to provide advice to the Commission on the ingredients necessary to create high performing mental health systems that meet the needs of people living with a mental illness. The committee has determined "<i>those ingredients include but are not limited to: diversity, peer support/consumer-operated programs, supportive housing, health human resources planning, concurrent disorder capacity and the interface between primary health care and mental health systems across the country</i>".</p> <p>The committee recently undertook a project to: "<i>Complete a review to examine the range of supports and services directed and provided by people who live with mental illness. Ensure the inclusion of peer-support and consumer-directed services are identified as best practice in the provision of comprehensive mental health care</i>". More information about this project. This applied research project was conducted by a group of international consultants with lived experience, two of whom were from Canada. The data collection included: a critical review of the peer support literature, 220 written submissions, and interviews and focus groups with over 600 people across Canada. The final report entitled Making the Case for Peer Support is described in the section on Canada below.</p>

¹⁶ Queensland Government, Queensland Plan for Mental Health 2007-17, p25, June 2008

<p>England</p>	<p>The last iteration (December 2009) of mental health policy (New Horizons: A Shared Vision for Mental Health) set out the twin aims of: (1) to continue to provide high-quality mental health services; and, (2) to move towards a mentally healthy society, where people understand that mental wellbeing is as important as physical health in living a full life. This cross-government programme of action stretched from childhood to older adults and took a more preventative approach taking into account issues such as personalisation, employment and housing outcomes and tackling stigma. This document was stood down when the Coalition Government came in May 2010. However the new Government announced in early September 2010 that they want a revised mental health strategy which is likely to be out by December and expect this to reflect the consensus of priorities that appeared in New Horizons, but in the context of a very different approach to policy and delivery.</p> <p>The view of this new Government, is that the Department of Health should no longer be developing policies that go into detail about service delivery, rather these should outline high level outcomes which will be then be interpreted by the new independent National Health Service Commissioning Board. What this means in practice is still somewhat uncertain, but it is clear that policy is not going to have the level of detail that was under the National Service Framework about service configuration or anything that resembles targets for innovations like peer support services.</p> <p>Minister for Care Services Paul Burstow confirms the commencement of work to re-shape mental health strategy. <i>“We must also draw on a broader canvass in preventing people from developing mental illness in the first place. The new Public Health Service and the health improvement role of local Government will help, but this stretches far beyond just health. In fact, it covers all aspects of community life. First, it involves other public services - from Jobcentre Plus and housing teams, through to children’s services and environmental planning, we need to ensure the right support is there to help people stay on track and in control of their lives. Second, it requires us to empower neighbourhoods, stimulating those active exchanges between people that can have such a healing effect on people and places. And third, it means galvanising charities and grassroots community groups that can reach out to people on the cusp of depression and draw them back from the brink. In the months ahead, Ministers from the Department of Health and across Government will reshape mental health strategy to set clear outcomes and offer a roadmap for delivering them”.</i> (http://www.nmhdu.org.uk)</p> <p>Director of the National mental Health Development Unit, Dr Ian McPherson notes <i>“Thus while England does not currently have any formal policy documents that address peer support services, the provision of more recovery oriented services and personalised care are likely to be among the key outcomes of the new Strategy and within this it would reasonable to point out that peer support services are likely to play an increasingly significant role in helping to deliver these outcomes. In this we would be drawing on the international evidence from IIMHL</i></p>

	<p>partners, as while there is significant interest in peer support services in England and they are not yet a well established approach in most areas”.</p>
<p>Ireland</p>	<p>Martin Rogan notes that “the importance of Peer Support appears frequently in many documents – and is seen as a central element in recovery & wellbeing.</p> <p>Chapter 3 in the National Policy document – a Vision for Change describes the central role of Service User involvement. Also each Acute inpatient unit has a Peer Advocate employed by the Irish Advocacy Network (http://www.irishadvocacynetwork.com/). This agency is fully funded by the Health Service Executive (www.hse.ie). We also support the Research Officer – Expert by Experience which is an academic post in Dublin City University who has a special role in developing Peer Advocates an reinforcing the evidence base for same – Paddy McGowan holds this post (see http://sites.google.com/site/iimhlinireland2010/iimhl-in-ireland-conference/network-meeting-programme/paddy-mcgowan).</p> <p>Catherine Brogan along with Paddy McGowan and Liam MacGabhann has also been key drivers in the development of our Collaborative Learning Leadership programme (see http://iimhlinireland2010.kissengineering.ie/iimhl-ireland/mental-health-in-ireland-1/mental-health-innovations-in-ireland/collaborative-learning-in-leadership) whereby a Service User, Carer & Senior Service Manager train together in Leadership & Change Management skills – a very successful initiative.</p> <p>Many NGOs are built on a Self-Help / Peer to Peer platform and have devised formal programmes of Peer Support & more informal Befriending schemes. We also have the National Service User Executive (www.nsue.ie) which is the national representative body for mental health Service Users & Carers – and were major partners in hosting IIMHL in Ireland”.</p> <p>Shine has a network of Peer Support Groups around the country. These groups are peer led, based in a local community and supported by the Regional Development Officer of Shine. Members of the groups participate in many ways to develop the recovery ethos on the ground. This includes “walking the walk” in their own community plus taking a place on committees, review groups and research projects to ensure that the voice of experience is heard. (See www.shineonline.ie for further information.)</p> <p>See Change</p> <p>Similar to the situation in England referred to above, Ireland does not have a large number of policies or documents relating specifically to the issue of peer support but it is in the middle of a robust and vibrant recovery discourse. As part of this discourse, See Change, the national campaign programmer working to reduce the stigma and discrimination linked with mental health problems was launched in 2010. Made up of an alliance of over 40 organisations from all sectors of Irish society the See Change campaign has been communicating its message by raising awareness and empowering people to speak out and tell their story and challenge prejudice and discrimination.</p>

	Contact See Change at www.seechange.ie
New Zealand	<p>New Zealand's Ministry of Health (www.moh.govt.nz) has developed several documents which lead the development of mental health and addiction services in New Zealand. Among these are:</p> <p><i>Te Tāhuhu - Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan</i>. This document includes emphasis on supporting the development of a service user workforce. Te Tāhuhu (Minister of Health 2005) lays out the Government's priorities for mental health and addiction services.</p> <p>In 2006, in order to ensure that government priorities expressed in Te Tāhuhu were put into action, the government launched <i>Te Kōkiri: The Mental Health and Addiction Action Plan 2006-2015</i> was published. Te Kōkiri sets the programme of action to be achieved so that we meet the outcomes that all New Zealanders want for people who use mental health and/or addiction services as well as for their families/ whānau.</p> <p>Te Puawaitanga: Māori Mental Health National Strategic Framework. Te Puawaitanga (Ministry of Health 2002) was developed to ensure that Māori mental health services (both mainstream and kaupapa Māori) retain a discrete and prominent identity within the Government's national health strategy.</p> <p><i>Tauawhitia te Wero - Embracing the Challenge: National mental health and addiction workforce development plan 2006-2009</i>. This plan provides a framework for the development of the mental health and addiction workforce over the next four years. The vision of Tauawhitia te Wero (Ministry of Health 2005) is a diverse mental health and addiction workforce that is responsive to the needs of service users, their families/whanau and significant others, and confident in their positive and unique contribution to the journey of recovery.</p> <p>Peer run initiatives have recently been added as an optional service to New Zealand's National Service Specifications, which are the Ministry of Health's list of services that are eligible for funding.</p> <p>The Mental Health Commission (www.mhc.govt.nz) has also produced several documents to guide service development including peer support and consumer-driven services.</p> <p>Service User Workforce Development Strategy 2005-2010 Te Hononga 2015: Connecting for greater Wellbeing Our Lives in 2014: A recovery vision from people with experience of mental illness Blueprint for Mental Health Services in New Zealand: How things need to be</p> <p>The Ministry of Health put out the "Mental Health and Addiction Action Plan 2010" on 18th October 2010.</p>
Scotland	Peer support services are noted in Delivering for Mental Health , 2006 (Scottish Government): "Commitment 2: We will have in place a training programme for Peer Support Workers by 2008 with Peer Support Workers being

	<p>employed in three board areas later that year.”</p> <p>Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-2011. In this document the Scottish Government supports the promotion and principles of recovery and the implementation of peer support championed by the work of the Scottish Recovery Network.</p> <p>This document states that a pilot training program and employment for peer support workers would be in place by 2008 (Scottish Executive, 2006). Five Health Board areas have implemented the pilot; most employed peer support workers directly and one contracted them through a peer run organization. A recent report of the pilot published by the Scottish government has evaluated the pilot as a success and recommended the roll out of peer support services across Scotland (McLean, Biggs, Whitehead, Pratt, & Maxwell, 2009).</p> <p>The Scottish Recovery Network has been instrumental in promoting peer run initiatives, as well as the value of recovery.</p>
<p>USA</p>	<p>The SAMHSA report Leading Change: A Plan for SAMHSA’s roles and Activities 2010-2014 October 2010 states: <i>“SAMHSA remains committed to the full inclusion of consumers, people in recovery, youth, and their families in meaningful roles to improve behavioral health systems. In order to help each individual achieve his or her full potential, SAMHSA and its programs strive to model shared decision-making and support concrete strategies such as consumer-operated services, peer and family specialists, person-centered planning and self-directed</i></p>

	<p><i>care</i>"(p.15).</p> <p>The President's New Freedom Commission on Mental Health's report Achieving the Promise (2003) specifically pointed to consumers providing services as a way to promote care that is more recovery focused: "Recovery oriented services and supports are often successfully provided by.... Consumers who work as providers in a variety of settings..." The New Freedom Commission on Mental Health stated in its second goal that 'consumers will play a significant role in shifting the current system to a recovery-oriented one by participating in planning, evaluation, research, training, and service delivery' (New Freedom Commission, 2003).</p> <p>In 2001 the services provided by peer support specialists became Medicaid reimbursable (Fricks, 2005).</p> <p>Peer run initiatives were already established in many states before the Commission, and they have continued to grow since then.</p> <p>Also the Comprehensive Veterans Administration's new Action Agenda called for the development of peer specialist services (cited in Chinman, et al 2006).</p> <p>In 2007, the US Centers for Medicare and Medicaid Services declared peer support an 'evidence-based' model of mental health service delivery, and specified requirements for Medicaid funded peer support services (Eiken & Campbell, 2008).</p> <p>National level agencies, including the National Association of State Mental Health Program Directors and the Office of Technical Assistance (formally National Technical Assistance Center) have been active in promoting peer run initiatives. This support is also available at the state level through the states' Offices of Consumer Affairs.</p>
--	---

Australia

Reports

Contact who sent the report	Author of report/document	Organisation (s)	Name, type of document, date	Findings, outcomes
Via Desley Casey	Wayne Weavell	CAN (Mental	External evaluation	This 109 page report outlines the evaluation of 2 consumer run peer

desley@canmentalhealth.org.au	& Dr Delwyn Goodrick	Health) Inc	of the Community Connections Project: - Phone Connections Services - Hospital to Home Service July 2009	support services operated by CAN (Mental Health) Inc. (www.canmentalhealth.org.au) an independent, not for profit, consumer run organisation for people with a mental illness. The two services evaluated are: Phone Connections and Hospital to Home. (1) Phone Connections - a national peer support and information referral line for 4 nights per week from- (Friday, Saturday evenings 6pm - 12 midnight and Monday, Thursday evenings 7pm - 11pm). Consumers are welcome to call or request a phone call from the phone connections staff. (no referral required). (2) Hospital to Home Team, based at Liverpool to provide practical assistance and peer support for consumers on discharge from the inpatient units (referral required). The impact of services was found on “ <i>reduced social isolation, increased social connectedness; increased self-esteem through peer support and peer role modeling; and increased coping through reflective support from peers</i> ” (p.14). The evaluators concluded that both “ <i>services provided a low cost yet valuable support mechanism for consumers at vulnerable times in their recovery journey</i> ” (p.13). The report concludes: “ <i>There is emerging evidence for its (peer support) place and it is feasible, acceptable to consumers and systems of health care, and may deliver a range of outcomes.... Peer support can add value to the mix of support services adjunctive to treatment available for consumers</i> ” (p.36).
Carmen Franke cfranke@baptistcaresa.org.au	Ann Bates & Vivien Kemp	Healthright Project University of Western Australia, School of Psychiatry and Clinical Neurosciences, Community, culture and Mental Health	Report on Healthright Peer Advocacy and Support Service Trial 2007	The issue of the physical health of people living with mental illness was highlighted in a pivotal Australian report ‘The Duty to Care Report’ (Lawrence, Holman & Jablensky, 2001). The aim of this project was to support a sample of 25 adults with significant mental health issues to recognise the importance of attending to their physical health needs; and, to assist them, through peer support, to take the necessary steps to do so. A very comprehensive process was undertaken of: <ul style="list-style-type: none"> • inclusion criteria • collaborating with NGOs and GPs • clear roles and responsibilities of paid peer workers and

		Unit		<p>health services</p> <ul style="list-style-type: none"> developing a peer workers training programme and resources <p>The trial was very successful with positive outcomes including: people finding a GP, 37.%% were diagnosed with a previously unknown health issue, 6 people gave up smoking, 9 lost weight, 13 reported exercising more frequently and 12 were introduced to community exercise facilities. In addition peer workers found their role enjoyable and rewarding; clinical staff and GPs had positive attitudes towards peer workers.</p> <p>The latest development “<i>is a Facebook page where all trainees support each other in their role to offset the isolation many feel being the only peer workers in their location..... It is rare for more than one peer worker to be employed per site</i>” (personal communication, Vivian Kemp, Sept. 2010).</p>
--	--	------	--	---

Articles/Evaluations

Author & publication	Title	Focus of content	Findings, outcome
<p>Franke C, Paton BC & Gassner L-A J</p> <p><i>Australian Journal of Primary Health</i>, 2010, 16, 179-186</p>	<p>Implementing mental health peer support: a South Australian experience</p>	<p>Training peer support workers to work alongside mental health services</p>	<p>This project aimed to train and mentor peer workers and support mental health services staff to support peer workers. A course was developed (Introduction to Peer Work), and graduates were supported to find employment and then mentored in their role. An employer Toolkit and Peer Network provided supports for employing</p>

			<p>organisations and peer workers respectively; as well as the website www.peerwork.org.au).</p> <p>The training pathway consisted of 3 steps: an information session about the nature of peer work, the IPW course, and, a Certificate III in Community Services Mental Health – non-clinical.</p> <p>A crucial factor in the success of the programme was preparing the organisation for peer workers.</p> <p>To assist organisations a 3-step model was developed:</p> <ul style="list-style-type: none"> • Prepare • Train • Support <p>The project was successful in establishing employment outcomes for peer graduates. The outcomes increased with time and there was a shift from voluntary to paid employment.</p>
<p>Bates A, Kemp V & Isaac M</p> <p><i>Canadian Journal of Community Mental Health</i>, Vol.27, No. 2, Fall 2008</p>	<p>Peer support shows promise in helping persons living with mental illness address their physical needs.</p>	<p>Peer support workers assisted in physical health issues of 25 clients.</p>	<p>This article reports further on the Healthright Project (cited above).</p> <p>It also has appendices that show the training needs for peer workers, the procedural flow chart for the service, and, identified facilitators and barriers to success of peer support services.</p> <p>Since the end of the project further funding has been found for peer support workers.</p>

Projects, processes, services or websites

Contact	Organisation (s) the project is for	Timeframe	Project, process, service or websites
---------	-------------------------------------	-----------	---------------------------------------

<p>Keith Mahar</p> <p>Keith.mahar@gmail.com</p>	<p>Mentalympians</p> <p>www.mentalympians.org</p>	<p>Ongoing</p>	<p>Website</p> <p>Mentalympians was launched officially on 5 March 2009 at the International Initiative for Mental Health Leadership in Brisbane, Australia. Its inaugural advisory group was announced on 10 October 2009, World Mental Health Day, and includes advisors possessing a wealth of knowledge from Australia, Canada, New Zealand, Scotland and the United States of America.</p> <p>The purpose of this website is to stimulate discussion, collaboration and planning as well the design and development of a 'community channel', a multimedia website to be operated by individuals with experience of mental health problems through a global network of mental health consumer groups. The aim is a 21st century peer support initiative that fosters change on individual, community and societal levels.</p>
<p>Rebecca Tidey Project Coordinator</p> <p>rebecca.tidey@cshisc.com.au</p>	<p>Community Services and Health Industry Skills Council (ISC)</p>	<p>As peer support roles increase within the Mental Health sector, the ISC has commenced a project to develop a qualifications framework for workers in these job roles. An Industry Reference Group (IRG) has been engaged and a research team has begun to investigate existing qualifications and the scope of carer and consumer consultants throughout Australia.</p>	<p>Project</p> <p>Specific outcomes of this project include:</p> <ul style="list-style-type: none"> • Identifying the scope of workers in the carer workforce and consumer workforce. This includes identifying aspects of the roles already covered by existing competencies in the CHC08 Community Services Training Package and against existing state-based qualifications. • Further research and scoping of specific competency unit(s), skill set(s) and/or qualification(s) for workers in the peer workforce. • Development of new competency standards as informed by the scoping and research phase with required national stakeholder consultation for addition to the CHC08 Community Services Training Package.
<p>Kate Nunan Occupational Therapist</p>	<p>Mental Health Team Inner South Community Health Service, Melbourne</p>	<p>Ongoing</p> <p>A six-week education-based group was offered for weight</p>	<p>Service</p> <p>Facilitators and presenters were from a range of community health disciplines including a peer, dietetics, psychiatric nursing, physical education, social work, and occupational therapy. Presentations and written material</p>

knunan@ischs.org.au		<p>management (as this was a need identified by consumers). The focus of the group was on key messages about developing a healthy lifestyle with the support of the group. Structured education sessions included:</p> <ul style="list-style-type: none"> - Managing weight and medication - Healthy eating and drinking - Meal planning and smart shopping - Mindfulness and eating - Physical activity, and - Goal setting 	<p>were provided, with emphasis on participant's directing their own weight management goals.</p> <p>Participants were supplied with a healthy eating and physical activity diary to record exercise, lifestyle changes and health measurements such as weight, waist circumference, body mass index (BMI), blood pressure, cholesterol, blood sugar and lipids levels. Consumers' General Practitioners were also involved in this process of collecting health measures and they received written feedback about their patient's progress within the group.</p> <p>Many of the seven participants in the first cycle of the group have made significant changes to their diet and lifestyle and have stabilised or lost weight.</p> <p><i>"I am happy to see people attempt new behaviours and try more sustainable options towards their weight loss goals"</i> (Benjamin Flood, Peer Facilitator).</p> <p>This model including peer support has been a great success and it is hoped will continue with further evaluation of its effectiveness.</p>
<p>Meredith Lee A/ESO Executive Director Mental Health Directorate</p> <p>meredith.lee@health.qld.gov.au</p>	<p>Queensland Health</p>	<p>Ongoing</p>	<p>Service</p> <p>The Consumer Companion Program (CCP) was developed and piloted in February 2008 in six acute mental health units. The introduction of the Consumer Companion Program pilot was extremely successful and very positive for all stakeholders as reported in its evaluation in July 2008.</p> <p>The aim of the CCP is to provide support to inpatients within acute mental health units utilising peer support to assist with the loneliness and boredom often associated with inpatient admissions. The program is based on an underlying philosophy of recovery and peer support, of shared experiences and having support from a companion. This paradigm identifies the value and importance of the consumer being the focus in any treatment and in control of their own recovery journey with assistance and support.</p> <p>An intensive two-day training is offered which includes a series of assessments, both written and performance-based. Only those consumers</p>

			<p>who successfully complete the training and assessments may then apply to become a companion. The final stage of the recruitment process includes a panel-interview. Once recruited, companions will also undertake an orientation to the local mental health service and are required to participate in regular ongoing supervision and training.</p> <p>Today, Queensland Health employs over 90 Consumer Companions on a casual basis at the AO2 level. The program is operational in all 17 acute mental health units across the state. A trial is also underway at two locations to run the program on a 7-day-per-week basis. If this trial proves to be successful, consideration will be given to run the program 7-days-per-week at all acute units in Queensland.</p>
<p>Meredith Lee A/ESO Executive Director Mental Health Directorate</p> <p>meredith.lee@health.qld.gov.au</p>	Queensland Health	Ongoing	<p>Process</p> <p>The Consumer, Carer and Family Participation Framework (the Framework) provides an overarching structure that links the Queensland Plan for Mental Health 2007–17 and the National Standards for Mental Health Services. The Framework will support and guide Queensland Health mental health services on how to enhance consumers, carer and family participation at a local level.</p> <p>Key themes identified during community consultations form the basis of the implementation strategies of the Framework. Key performance indicators give a mechanism to assess and report success in implementing participation. In addition to providing strategic direction, the Framework iterates the importance of adopting a recovery-focused, strengths-based and empowering mind frame to guide Queensland Health’s commitment to reform in the mental health service sector.</p> <p>The framework has been divided into four components. The first three components (Parts A, B and C) guide mental health services on how consumers, carers and families can be involved and participate in all levels of service planning, delivery and evaluation. The fourth component (Part D) is an overview of resources that services can use to enhance consumer, carer and family participation.</p> <p>The Framework was formally launched on 13 August 2010 and will soon be</p>

			available for download from the Queensland Health website.
<p>Meredith Lee A/ESO Executive Director Mental Health Directorate</p> <p>meredith.lee@health.qld.gov.au</p>	Queensland Health	Ongoing	<p>Process</p> <p>The Mental Health Consumer and Carer Workforce Pathway (the Pathway) has been developed to guide the future employment of the consumer and carer workforce in mental health services. An essential component of a consumer-focused and recovery-oriented mental health service is a workforce where the consumer and carer perspective is threaded through the planning, delivery and evaluation of services. Their involvement in service planning, delivery and evaluation is recognised as best practice and reflects the criteria for Standard Three of the National Standards for Mental Health Services (2010).</p> <p>It is envisaged that embedding the consumer and carer roles as valued members of a multidisciplinary mental health service team will not only allow for future expansion and career opportunities, but will also lead to better outcomes for users of the mental health service. The Pathway aims to clarify the role of consumer and carer workers within the Queensland Health mental health workforce and will also assist mental health services in establishing consumer and carer roles, as well as offering a career pathway for these workers.</p> <p>The Pathway identifies a structure for a range of positions which include:</p> <ul style="list-style-type: none"> • Consumer and Carer Representatives • Consumer Companions • Recovery Support Workers • Specialist Consumer/Carer Consultants • Consumer/Carer Consultants • District Consumer/Carer Consultant Coordinators • Senior Project Officers • Manager, Consumer, Carer and Family Team. <p>The Pathway is currently awaiting endorsement and is envisaged that it will be ready for dissemination in the near future.</p>

<p>Mary Anne Lucas National Executive Officer GROW</p> <p>http://www.grow.net.au</p>	<p>GROW</p> <p>"GROW provides mutual support groups for adults with mental illness and has been doing so for the past 50 years".</p>	<p>Ongoing</p>	<p>Website</p> <p>GROW started in Australia and is now in Ireland, New Zealand and the US.</p> <p><i>"We have a 12 step program of recovery that has come out of the lives of people who are mentally ill. Groups are run by their own members so it is very much peer support".</i></p>
<p>Carmen Franke Senior Manager Health and Recovery Peer Work Project, Psycho-social Support Services, Community Links Program and Working for Recovery (Disability Employment Services - Mental Health)</p>	<p>Baptist Care (SA) Inc</p> <p>www.peerwork.org.au</p>	<p>Ongoing</p>	<p>Website</p> <p>Training (see below), workshops, resources, links to like websites</p>

Training

Contact	Organisation	Date/Timeframe	Training
<p>Gaynor Ellis Senior Program Officer</p> <p>gaynor.ellis@communities.qld.gov.au</p>	<p>Department of Communities (Community Mental Health)</p> <p>Brisbane</p>	Ongoing	<p>Gaynor states: <i>“Consumer Operated Services are funded under Priority 3 – Participation in the Community within the Plan and \$3.3 million in capital funding and \$1.8 million in recurrent funding has been allocated for COS for the 2008-11 financial years. Two services have been funded in Queensland to deliver the program, and a third and final roll-out will happen this financial year. Additional funding will depend on the implementation of the State Plan for the Non-government Community Health Sector, which is being finalised at the moment. COS is not a pilot program, operational funding is recurrent”.</i></p> <p>The Future Directions document is on the following link under “Consumer Operated Services Program”.</p> <p>http://www.disability.qld.gov.au/support-services/mental-health/new-funding.html</p> <p><i>“As far as we are aware, COS is the first funding program in Australia that specifically targets peer-run services, although peer services have been funded previously through generic funding programs.</i></p> <p><i>Additionally, Peer Worker Training has been offered by this Department across the State to develop the peer workforce. To date, 75 peer workers have completed a 5-day training in Intentional Peer Support, (IPS) and a further 58 managers/coordinators of NGO’s have attended either a one or two-day training on Intentional Peer Support. 11 experienced peer workers have completed a 5-day Train the Trainer in IPS. All these programs have been conducted by Shery Mead and Chris Hansen. Peer workers have also accessed shorter specialist workshops around such topics as Co-supervision, crisis work, WRAP, Hearing Voices and Recovery”.</i></p>
<p>Carmen Franke Senior Manager</p>	<p>Baptist Care (SA) Inc</p>	Ongoing	<p>Carmen and her colleagues undertake all the peer support work training in South Australia.</p>

<p>Health and Recovery Peer Work Project, Psycho-social Support Services, Community Links Program and Working for Recovery (Disability Employment Services - Mental Health)</p>	<p>www.peerwork.org.au</p>		<p>In Western Australia they partner with Healthright (see above) who use Baptist Care’s “Introduction to Peer Work “course.</p> <p>The website notes: “A free, 6 day course provides a basic introduction to the nature of the Peer Work role and is a great starting point for people who are living well with mental illness and have a desire to use their lived experience to assist others in facilitating their own recovery.</p> <p>People who are keen to become Peer Workers and would like to do the course need to first register their interest by phoning the number at the bottom of this page. When an Information Session approaches, all people who have registered with our Expressions of Interest list are contacted and invited to the session and are sent course Application Forms to bring with them.</p> <p>The Information Session lasts two hours, during which time MIFSA and BCS Peer Work Project Team Members present on each aspect of the project, answer questions and take the time to meet each person who wishes to apply for the course. From there, the team selects twelve successful applicants and everyone is notified by mail”.</p>
---	---	--	--

Canada

Reports

Contact who sent the report	Author of report/document	Organisation (s)	Name, type of document, date	Findings, outcomes
Mary O’Hagan	Mary O’Hagan, Céline Cyr,	Mental Health Peer Support	Making the case for peer support:	Part of the executive summary states: “Peer support works. Peer support is effective. People with lived experience of mental health

<p>mary@maryohagan.com and</p> <p>Gail MacKean Senior Research Officer Policy and Research Development</p> <p>gmackean@mentalhealthcommission.ca</p>	<p>Heather McKee, and Robyn Priest</p>	<p>Project Committee, Mental Health Commission of Canada</p>	<p>Report to the Mental Health Commission of Canada</p> <p>September 2010</p> <p>www.mentalhealthcommission.ca</p>	<p><i>challenges can offer huge benefits to each other. We found that the development of personal resourcefulness and self-belief, which is the foundation of peer support, can not only improve people's lives but can also reduce the use of formal mental health, medical and social services. By doing so peer support can save money.</i></p> <p><i>A robust and growing research evidence base shows peer support is associated with:</i></p> <ul style="list-style-type: none"> • <i>Reductions in hospitalizations for mental health problems</i> • <i>Reductions in 'symptom' distress</i> • <i>Improvements in social support, and</i> • <i>Improvements in people's quality of life" (p. 8)</i> <p>Overarching recommendations include:</p> <ol style="list-style-type: none"> 1. Develop guidelines on the definition of peer support as a core component of mental health systems 2. Develop guidelines for the funding of peer support 3. Develop guidelines for the development of peer support 4. Use this report and guidelines developed to promote peer support. <p>The link to the report is: http://www.mentalhealthcommission.ca/SiteCollectionDocuments/peer/Service%20Systems%20AC%20-%20Peer%20support%20report%20EN.pdf</p>
<p>Mary O'Hagan mary@maryohagan.com</p>	<p>Mary O'Hagan, Heather McKee & Robyn Priest</p>	<p>Report for the CSI Builder Group, Ontario Federation of Community Mental Health and Addiction Programs.</p>	<p>Consumer/Survivor Initiatives in Ontario: Building for an equitable future.</p> <p>June 2009</p>	<p>In 1991 Ontario led the world in its formal recognition of Consumer/Survivor Initiatives (CSIs) as part of core services but was losing its edge and this report looked at the current situation, international literature and proposed ways for progressing CSIs. Recommendations included:</p> <ul style="list-style-type: none"> • The creation of new policy and funding frameworks for CSIs using recovery and social justice principles • Strengthening of the provincial consumer/survivor leaders to develop services, evaluate services and recruit, train and educate the CSI workforce.

<p>Joanne Knutson Manager Housing Support Programme Habitat Services</p> <p>jknutson@habitat-services.org</p>	<p>Joanne Knutson</p>	<p>Wesley Institute: advancing urban health</p>	<p>Breaking Ground</p> <p>A community based research project which began examining the nature of peer delivered housing support – the aim to design an ideal model for a supportive housing project in Toronto.</p> <p>May 2010</p>	<p>What began simply looking at housing led to a report advocating radical transformation of systemic change in social agencies.</p> <p><i>“So how do you allow natural organic development within the community <u>and</u> also bring in the formalized element of paid (peer) positions? One possible solution is for organizations to hire diverse, compassionate people with lived experience of the mental health system and/or homelessness, who demonstrate networking and leadership skills, and who are invested in grassroots community development.</i></p> <p><i>Simultaneously, agencies and organizations must embrace a spirit of investing in the community (e.g. community gardens, food sharing and other environmentally sound projects. It is easier for community members to focus on leadership when elements of the social determinants of health are in place satisfactorily”.</i>(p.27)</p>
<p>Geoffrey Nelson, Ph.D., Professor Department of Psychology Wilfrid Laurier University Waterloo Ontario</p> <p>http://www.wlu.ca/%7Ewwwpsych/gnelson/</p>	<p>Heather McKee, Raymond Cheng; with Brian McKinnon and Barbara Frampton (and others).</p>	<p>Jointly produced by the Canadian Mental Health Association, Ontario; Centre for Addiction and Mental Health; Ontario Federation of Community Mental Health and Addiction Programs; and, the Ontario Peer Development Initiative.</p>		<p>A wide spectrum of existing Consumer/Survivor Initiatives (CSIs) was described.</p> <p>The aim was to:</p> <ul style="list-style-type: none"> • show that CSIs are active in communities across Ontario • illustrate how evidence-based research has proven their value and effectiveness • to demonstrate that CSIs face challenges with regard to insufficient recognition and inadequate funding <p>Referring to the research cited above, reductions in hospitalizations and symptom distress and improvements in social support and quality of life were reported. Figures also reported money saved through less hospital stays and increased employment.</p> <p>Recommendations included:</p> <ul style="list-style-type: none"> • Doubling CSI funding in Ontario • Fund existing projects to become long-term services • Training

				<ul style="list-style-type: none"> • Include the voice of CSI in policy and planning
--	--	--	--	---

Articles/Evaluations

Author & publication	Title	Focus of content	Findings, outcome
<p>Geoffrey Nelson, Ph.D., Professor Department of Psychology Wilfrid Laurier University Waterloo, Ontario</p> <p>http://www.wlu.ca/%7Ewwwpsych/gnelson/mainset.htm</p> <p>Contributing authors: J Ochocka, R Janzen, J Trainor, P Goering, J Lomorey</p> <p>5 articles in the <i>Journal of Community Psychology</i>:</p> <ol style="list-style-type: none"> 1. Vol.34, 3, 247-260 (2006) 2. Vol 34, 3, 261-272 3. Vol 34, 3, 273-283 4. Vol 34, 3 285-303 5. Vol 35, 5, 655-665 (2007) 	<p>A longitudinal study of mental health consumer/survivor initiatives</p>	<p>An overview of a groundbreaking longitudinal study (over 3 years) of 4 mental health Consumer/Survivor Initiatives (CSIs).</p> <p>Both individual and systems impacts were measured using a nonequivalent group design.</p>	<p>Significant reduction in emergency room services and days in hospital and significant increase in social support and quality of life activities (compared to other group) were found.</p> <p>Helpful factors of CSI reported by consumers were: safe environments- a positive welcoming place to go; social arenas to talk to peers; an alternative worldview that provides opportunities to participate and contribute; more able to connect with the community at large.</p> <p>Systems changes were seen to be: positive changes in perceptions of the public and mental health professionals (about mental illness; the value of CSIs and the legitimacy of their opinions); positive concrete changes (in service delivery practice, service planning, and public policy and funding allocations).</p> <p>At a 3 year follow-up positive changes as noted above were found in those who participated in CSIs as compared to those who did not.</p>
<p>Doris Leung, RN, MN dorisleung@sympatico.ca Lara De Sousa, BSc. O.T. ldesousa@cmha-toronto.net International Journal of Psychosocial</p>	<p>A Vision and Mission for Peer Support-Stakeholder Perspectives</p>	<p>In 1997, the Canadian Mental Health Association conducted consumer satisfaction surveys that attempted</p>	<p>The purpose of this article is to describe the first steps to augment peer support at CMHA. The results revealed a framework that can facilitate a better understanding of peer support and lead to enhanced opportunities for consumers</p>

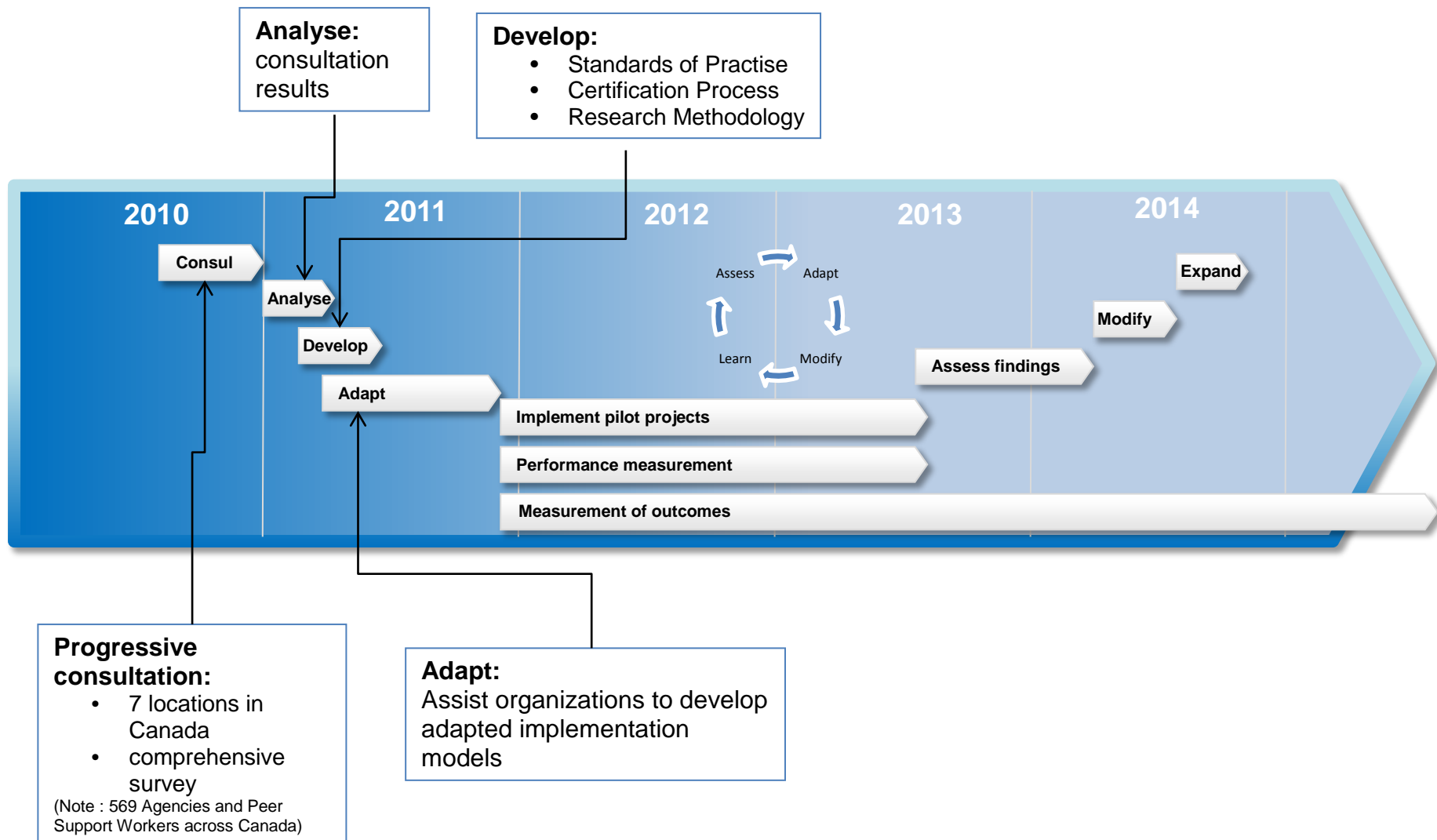
<p>Rehabilitation. 7, 5-14.</p> <p>http://www.psychosocial.com/IJPR_7/peer_support.html</p>		<p>to capture consumers' perspectives on issues that were important in their recovery process and how CMHA was addressing them. One of the primary themes that arose from these surveys was that consumers felt that what was critical to their health was "a job, a home, and a friend". Consumers pointed out that CMHA was providing sufficient resources to acquire the first two, but that opportunities for social interaction through peer support were lacking.</p>	<p>To achieve this, the writers completed a literature review and interviewed consumers who have provided peer support formally or informally as well as professionals who manage and facilitate mutual support services.</p> <p>The authors cover issues such as: mission and values, leadership, funding, and cultural and societal factors; and partnering with other agencies to strengthen peer support.</p>
<p>Bouchard I, Montreuil M, Gros C. <i>Issues Ment Health Nurs.</i> 2010 Sep; 31(9):589-98.</p>	<p>Peer support among inpatients in an adult mental health setting.</p>	<p>The current peer support mental health literature summarizes the role of peer support in community settings. This literature indicates that peer support in this context plays a role in facilitating recovery. In this instance, the researchers explore whether peer support has the same benefits in an in-patient setting</p>	<p><i>"The purpose of the current study was to explore the perceptions and experiences of naturally occurring peer support among adult mental health inpatients."</i></p> <p>Following 10 in-depth interviews in four mental health units, qualitative analysis revealed that peer support occurs among the inpatients, independently of staff involvement, and it is beneficial to patients. Peer support in an inpatient setting includes: helping with daily living activities, sharing material goods, providing advice and offering emotional support. Both the person offering the peer support and the recipients of the support have improved mental health outcomes and better quality of life, <i>"These findings have important implications for establishing collaborative working partnerships with mental health inpatients."</i></p>

Projects, processes, services or websites

Contact	Organisation (s) the project is for	Timeframe	Project, process, service or website
<p>Carrie Clark Advanced Practice Clinician Carrie.clark@camh.net</p>	<p>The Centre for Addiction and Mental Health, Toronto (CAMH) Canadian Health Services Research Foundation www.chsrf.ca</p>	<p>Ongoing Being evaluated and the results will be available late 2010</p>	<p>Service</p> <p>The CAMH operates a peer support worker program. The program connects peers with clinical teams to work with clients. As at June 2010 there are 12 specially trained peer support workers: 10 with people who experience schizophrenia, one with the mood and anxiety disorders program and one with the addictions program. <i>“The peer support workers serve as educators, advocates, bridges to community resources and partners in facilitating recovery”.</i></p> <p>Preparation of both staff and peer support workers was undertaken to ensure the paradigm shift for the organisation was successful.</p> <p>This organisation also has an interesting method of communicating innovation in healthcare delivery: <i>“Pass it on! is a series of stories about successful changes to the way healthcare is delivered. Each story details an initiative that was either motivated or enhanced by evidence – whether observed in a specific project or emerging from scientific literature – and has resulted in better health outcomes for patients. The profiles provide practical ideas that can be adapted and used to inspire change in organizations across Canada”.</i></p> <p>http://www.chsrf.ca/Pass_It_On/index_e.php</p>
<p>John Massam Peer support Program Coordinator</p>	<p>johnm@coasthealth.com</p>	<p>Coast Mental Health Health Vancouver, BC www.coastmentalhealth.com</p>	<p>Service</p> <p>The Coast mental Health Peer Support Program employs peers to act as Buddies, Peer Support Workers and Peer Advocates across both community and inpatient services; for example:</p> <ul style="list-style-type: none"> • Accessing and getting to community places • Home skills: meals and home skills • Leisure: support in taking a class, regular walks

			<ul style="list-style-type: none"> • Community: connecting to community resources: library, shopping, banking • Work: volunteering, interview skills, application forms etc • General skills: study, language skills etc <p>Peers have the option to 'op out and opt in' to accommodate their illness (within reason). They are encouraged to use the training as a springboard into the employment world.</p>
<p>Stephane Grenier</p> <p>Peerproject@mentalhealthcommission.ca</p>	Mental Health Commission of Canada	Multi year (See diagram below)	<p>Our efforts to date have been focussed on developing the peer support framework.</p> <p>The Peer project has used a consultative process to do so which included the following main steps:</p> <ul style="list-style-type: none"> • Creation of a National Database of Peer Support programs and individuals (600) • Conduct of a preliminary survey • Roll out of a 5 month coast to coast / face to face full day consultation process with experienced peer support workers • Develop a draft framework • Held a nationwide comprehensive survey to validate the draft framework (15 Dec to 15 Jan) • Currently in the process of developing the Framework based on the above process. It includes: <p>1 - Standards of Practice (SoP)</p> <ul style="list-style-type: none"> • 11 Competencies • 6 key Knowledge areas • 3 broad areas of Experience • 9 point Code of conduct <p>2 - Training Curriculum</p> <p>Note : <i>(The training curriculum will be inspired from the Knowledge piece of the SoP)</i></p> <p>3 - Research and Evaluation methodology in 4 broad areas</p> <p>Note : <i>Currently, this piece of work is lead by individuals from the</i></p>

			<p><i>University of Ottawa as well as the Centre for Disease Control in Atlanta Georgia with the support from various other participants from other Canadian universities.</i></p> <p>The Standards of Practice for peer support will lead to the development of a certification process for peer support workers. The ensuing personal certification process will be voluntary, and those certified individuals will have earned credential that they can carry with them across Canada allowing mobility between occupational settings and labour markets.</p> <p>While the framework may seem to be complex, it is fundamentally rooted in the experience of those consulted, most of whom work as peer support volunteers or workers at the grass roots & community level. As such we are confident that we are well on our way to developing a blue print for peer support anchored in the reality of those who currently provide these services.</p> <p>As we continue to develop the framework the project is starting to plan for the implementation of multiple pilot sites. These will assist us in validating the framework, test the certification process and start to develop a solid evidence base of peer support outcomes in various settings such as workplaces, community services and the mainstream mental health system.</p> <p>This is a multiyear project (see diagram below) fully dedicated to legitimising peer support as a recognised function resulting in enhanced utilisation of peer support services and an overall improvement of mental health outcomes.</p> <p>More information available at: http://www.mentalhealthcommission.ca/English/Pages/PeerProject.aspx</p>
--	--	--	---



Training

Contact	Organisation	Date/Timeframe	Training
John Massam Peer support Program Coordinator	johnm@coasthealth.co.uk	Coast Mental Health Health Vancouver, BC www.coastmentalhealth.co.uk	Training in three levels of peer work: <ul style="list-style-type: none"> • Peer Buddy • Peer Support • Peer Advocate

England

Reports

Contact who sent the report	Author of report/document	Organisation (s)	Name, type of document, date	Findings, outcomes
Ian McPherson NMH DU & Christine Heap (IIMHL Liaison)	Thurstine Basset, Alison Faulkner, Julie Repper & Elina Stamou	Together www.together-uk.org with: The University of Nottingham and the National Survivor User network (NSUN)	Lived Experience Leading the Way: Peer support in mental health September 2010	This is the first of three reports from Together put out in September 2010. This report includes a history of peer support, looks at current policy, the cost of mental health problems for England, the principles of peer support, the benefits and challenges of participating in peer run groups, the benefits and challenges of service users as paid providers of services and it looks at the social and economic benefits of peer support (e.g. increased community involvement and decreased hospitalisation). Recommendations include ways of strengthening peer support by training, research and building alliances and partnerships.
Ian McPherson NMH DU & Christine Heap (IIMHL Liaison)	Julie Repper & Tim Carter	Together & the University of Nottingham	Using Personal Experience to Support Others with Similar Difficulties: A review of the literature on peer	This review was driven by the intention to employ peer support workers in local mental health services. The authors state that it is not only <i>whether</i> PSW makes a difference that is of interest; but also, in <i>what</i> circumstances, with <i>whom</i> and <i>how</i> - all as yet relatively uncharted. Strict inclusion and exclusion criteria were used. Benefits for service users found included: overall less hospitalisation and longer

			<p>support in mental health services</p> <p>September 2010</p>	<p>community tenure; reported empowerment, self-esteem and confidence; better social support and social functioning; more empathy and acceptance and a reduction of stigma and increase in hope.</p> <p>Benefits for PSW included importantly that is aided continuing recovery.</p> <p>Benefits for the system included better communication of the service user's needs; and reduced workload for staff. Ways of promoting the uptake and effective implementation of PSW included training for staff, training for PSW, clear role descriptions and codes of conduct, confidentiality, optimum caseloads and payment and supervision.</p> <p>The review makes the point that to flourish PSW needs to be supported by a systemic change in language, practices, procedures and policies. It notes that Recovery Innovations in Arizona (US) is a testament to such a cultural change.</p>
<p>Ian McPherson NMH DU & Christina Heap (IIMHL Liaison)</p>	<p>Alison Faulkner and Thurstine Basset</p>	<p>Together</p>	<p>A Helping Hand: Consultations with service users about peer support.</p> <p>September 2010</p>	<p>This report outlines the results of discussions with five discrete groups of service users over the summer of 2010. Benefits included: a shared identity, self-confidence, developing and sharing skills, positive influence on mental health and wellbeing, and less stigma.</p> <p>Challenges were seen as: inadequately funded and organised supervision, role conflict, boundary issues, poor training, the need for good selection processes, a lack of a clear career pathway, bureaucracy and funding issues in getting PSW into inpatient wards and the danger of 'professionalisation'. Ways of overcoming these were outlined.</p>
<p>Jim Symington Deputy Director National Mental Health Development Unit London</p>	<p>G Shepherd, J Boardman & M Burns</p>	<p>Sainsbury Centre for Mental Health</p>	<p>Implementing Recovery Methodology</p> <p>2010</p>	<p>This is the third report in a series arising from the Sainsbury Centre for Mental Health recovery project. This third document outlines a process for moving services towards a recovery-oriented service and gives a methodology to do this (engagement, development & transformation) for each of the 10 challenges in a way that can be measured.</p> <p>Two key challenges are key to peer support: (1) Establishing a Recovery Education Centre and (2) Transforming the workforce.</p>

jim.symington@nmhdu.org.uk				The first document was <i>Making Recovery a Reality</i> (2008) and it provided a summary of the key principles and their implication for practitioners. The second paper <i>Implementing Recovery: A new framework for organisational change</i> (2009) presented a framework for organisational change consisting of 10 challenges that need to be addressed by services.
Jim Campbell Independent Mental Health Trainer, Researcher & Practitioner allingoodfaith@hotmail.com	Jim Campbell	Report commissioned by Road to Recovery Peer Development Team, Nottingham. http://www.roadstorecoverynotts.org	Roads to Recovery Development Project: The first year ongoing evaluation of the developmental process September 2009. Evaluation of the first year of implementation of a new peer support work service.	The aim of the service was to provide a peer support service that provided: 1:1 support time, education, social activities for young people with an experience of a first episode of psychosis Evidence showed that: <ul style="list-style-type: none"> • By focusing on the needs of service users the service was flexible and effective • Peer support workers were unique in that they could engage and connect well with young people providing the lived experience that recovery is possible <p>To ensure the service's future success 3 core areas needed addressing: financial support, planning for the future and developing confidence in other services.</p>

Articles/Evaluations


Nil to date

Projects, processes, services or websites

Contact	Organisation (s) the project is for	Timeframe	Project, process, service or website
Katie Cheesman	National Mental Health Development Unit	September 2010 - call for examples of peer support services in England	Website The NMH DU website states that peer support in mental health has been attracting particular attention as a consequence of the Government's

<p>Katie.Cheeseman@nmhdu.org.uk</p>	<p>www.nmhdu.org.uk</p>	<p>ambition to deliver personalisation. The Personalisation in Mental Health programme gathered examples of good practice that we can share with a wider audience on the National Mental Health Development Unit (NMHDU) website.</p> <p>In October 2010 the website stated: <i>“Following our recent call for submissions The Personalisation in Mental Health programme has published examples of good practice to share with a wider audience on this website. On the Peer Support Initiatives pages you will find examples which have helped mental health service users on their recovery journey. These examples give a flavour of all the good work that is going on, along with contact details for each case study. Our thanks go to all who have kindly shared these examples .</i></p> <p><i>Thanks also go to Eric Nash who has given permission to publish this compelling personal account about his experiences of self directed support, which is available to download”</i></p> <p>In October 2010 the following services were cited as best practice example of peer services:</p> <ul style="list-style-type: none"> • Compass Opportunities Contact Sue Barton: sue.m.barton@berkshire.nhs.uk <p>This agency operates a volunteer service in which volunteers get extensive opportunities for training and supervision. The aim is to support the mental wellbeing of volunteers, provide work experience and provide a pathway back to work or education.</p> <ul style="list-style-type: none"> • Cumbria Partnership NHS Foundation Trust Contact: Dr Mike Rigby mike.rigby@cumbria.nhs.uk <p>A service user led network of afterhours care was seen to be needed for people with Personality Disorders. Thus “ P2P” was developed as an internet based support network led by “ experts by experience” Outcomes were: a drop in suicide attempts (65%), self-harm (48%), admissions to Casualty (80%) psychiatric admissions (50%), inpatient days (90%) and contact with Police (70%). www.itc4u.org</p>
---	---	--

			<ul style="list-style-type: none"> • Oxford Road Project NEPFT Contact: Andy Singleton: Andrew.singleton@nepft.nhs.uk <p>This is a community day service providing support and psycho-education for local mental health service users. It is uniquely funded by the county council, the mental health trust and MIND. They use a recovery and inclusion model and run a comprehensive programme of courses and groups including a “hearing voices” group.</p> <ul style="list-style-type: none"> • Paxton Green Time Bank Contact : Alison Paule: Alison@pgtimebank.org <p>The time bank is a skills exchange and social network where members earn one credit for every hour they spend helping out another member or their local community. Everyone becomes both giver and receiver and co-produces the time bank together. This is a shift from the usual experiences of health services users as being passive recipients of help.</p> <ul style="list-style-type: none"> • Re-energize Contact: Koula Serle: kserle@hotmail.co.uk <p>This is the Oxford based mental health, user-run sports and social group. The focus is on befriending and socializing as well as sports activities – it is a stepping stone back into the world outside of mental health. Members have found that they increase in confidence and have fun as well as the agency shows a positive image of mental health being seen in the community. This agency is seen as a model of good practice by the Dept. of Health and National Social Inclusion Programme.</p> <ul style="list-style-type: none"> • Sheffield User Survivor Trainers (SUST) Contact: Patrick Wood: p.wood@vas.org.uk http://yourvoicessheffield.org/etc1 <p>SUST is a network of mental health trainers with personal experience of mental distress and service use. They deliver training in Sheffield and South Yorkshire. The group delivers mental health training to clinical staff and</p>
--	--	--	---

			<p>others, supports service users to become trainers and develops training resources. Trainers are given a fee.</p> <ul style="list-style-type: none"> • TimeBank Contact: Carla Jacobs: Carla@timebank.org.uk http://www.backtolife.org.uk <p>Back to life is a programme coordinated by TimeBank which aims to tackle the social isolation faced by young people with mental health issues. Volunteer mentors are used to work alongside young people to help with relationships, education, training, volunteering, employment or social activities.</p> <ul style="list-style-type: none"> • Reading Resource Centre Contact: Cath Cooper: readingresource-employment@t9ogether-uk.org <p>Peer support training (e.g. basic counselling, confidentiality, mental illness & therapies, safety, signposting to services role limitations etc.). The course is accredited by the Open College Network.</p>
<p>Lisa Boland Peer Support Manager lisa.boland@northants.nhs.uk</p>	<p>Northamptonshire NHS www.changingmindscentre.co.uk</p>	<p>Ongoing</p> <p>This Primary Care Mental Health service has many services including Wellbeing Teams, Access to Psychological Therapies and has a Peer Support service which aims to work with anyone experiencing distress.</p> 	<p>Peer support service - this service is also on the NMHDU website as an example of best practice.</p> <p>The Changing Minds workforce all work to the Ten Essential Capabilities: -</p> <ol style="list-style-type: none"> 1. Working in Partnership 2. Respecting Diversity 3. Practicing Ethically 4. Challenging Inequality 5. Promoting Recovery 6. Identifying Strengths 7. Person Centred Care 8. Making a Difference 9. Safety and Positive Risk 10. Personal Learning <p>An evaluation of the Peer Support team was extremely positive with respondents rating highly (90% or higher) aspects such as:-</p>

			<ul style="list-style-type: none"> • being listened to • information received on how to improve things • felt involved in decision-making • satisfied with support received <p>In addition 100% of people reported being satisfied with the person who supported them (reported by Shears and Crisp, via Jutta Kirrkamm).</p>
<p>Jane Joel AHP Trust Lead Recovery and Social Inclusion Manager</p> <p>jane.joel@cpft.nhs.uk</p>	<p>Cambridgeshire and Peterborough NHS Foundation Trust</p>	<p>Ongoing</p>	<p>Service</p> <p>The leaders started with questions:</p> <ul style="list-style-type: none"> • How to deliver services that promote and support recovery and social inclusion? • How to ensure that our behaviour and culture reflect recovery principles? • Do our policies and structures support recovery principles? • Supporting people in employment, education or training and having employment practices that support people- being a 'MINDFUL EMPLOYER' • Challenging the stigma of mental illness <p>This agency then looked at tools:</p> <ul style="list-style-type: none"> • Discharge Recovery Plan • Personalised Engagement Plan • Self-Directed Recovery Plan • Solution Planning • Telling Your Story • Development of Whole Life Recovery Plan, Wellness Recovery Action Plan or Recovery Star <p>They obtained the assistance of Recovery Innovations from the US and started a Peer Support service and as at October 2010 49 people successfully graduated as Peer Workers and then 41 were employed by the Trust. A key message was that of developing "mindful employer responsibilities" (i.e. all the processes in an organisation are geared to assist the PW process).</p>

<p>Anne Beales Director of Service User Involvement</p> <p>Anne-beales@together-uk.org</p> <p>and</p> <p>Elina Stamou Peer Support Manager</p> <p>elina-stamou@together-uk.org</p>	<p>Together</p> <p>www.together-uk.org</p> <p>As noted on their website: "<i>Together is a national charity working alongside people with mental health issues on their journey to leading fulfilling and independent lives</i>".</p>	<p>Ongoing</p>	<p>Website and services</p> <p>Together recognises the importance of peer support in developing and delivering meaningful and effective services for people experiencing mental distress. The organisation's commitment to peer support is embedded in the 2009-2014 New Directions Strategy and business Plan.</p> <p>In a recent document Information Brief June 2010 the following benefits of peer support included:</p> <p><i>For service users:</i> reduced need of services, choice & control, more insight into the situation, real empathy leads to increased wellbeing, develops concept of recovery, wider social networks, and hope and role models.</p> <p><i>"For Peer Support Workers: increased confidence and skills, hope and increased aspirations, gaining a qualification, work experience, develops concept of recovery, turning negative experiences into positive ones and helping others, and increased wellbeing.</i></p> <p><i>For family, carers & community: more effective, less coercive approach; families more relaxed as the right support is provided to the individual and family, needs met leads to happy communities and reduced reliance on benefits and other services.</i></p> <p><i>For services: practitioners more effective as they are able to really 'hear' the service user voice, improved communication and reduction of stigma, less intrusive, values the person and meaningful relationships with staff leads to a more effective service and reduced use of resources in statutory sector shows the cost effectiveness".</i></p>
---	--	----------------	---

Training

Contact	Organisation	Date/Timeframe	Training
Anne Beales Anne-beales@together-uk.org	Together	Ongoing	Peer Support Course Reported in <i>Timetogether</i> Issue 05, this eight week course is a mixture of written and practical work. It is run in partnership with the local Education provider and college: New Directions. This can lead to accreditation of 2 credits at level 2 for completion of the course. These credits can then go towards another qualification.

Ireland

Reports

Contact who sent the report	Author of report/document	Organisation (s)	Name, type of document, date	Findings, outcomes
Mike Watts mikewatts@eircom.net		GROW is the organisation that his work is focusing on.	An exploration of the recovery narratives of people who have recovered from mental illness and attend GROW: a community mental health movement in Ireland.	This report dated April 2010 is a progress report on Mike's PhD. He aims to interview 30-40 GROW members who have self-identified as recovered for their recovery stories using the peer model. The work will be completed by late 2011. Mike noted: "My own recovery meant venturing out into society again, college, music, writing and work. My peers therefore became more and more 'normal' and the relationships centered around differing identities. These included roles such as being a member of Ireland's

				<p>mental health commission. In this role I had the identity of service user but also of peer member of the commission.</p> <p>I believe this progression is vital to full recovery. <i>"A lot of people become ghetto-ised in static peer relationships"</i>.</p>
--	--	--	--	--

Articles/Evaluations

Nil to date

Projects, processes, services or websites

Contact	Organisation (s) the project is for	Timeframe	Project, process, service or website
<p>Mary Anne Lucas National Executive Officer GROW</p> <p>http://www.grow.net.au</p>	<p>GROW</p> <p>"GROW provides mutual support groups for adults with mental illness and has been doing so for the past 50 years".</p>	Ongoing	<p>Website</p> <p>GROW started in Australia and is now in Ireland, New Zealand and the US.</p> <p><i>"We have a 12 step program of recovery that has come out of the lives of people who are mentally ill. Groups are run by their own members so it is very much peer support"</i>.</p>
<p>Cillian Russell Rehabilitation Manager</p> <p>crussell@shineonline.ie</p>	<p>Shine, supporting people affected by mental ill health.</p>	Ongoing	<p>Services</p> <p>Shine runs two Resource Centres in Dublin and Cork. These centres are run in partnership with members and provide social, vocational and recreational support to members throughout their recovery.</p> <p>Basin Club: The Basin Club is a peer driven resource centre for people with self-experience of mental ill health. It operates within an ethos of cooperation and partnership. The Basin Club is located at 39 Blessington Street, Dublin 7,</p>

			<p>Telephone: 01 860 1610.</p> <p>The Basement Resource Centre: The Resource Centre is a peer driven resource centre for people with self-experience of mental ill health. It operates within an ethos of cooperation and partnership. The Basement Resource Centre is located at 32, South Terrace, Cork. Telephone: 021 4808094.</p>
<p>Martin Matthews</p> <p>mmatthews@shineonline.ie</p>	<p>Shine, supporting people affected by mental ill health.</p>	<p>Ongoing</p>	<p>Services</p> <p>In Kilkenny the Regional Development Office of Shine has supported the development of a number of peer support groups.</p> <p>The Friday morning mental health discussion group is an opportunity to discuss issues around general mental health, socialisation and it is a destination that people go to on their own terms. The group is usually facilitated by the RDO and a member of the group</p> <p>Wednesday group A support group for people who experience voice hearing, intrusive thoughts and or loud thinking., The name is one decided on by the group, as a lot of people do not define their experience s i the same way even though it has the same overall effect on their daily living.</p> <p>Tuesday drop in An open space where people gather to just spend time.</p> <p>Benefits as described by participants are as having a safe place to share experiences and a place where they are believed.</p>

Training

Contact	Organisation	Date/Timeframe	Training
---------	--------------	----------------	----------

Brenda Crowley Mental Health Resource Officer	St David's Resource Centre, Clonakilty, Co. Cork	Ongoing	<p>Brenda has been delivering a Peer Support Programme for young people in the community with her colleague Dr Mary Boylan (a GP) for the past number of years. It came about as young people asked what could be done about the suicides by young people.</p> <p>Brenda & Mary have developed a training the trainers programme for Peer Support Education Programme and are at present doing the training with key people in communities e.g. community Gardai, community workers, childcare workers, community health workers, youth workers, teachers, Naval Personnel. 50 people have trained as trainers to date.</p> <p>At present, some of the people who have become trainers of the programme are delivering it in different areas in the community e.g. youth groups and schools. 400 young people have had the Peer Support Training delivered to them to date.</p> <p><i>"We have trained quite a number of key people in the community to deliver the programme to young people. At present, we are having the training programme evaluated (by the University of Nevada) and we hope to have it finished in early 2011. The aim of the course is to help participants to develop their listening and communication skills so that they might help other young people who are in some difficulty or crisis in a practical and logical way".</i></p> <p>The focus of this programme is around the difficult situations posed by suicide and related issues.</p>
--	--	---------	--

Personal stories

Name	Story
A service user (not named)	<p>Experience of peer support August 2010</p> <p><i>"I became unwell a few years ago, I had gradually isolated myself, thought that no one cared and had no sense of a future. I attempted suicide.</i></p>

<p>Via: Jutta Kirrkamm Area Coordinator HSE West Irish Advocacy Network</p> <p>juroe@eircom.net</p>	<p><i>The treatment I received helped even though I was mistrustful of the system and the people involved. I was shopping at 7am in the morning to avoid people, telling no one how I felt and putting a 'face' on it to friends so as not to worry or distress them.</i></p> <p><i>My first encounter with a peer advocate was at a clubhouse setting. She spoke to me, listened to me and at last I felt understood. She had been in a similar situation regarding shopping so she asked me to go shopping with her for the club. I went reluctantly. It felt strange as if I was in a surreal world of colour and noise, the lights seemed bright and I was uneasy, yet the peer advocate encouraged me didn't judge me and asked me questions and talked so I made shopping choices to distract me from my isolation. Every week we went shopping until it became the norm to me and I shopped at a normal time myself.</i></p> <p><i>I was given support by the peer advocate during the following years in lots of small ways that were big to me. My confidence and ability to cope grew with the benefit of this constant nonjudgmental support.</i></p> <p><i>I then did the peer advocacy training with the Irish Advocacy Network (I.A.N) and found the strength to advocate on behalf of myself with support from the peer advocate. She pointed me to other training opportunities. I was then asked to join a community health team as a service user representative, I was unsure of the system, titles and politics of situations, and the peer advocate helped me through this minefield and we debriefed and she supported and guided to me till I was able to do that myself and for others. I still would ring the peer advocate, she has always been there to help support and understand I would consider her a friend, a good friend, that's what peer support has been and is for me, the friend I need when I am in need.</i></p> <p><i>I hope now to be able to share my learning and support others in the way I have been supported".</i></p>
---	---

New Zealand

Reports

Contact who sent the report	Author of report/document	Organisation (s)	Name, type of document, date	Findings, outcomes
Carolyn Swanson Carolyn.swanson@tepou.co.nz	Carolyn Swanson & Dr Angela Jury	Te Pou	Service User Workforce Survey: Where are we at?	A survey of the service user workforce in New Zealand was undertaken to examine service user roles, associated tasks and activities, as well as professional development and training needs. In total, 153 people took part in the workforce survey, reflecting an estimated response rate of at least 56 per cent of the service user workforce.

				<p>The established workforce characteristics are as follows. More than half (52 per cent) of respondents reported working in a mental health service, over one-third (38 per cent) in a mental health and addiction service, and three per cent an addiction service. The total contracted full time equivalents (FTEs) nationally for the service user workforce was 223. About one-quarter of the service user workforce surveyed were Māori (22 per cent; 84 per cent European/Other; less than one per cent Pacific or Asian). Thirty seven per cent of respondents were aged 50 years and over. The level of education of the service user workforce is higher than the general population and comparable to the NGO mental health and addiction workforce. Nearly half (46 per cent) had obtained a tertiary qualification and more than one-third (37 per cent) were currently undertaking relevant education or training. Half were earning at least \$40,000 per year, in line with the median income for NZ wage and salary earners</p> <p>The factsheet and the survey are added http://www.tepou.co.nz/page/862-workforce-data</p> <p>The factsheet is here http://www.tepou.co.nz/file/Workforce-Projects/service-user-workforce-summary.pdf</p> <p>The full report is here http://www.tepou.co.nz/file/Workforce-Projects/service-user-workforce-report.pdf</p> <p>The research listed and is searchable on the Knowledge Exchange http://www.tepou.co.nz/knowledge-exchange/research/view/listing/401/</p>
Phil Grady Philip.grady@waitematadhb.govt.nz	Claire Moore, John Wells, Kerri Butler and Simon Bush (PER)	Waitemata District Health Board (DHB) Auckland	Waitemata DHB Peer Support Services PER Evaluation Report	<p>This report describes the evaluation of four local providers of peer support services. The PER team (peer evaluators) obtained the contract. The four providers were: Te Ata, Connect, Mind and Body and Jigsaw (Walsh Trust). The evaluation was required to focus on:</p>

	Team) Counties Manukau DHB mooreC2@midlemore.co.nz		The PER team use an evaluation tool for data analysis tailored to identify best practice in clinical and community mental health teams. This tool consists of 7 standards/domain s: choice, valued surroundings, treated as an individual, participation, belonging, privacy and health and well-being. In addition the team also measured services against 8 domains: mutuality, empowerment, choice, value spirituality and diversity, autonomy, compassion and strengths, non-judgmental and a 'life worth living'.	<ul style="list-style-type: none"> • The service user's experience • The model/approach to service delivery • The impact on peer support staff and the organisation • Recommendations for future service development. <p>Overall the findings were that although each of the 4 providers developed peer support in a different way the overall finding was that clients/peers commented very favourably on their experience of the services. Many wished that they had had access to such a service much earlier.</p> <p>Recommendations included:</p> <ul style="list-style-type: none"> • Increased coordination around resources and training • Maori could be better served by a Whanau Ora model of peer support being developed • All PSW training to emphasise peer autonomy and independence <p>In addition areas of excellence in each service were documented.</p>
Virginia MacEwan CEO	Janet Peters	Wellink Trust Wellington www.wellink.org.n	Key We Way (KWW) – The real story	Peer services are a growing part of an evolving quality mental health system. KWW is a peer delivered 'Recovery House' (i.e. staff have lived experience of mental distress and recovery). KWW caters for people who are experiencing psychiatric distress and is an alternative to

<p>virginiam@wellink.org.nz Gary Platz garyp@wellink.org.nz</p>		<p><u>z</u></p> <p>Wellink is a charitable trust which aims to “create inclusive and vibrant communities”.</p> <p>At all times, it is our aim to create an environment that enhances recovery and wellbeing for people within our community who experience extreme mental distress, as well as their family, whanau and loved ones.</p> <p>The foundations of our recovery environment include hope, positive use of personal power, self-determination and, most importantly, a sense of belonging.</p>		<p>inpatient care in an acute psychiatric unit.</p> <p>KWW operates in a four-bedroom home located on a beautiful beach site on the Kapiti Coast near Wellington. People are referred by (and clinically supported by) mental health services staff from Capital and Coast DHB (CCDHB).</p> <p>Criteria for entry are that adults with psychiatric distress who are in need of 24- hour support, supervision and treatment that cannot be met by either the Acute Day Service or Crisis Respite and whose needs cannot be met in their home environment People who used services included Maori and Pacific peoples.</p> <p>This report is one of two reports evaluating this services (the second report is below). In this report client and staff feedback are used as the measure.</p> <p>To read or download Key We Way - The Real Story</p> <p><i>“A critical method of showing service effectiveness in health is by the experiences of people who use the service. A summary of views from people who have used the services was undertaken which showed that 100% of people were very positive about the experience. The main ingredient identified as being most helpful in the process of recovery was the staff who were described as empathetic, compassionate, caring, and respectful”(p.3).</i></p>
Virginia	Kate McKegg,	Wellink Trust	Characteristics of	This report takes a case study approach to evaluating evidence of the

<p>MacEwan CEO</p> <p>virginiam@wellink.org.nz</p> <p>Gary Platz garyp@wellink.org.nz</p>	<p>Judy Oakden & Katie Dobinson</p> <p>The Knowledge Institute</p>	<p>Wellington</p> <p>www.wellink.org.nz</p>	<p>Good peer support</p>	<p>value of this peer-run respite service model and supplements the utilization data that is available to the funder.</p> <p><i>“There is no doubt that peer led services in times of acute distress are appreciated by the people who used Key We Way”.</i> The report presents the evidence for this conclusion, supporting the emerging international evidence of the effectiveness of peer led services and also raises questions that merit further study of this valuable service option.</p> <p>To read or download Characteristics of Good Peer Support</p> <p><i>“The peer support approach, as implemented in Key We Way, shows the great potential to affect significant and lasting change in guests – improved mental health and wellbeing. Some of the guests, who had been acutely mentally unwell for long periods of time, made significant steps to recovery after engagement and interaction with peer workers..... There was example of past guests who were now working, involved with their community, or participating in meaningful leisure” (p.4).</i></p>
<p>Marion Blake CEO</p> <p>ceo@platform.org.nz</p>	<p>Janet Peters</p>	<p>Platform Trust</p> <p>www.platform.org.nz</p> <p>“Platform connects, collaborates and promotes a cohesive community mental health and addictions service sector. Non-government organisations have</p>	<p>Frontline: the community mental health and addiction sector at work in New Zealand</p> <p>February 2010</p>	<p>Platform is a national umbrella agency which advocates for the community sector in New Zealand. This publication is available on their website.</p> <p>The aim of this paper <i>“is to describe the NGO sector; and to describe key attributes, stimulate interest and increased sector, Government and funder engagement. We will show that many NGOs are innovators, run successful community enterprises that employ significant numbers of New Zealanders, are flexible and well-placed to deliver the Government’s objectives while meeting the needs of individuals, families and communities”</i>. (p.1)</p> <p>This report also describes several peer-led services (e.g. Tupu Ake – a respite service; and, Warmline – a telephone support line staffed by peers).</p> <p>Link to the report:</p>

		a critical role in communities that flourish when the experience of many is harnessed”		http://www.platform.org.nz/file/Documents/frontline_ngo.pdf
Jim Burdett jim@mindandbody.co.nz	David Orwin	Mind and Body www.mindandbody.co.nz	Thematic Review of Peer supports: Literature review and leader interviews. 2008 Commissioned by the Mental Health Commission www.mhc.govt.nz	Mind and Body’s publication, A Thematic Review of Peer Supports, has been published by the New Zealand Mental Health Commission. It can be downloaded from the Mental Health Commission website. This report covers peer support services: definitions, effectiveness, models, common aspects, relationship with clinical services, uptake, cultural issues. Recommendations include: <ul style="list-style-type: none"> • Maintain a choice of peers • Ensure credible training, ensure effective supervision of peer workers • Develop organisational capacity and capability so that peer support flourishes
Angela Jury Angela.jury@tepou.co.nz	Carolyn Swanson and Angela Jury	Te Pou	In press	In New Zealand previous surveys indicate the peer support workforce makes up 0.15 per cent of the alcohol and other drug treatment workforce in district health board settings and about 3 per cent of the non-government organisation workforce (Matua Raki, 2009; Platform, 2007). ¹⁷ There is however limited information describing the roles and activities of the service user workforce, including peer support workers, their training and workforce development needs. A survey of the service user workforce was therefore undertaken in 2010 to examine service user roles, associated tasks and activities, as well as professional development and training needs. In total, 153

¹⁷ Matua Raki. (2009). *Stocktake of alcohol and other drug treatment services in New Zealand 2008*. Wellington: Matua Raki. Retrieved from http://www.matuaraki.org.nz/index.php?option=com_content&view=category&layout=blog&id=27&Itemid=50.
Platform. (2007). *NGOIT 2007 workforce survey*. Wellington: Platform. Retrieved from <http://www.in-site.co.nz/platform/links/objects/PLATFORM-BookletLR.pdf>.

				<p>people took part in the workforce survey, reflecting an estimated response rate of at least 56 per cent of the service user workforce. Angela noted that:</p> <ul style="list-style-type: none"> • <i>“About one-third (31 per cent) of the service user workforce survey respondents were peer support workers (28 per cent consumer advisors and 13 per cent administration/management).</i> • <i>More than two-thirds (68 per cent) of peer support workers were female; 21 per cent Māori (77 per cent NZ European), and 70 per cent were aged 40 years and over.</i> • <i>Just over half were employed full-time (56 per cent; 37 per cent part-time and 7 per cent casual or fixed-term).</i> • <i>About half (52 per cent) earned between \$30,000 and \$40,000 per year.</i> • <i>Approximately two in five peer support workers had completed a certificate or diploma and over one-quarter a Bachelor’s degree or higher qualification”.</i> <p>More information is available on the roles, supervision and training. http://www.tepou.co.nz/page/862-workforce-data</p>
<p>Rhonda Robertson Consumer Advisor</p> <p>Rhonda.robertson@matuaraki.org.nz</p>	Matua Raki	<p>Matua Raki (National Addiction Workforce Development)</p> <p>www.matuaraki.org.nz</p>	<p>Consumer and Peer Roles in the Addiction Sector</p> <p>June 2010</p>	<p>This was written <i>“to seek clarity around the various roles and activities undertaken by the consumer and peer workforce in the addiction sector.”</i> The aim was to look at how this workforce can be strengthened in New Zealand.</p> <p><i>“The discussion document Consumer and Peer Roles in the Addiction Sector was published in September 2010. The document creates discussion around the roles and activities of the consumer and peer workforce and the skills, knowledge and competencies around three specific roles: advice/consultancy, peer support, and advocacy. Each role has its own skills and knowledge requirements but all share the one essential: a lived experience of alcohol and/or other drug use”.</i></p> <p>Consumer and peer Roles in the Addiction Sector</p>

				http://www.matuaraki.org.nz/index.php?option=com_content&view=category&layout=blog&id=6&Itemid=34
Carolyn Doughty Balance NZ	Carolyn Doughty	Winston Churchill Memorial Trust	Peer support for bipolar disorder. 2002	This was a Winston Churchill Fellowship report. The writer reported on her visits to peer support organisation in Canada, the US, England, Scotland and NZ. The report argues for the use of peer support for people who experience bipolar disorder and is available on the Balance website: Balance NZ
Judi Clements judi@mentalhealth.org.nz	The Mental Health Advocacy Coalition (MHAC)	Mental Health Foundation of New Zealand www.mentalhealth.org.nz	Destination Recovery 2008	MHAC is an umbrella group of community mental health agencies who were contracted to provide advice to the Ministry of Health. This is a vision for society's wellbeing. This document states the 3 underlying foundations for this vision are: <ul style="list-style-type: none"> • The Treaty of Waitangi (Te Tiriti o Waitangi) • The concept of wellbeing: the state in which people can realise their abilities, cope with stress, work productively and contribute to society • The philosophy of recovery: achieving the life we want in the presence of absence of mental distress. Recommendations included governance structures, national oversight advocacy, transformational leadership and resourcing. http://www.mentalhealth.org.nz/file/downloads/pdf/Destination%20Recovery_FINAL_low%20res.pdf

Articles/Evaluations

Author & publication	Title	Focus of content	Findings, outcome
----------------------	-------	------------------	-------------------

<p>Orwin D & Burdett J</p> <p><i>The International Journal of Leadership in Public Services</i>, Vol. 5 Issue 2, July 2009.</p>	<p>Social inclusion and peer support.</p>	<p>This article explores the role of peer support in promoting social inclusion among people with experience of mental illness.</p>	<p>This discussion document outlines the model for peer support used by Mind and Body Consultants Ltd a peer run service independent of clinical services. The model challenges conventional assumptions that mental illness is a disability and that people with mental illness are passive and need to be treated and looked after in order to manage their illness. Instead new assumptions are that people have free will, a right to their own lives and that we all are ultimately responsible for who we are and what we do.</p> <p><i>“From these new assumptions emerges the potential for genuine autonomy – the capacity to make reasonable decisions and to act on them within the contact of the society in which we live. Peer support workers support people to make reasonable choices and develop the power to act on them to the extent that they have a sense of being in charge of their own lives” (p.59).</i></p>
---	---	---	---

Projects, processes, services or websites

Contact	Organisation (s) the project is for	Timeframe	Project, process, service or website
<p>Marj Jackson</p> <p>Mari@kites.org.nz</p>	<p>Kites Trust</p>	<p>3 years (if funded)</p>	<p>Project</p> <p>A research proposal has been submitted to the Lotteries community sector research grant fund to undertake an evaluation of peer support mental health programmes delivered by NGOs in New Zealand</p> <p>To be submitted by 17th September 2010.</p>

<p>Dr Anne Scott</p> <p>a.scott@canterbury.ac.nz</p>	<p>School of Social and Political Sciences, University of Canterbury</p>	<p>Research project</p> <p>The research team is Dr. Anne Scott (Principal investigator), Dr. Carolyn Doughty, and Mr. Hamuera Kahi. Our Maori services data collection was conducted by Waiatamai Tamehana and Egan Bidois of Tamehana Consultants.</p>	<p>Research project</p> <p>Title: Sustaining peer support relationships in the Aotearoa New Zealand health system</p> <p>As outlined by Dr Scott: <i>“We are doing a qualitative study of peer supporters and peer support managers across Aotearoa New Zealand. The study involves eight mainstream organisations offering a variety of peer support services, and two organisations offering kaupapa Maori peer support services. Organisations from both urban and provincial areas around most regions in New Zealand are included, while services involved include those offering face to face peer support, advocacy services, support groups, crisis houses, telephone support lines, drop in centres and kaupapa Maori services. The study involves individual interviews with peer supporters and peer support managers in the mainstream services, and group interviews, using a tikanga-based process, with peer supporters and peer support managers in the Kaupapa Maori services.</i></p> <p><i>Interviews focus on three questions. How do peer supporters conceptualise peer support, and the peer support work they are doing? What are the benefits of peer support for the peer supporters themselves? Finally: How does peer support operate within the context of the Aotearoa New Zealand health system? We have done two interviews with each participant, with the first focusing on the way peer supporters think about peer support and peer support relationships, and with the second focusing on policy and practice. We are currently transcribing and coding the interviews; over the summer we will draft a report incorporating answers to the three research questions. This should be available by Autumn 2011, if we are successful in keeping to our current timetable”.</i></p>
<p>Claire Moore PER Team Leader</p> <p>Claire.moore@middlemore.co</p>	<p>Partnership Evaluation Recovery (PER)</p> <p>Mental Health Services</p>	<p>Established in 2005 as a quality improvement/ service development initiative. The evaluations have a multi-stakeholder approach and are strengths</p>	<p>Evaluation Service</p> <p>Run by consumers, the PER evaluations have ensured consumers are key drivers in service improvements, quality initiatives and service planning:</p> <ul style="list-style-type: none"> - Ensures all the mental health services are on a quality improvement cycle - Through the evaluations clients, their families, clinicians and NGOs have an individual and collective voice into service development, planning and quality

nz	Counties Manukau District Health Board (CMDHB) Auckland	focused. During an evaluation the views of the clients, families, NGOs, clinicians and other agencies associated with the mental health service are all taken into account enabling a 360 degree view of the service to be captured.	improvements. -PER evaluation results have been instrumental in the development of new models of care at the DHB. -Includes Maori and Pacific peoples in the process Of note was the fact that the PER team were able to successfully evaluate both Maori and Pacific services as they have Maori and Pacific representation on the team. In addition PER are able to tailor information gathering so that Maori and Pacific services feel comfortable with the way information is obtained.
Dr Sue Hallwright shallwright@cmdhb.org.nz	Mental Health Services Counties Manukau District Health Board	Ongoing	Service Counties Manukau DHB has strategically invested in peer support services since 2005 by funding peer support specialist services and training for peer support specialists. With the support of Recovery Innovations (USA), approximately 200 people living in south Auckland have participated in peer support training, and many of these have also participated in ongoing refresher courses and advanced level training. The following peer support services have been funded by the health board: <ul style="list-style-type: none"> • Peer support specialists working within the clinical service multidisciplinary teams - 21 full time equivalents (FTEs) • Peer support specialists for people with experience of alcohol or other drug issues - 6 FTEs • Pacific peer support specialists (within a non government organization) – 2 FTEs • A community based alternative to inpatient admission (Tupu Ake) – estimated at 12 FTEs • Peer educators (wellness classes and WRAP) 4.5 FTEs In addition to these funded services, some NGOs have converted existing support services into peer support services. The DHB's purpose in systematically building a peer workforce and funding a

			<p>wide range of employment opportunities, was to:</p> <ul style="list-style-type: none"> • fast track recovery for people using peer support services • transform other mental health services so that they are more recovery-oriented • provide meaningful employment opportunities • enhance recovery for those delivering peer support services <p>Two of the new services are currently in the process of being evaluated.</p>
<p>Carolyn Swanson Service User Workforce Development Manager</p>	<p>Te Pou (National Centre of Mental Health Research, Information and Workforce Development)</p> <p>http://www.tepou.co.nz/page/879-service-user-workforce-development+peer-support+new-zealand-peer-support-network</p>	<p>Ongoing</p>	<p>Process</p> <p>Peer support Forum The first national Forum was in 2007. To view videos of Peer Support Work in action go to: http://www.tepou.co.nz/peersupportstories/view/videos/</p> <p>In April 2009 Te Pou organised a second national peer support forum in Christchurch. One of the key outcomes was the recommendation to develop a national peer support network. Since then, Balance NZ and other volunteers have developed the overall aims of the New Zealand Peer Support Network as follows.</p> <ul style="list-style-type: none"> • Provide a forum for the establishment, promotion and development of peer support within the New Zealand mental health and addictions sector through publication of information, web based interactive networking and publication of networking • Promote the concept, philosophy and practice of peer support throughout New Zealand • Provide a forum for the sharing of information about latest peer support developments and practices worldwide • Provide encouragement, advice and support to individuals and groups in establishing and developing peer support services • Promote research into peer support in New Zealand <p>Te Pou is funding the New Zealand Peer Support Network website. For further information please contact Frank Bristol at Balance NZ, email frank@balance.org.nz.</p>

<p>Susie Crooks reelcrook@xtra.co.nz</p>	<p>A group of service users and clinicians have taken the lead in this process.</p>	<p>Ongoing</p>	<p>Process</p> <p>Susie has led a group of service users to lobby the Associate Minister of Health the aim of which is to ensure that peer support services are recognized and strengthened.</p> <p>Following meetings with this group, Minister Coleman has stated that he will be asking DHB mental health services to strengthen their peer support services.</p>
<p>Doug Banks Manager dougbanks@witservices.co.nz</p>	<p>Whatever it Takes (WIT)</p>	<p>Ongoing</p> <p>This peer-run service has in 2010 175 clients, 45 full and part-time staff and 50 houses. The staff will literally do “<i>whatever it takes</i>” be it making meals, cleaning, housing, medication, money, “<i>being with</i>”, “<i>listening loudly</i>”, help with finances, addiction, work, fitness etc - and “<i>never ever giving up; never losing heart</i>”</p>	<p>Service</p> <p>Dr David Codyre noted that “<i>this an innovative and sector-leading consumer-run service which is supported by a small group of dedicated ‘assertive outreach team’ clinicians and a small amount of psychiatrist time WIT has worked with people who have experienced the most severe mental illness. Critical to the success of the service has been the ability to fund individualised, flexible, and often very intensive (at least initially) packages of support and care, based on doing “whatever it will take” to make a difference for that person -starting with attention to the basics such as stability of housing and income.</i></p> <p><i>Service delivery is based on fostering trusting relationships that extend over time, believing in the potential of the person, and a constant process of actively listening to understand what will make a difference for the person, translating that into action, and reviewing what is helping and building on success”.</i></p>
<p>Jim Burdett jim@mindandbody.co.nz</p>	<p>Mind and Body</p>	<p>An ongoing service available to all users of District Health Board Mental Health Services within Central Auckland (Auckland DHB), West Auckland (Waitemata DHB) and Christchurch City</p>	<p>Service</p> <p>From the website www.mindandbody.co.nz “<i>A Life Worth Living</i> <i>The team at Mind and Body Consultants believe that all people have the potential to have a life worth living. For people with experience of mental illness we call this recovery. Recovery is not just managing your mental illness; it is about actively working towards the life you want. Mind and</i></p>

		<p>(Canterbury DHB).</p> <p>The Peer Support Service is available from 8.00am – 8.00pm Monday to Saturday.</p>	<p><i>Body's Peer Support Services offer you, as a user of mental health services, the opportunity to work with someone who has been through this process. They will support you on your recovery journey, whether it is in an inpatient setting or in the community.</i></p> <p><i>Peer Support Services</i></p> <p><i>Our peer support services will encourage you to take responsibility for your own recovery. You actively promote your wellness by connecting or reconnecting with your whanau/family and friends, jobs, home and community. You decide where you live, how you manage your money and how your spiritual needs are met. We all have talents, skills and aspirations that are the foundation for recovery. A peer support worker can support you to make positive changes in your life by helping you to:</i></p> <ul style="list-style-type: none"> • <i>Identify your strengths and desires.</i> • <i>Set goals.</i> • <i>Plan the necessary steps to achieve them.</i> <p><i>Peer Support Workers</i></p> <p><i>All our peer support workers have personal experience of significant mental illness. We know recovery because we live it. This is the basis of the peer support relationship. The peer support workers have varied backgrounds and experiences. You can choose which worker you feel most comfortable working with."</i></p>
<p>Paul Ingle</p> <p>Paul.ingle@pathways.co.nz</p>	<p>Pathways Trust</p>	<p>Tuku Ake caters for up to 10 overnight guests and 5 during the day (8am to 8pm). Overnight guests have their own room.</p>	<p>Service</p> <p>Tupu Ake, a partnership with Counties-Manukau District Health Board, opened in mid 2008. The peer-led service is one of the first of its kind in New Zealand. Tupu Ake's peer support specialists offer a unique understanding and relationship with people using the service, as they too have experienced mental illness. Maori and Pacific peoples comprise the main groups serviced by Tupu Ake.</p> <p>Read more about Tupu Ake...</p> <p>Tupu Ake is a place where people can have time out when they are struggling with life at home – an alternative to hospital. It has a peaceful, friendly environment where peer staff can offer support during day or night whether that is helping prepare a meal or providing a listening ear. Guests can also</p>

			choose therapeutic programmes or use the gym.
<p>Margaret Vick Project Manager Mental Health and Addictions</p> <p>margaret.vick@careerforce.org.nz</p> <p>Mark Pearce</p> <p>Mark.pearce@careerforce.org.nz</p>	<p>Careerforce (Community Support Services ITO Ltd)</p> <p>www.careerforce.org.nz</p> <p>Careerforce supports education and skill development in New Zealand's health, disability and aged support sectors. Careerforce is an industry training organisation (ITO), and has three main roles:</p> <ul style="list-style-type: none"> -Supporting training -Designing qualifications -Providing leadership. 	<p>An ongoing project which started in 2009. Careerforce began a project reviewing the qualification pathways available for the mental health and addiction support workforce (which includes mental health support workers, psychiatric assistants and hospital aides).</p> <p>At this stage Careerforce has committed to developing a new Peer Support qualification in 2011, either at level 4 or 5 of the NZQF. Mark Pearce stated: "<i>Later this year we will be contracting someone to complete a desk research exercise, which will outline the various peer support agencies in NZ and their foundation theories/models. Then, early next year we will be pulling together the various stakeholders into a Sector Panel, which we expect will meet about three times in the course of the year.</i>"</p>	<p>Project</p> <p>The review was initiated in response to feedback that the current National Certificate in Mental Health Support Work (Level 4) did not meet the needs of the sector. Careerforce has worked closely with stakeholders from across the mental health and addiction sector to review the certificate.</p> <p>It is proposed that the new national certificate contain compulsory unit standards relevant to all mental health and addiction support workers, as well as elective unit standards which cover specific areas relevant to the support workers workplace. It is proposed that these elective topics will cover the following areas:</p> <ul style="list-style-type: none"> • Older Person • Peer Support • Family/Whanau • Infant, Child and Youth • Addiction • Forensic • Kaupapa Maori <p>Careerforce will work with SSITO (The Social Services Industry Training Organisation (ITO) which supports the development of the social services workforce. "<i>We do this by developing and maintaining the integrity of the qualifications that meet our industry's needs</i>"</p> <p>www.socialservices.org.nz</p> <p>In addition Mind and Body will also be involved as they have already undertaken much work in this area.</p> <p>www.mindandbody.co.nz</p>

<p>Frank Bristol</p> <p>frank@balance.org.nz</p>	<p>Balance NZ</p> <p>(funded by Te Pou)</p>	<p>In April 2009 Te Pou organised a national peer support forum in Christchurch. One of the key outcomes was the recommendation to develop a national peer support network.</p>	<p>Website</p> <p>Balance NZ and other volunteers have developed the overall aims of the New Zealand Peer Support Network as follows:</p> <ul style="list-style-type: none"> • Provide a forum for the establishment, promotion and development of peer support within the New Zealand mental health and addictions sector through publication of information, web based interactive networking and publication of networking. • Promote the concept, philosophy and practice of peer support throughout New Zealand. • Provide a forum for the sharing of information about latest peer support developments and practices worldwide. • Provide encouragement, advice and support to individuals and groups in establishing and developing peer support services. • Promote research into peer support in New Zealand. <p>For further information please contact Frank Bristol at Balance NZ, frank@balance.org.nz.</p>
<p>Arana Pearson</p> <p>Director and principal trainer-Keepwell</p> <p>Co-Chair Hearing Voices Network NZ</p> <p>Keepwell.nz@gmail.com</p>	<p>Hearing Voices Network (HVN)</p> <p>Aotearoa NZ – Te Reo Orooro</p> <p>www.hearingvoices.org.nz</p>	<p>Ongoing</p>	<p>From the website: <i>“ Our intention is that it will provide a better understanding of what it is like to hear voices and have visions, reduce stigma around the experience and provide practical advice and research about it. We would like to encourage contributions to this site, to enable us to be a virtual community for those that hear voices. Our HVN internet forum provides a space for you to connect with others”.</i></p> <p>The HVN is run by volunteers and offers resources, training, and research and has information on different cultural perspectives.</p> <p>This Network also has links to similar agencies internationally.</p>

Training






Organisation	Date/timeframe	Training
--------------	----------------	----------




<p>Mind and Body</p> <p>Jim Burdett</p> <p>jim@mindandbody.co.nz</p>	<p>Ongoing</p>	<p>Mind and Body Learning and Development Ltd is the training and education arm of Mind and Body Consultants Ltd. For more information visit www.mindandbody.ac.nz</p> <p>Mind and Body Learning and Development Ltd is registered as a private training establishment by the New Zealand Qualifications Authority (NZQA) under the provisions of the Education Act (1989) and its subsequent amendments.</p> <p>The Certificate in Peer Support (Mental Health) is the first course developed for Peer Support Workers that leads to a New Zealand Level 4 qualification: the Certificate in Peer Support (Mental Health) (Level 4). The course is approved by the New Zealand Standards Qualification Authority (NZQA) under the provisions of the Education Act 1989, and only Mind and Body Learning and Development Ltd is accredited to teach it.</p>
<p>Counties Manukau District Health Board</p>	<p>November 2010</p>	<p>Peer Employment Training (PET)</p> <p>Two organisations are offering PET in November 2010 to Counties people:</p> <ol style="list-style-type: none"> 1. Recovery Innovations NZ (based on the US version) ruth.cheesman@recoveryinnovations.org <i>"Our PET trains future Peer Support Specialists to provide services using the gift of lived experience of recovery from mental health and/or addiction challenges to inspire hope in the people they serve".</i> 2. Connect Supporting Recovery suldc@connectsr.org.nz <i>"Our Peer Employment Training equips people with a skills set enabling them to work alongside their peers in a range of employment settings and within a relationship that focuses on wellbeing and is based on mutual learning, empowerment and hope".</i> <p>Both courses are recognised as preparation for work as Peer Support Specialists.</p>
<p>Funded by several agencies: Wellink Trust The Mental Health Foundation Te Pou</p>	<p>End of 2011</p>	<p>Peer led recovery training</p> <p>Mary O'Hagan, in partnership with Wellink, the Mental Health Foundation, the Mental Health Commission and Te Pou is developing peer led recovery learning for people with mental distress and loss of wellbeing.</p>

<p>The Mental Health Commission of NZ Balance New Zealand</p> <p>www.wellbeingrecovery.com</p>		<p>Peer led recovery learning is structured life learning in an intentional peer support framework - designed and delivered by people with lived experience, for and with people with lived experience.</p> <p>Learning packages will be developed to be adaptable for different types of delivery - a face to face group setting, an online course, a paper-based resource for individuals, as well as for mentoring and life coaching (particularly as follow up to the face to face course). The learning packages are expected to be available by December 2010.</p> <p>Rationale People with severe mental distress, or anyone recovering from catastrophic life events, can face challenges and losses in many areas of life. Traditionally services have developed resources outside the person to assist them with these challenges. People themselves have an ability to learn and develop that is frequently untapped. Wellbeing recovery learning is designed to offer them a comprehensive range of resources to achieve the lives they choose.</p> <p>Target groups The learning packages will be aimed at working age people, particularly younger people. All of the packages will be relevant to people with major mental health problems. Many of them will be relevant to all people in the population who experience loss of wellbeing.</p> <p>An update on progress as of 20th October stated: "The project is progressing well and we are on schedule to have the learning packages completed by the end of the year. Some highlights:</p> <ul style="list-style-type: none"> • Half of the learning packages have been completed. • We have funding for all but three of the sixteen packages. • The latest sponsor is Kites Trust and we are in discussion with some other agencies to fund the remaining packages. • We are about to seek funds from philanthropic agencies for the pilots, scheduled for early next year. • We are getting international interest in the project.
---	--	--

Scotland

Reports

Contact who sent the report	Author of report/document	Organisation (s)	Name, type of document, date	Findings, outcomes
<p>Hugh Masters Nursing Officer (Mental Health and Learning Disabilities)</p> <p>mailto:Hugh.Masters@scotland.gsi.gov.uk</p>	<p>These are a series of reports with differing authors from Scotland</p>	<p>The Scottish Government</p>	<p>As noted in the policy section Scotland has a series of reports relating to peer support services.</p> <p>http://www.scottishrecovery.net/Peer-Support/supporting-resources.html</p>	<p>This document expresses the views of 81 members of HUG on the benefits and pitfalls of Peer Support. Conducted in May 2008.</p> <p> HUG peer support report (122.84 kB)</p> <p>Conference report from February 2007 event hosted by the Scottish Executive in relation to the commitment to develop peer support workers in three Health Board areas as outlined in Delivering for Mental Health.</p> <p> Conference Report - Delivering for Mental Health (148.25 kB)</p> <p>This paper is one result of a scoping exercise to help us better understand the opportunities and challenges of creating a new type of peer specialist worker. The Scottish Recovery Network commissioned this work as part of the Delivery Plan process. Published 2006.</p> <p> Peer Support Literature Review (162.63 kB)</p> <p>Brief summary report of the key conference presentations and workshop feedback from the SRN National Conference on Peer Support. Published 2006.</p> <p> Conference Report - National Conference on Peer Support (218.28 kB)</p> <p>Article on peer support written by Simon Bradstreet and shared with permission from Mental Health Review. Published 2006.</p> <p> Mental Health Review Article (54.54 kB)</p> <p>SRN briefing paper on role and potential development of peer support</p>

				working. December 2005.  SRN Peer Support Briefing Paper (207.05 kB)
Simon Bradstreet Network Director Scottish Recovery Network Glasgow simon.bradstreet@scottishrecovery.net www.scottishrecovery.net	J McLean, H Biggs, I Whitehead Scottish Development Centre for Mental Health R Pratt University of Edinburgh M Maxwell – University of Stirling	Commissioned by Scottish Government Social Research www.scotland.gov.uk/socialresearch	Evaluation of the Delivering for Mental Health Peer Support Worker Pilot Scheme 2009 Summary Version Research Findings N0.87/2009; Full version. Pilot schemes were developed in 5 Health Board areas where Peer Support Workers were trained, and then employed, to fill new positions within NHS teams in a range of settings including inpatient and community based services.	The authors of the final pilot studies research (McLean et.al.) noted: <i>“the roll-out of peer support working across mental health services in Scotland, and beyond, would have a positive impact for service users and mental health teams. It will be important to develop a clear set of national guidelines for the effective implementation of peer support working within both statutory and voluntary services”</i> . A list of 27 factors that should contribute to the effective implementation at the team, service and policy levels was outlined by the authors. Full and summary reports of the independent evaluation of support worker pilot schemes in five Health Board areas. Published November 2009.  Peer support pilots evaluation - full report (666.04 kB)  Peer support pilots evaluation - summary report (94.84 kB) The evaluation found: (1) The impact on service users has been on the whole positive with Peer Support Workers being able to provide service users with hope of recovery and aspiration for the future; liaising between staff and services users; encouraging service users to take control of their own recovery through Wellness Recovery Action Planning (WRAP). (2) The impact on Peer Support Workers was learning new skills and about the mental health environment; and a gain in confidence and self-esteem through their contribution towards helping others. (3) The impact on services was positive with improvements in service culture, values and practice in a short space of time. Recommendations for the future include the development of national guidelines to improve consistency in roles, job descriptions, training, supervision, documentation etc.

<p>Graham Morgan</p> <p>GMorgan@hccf.org.uk</p>	<p>HUG</p>	<p>Highland User Group HUG (Action for Mental Health)</p> <p>This is a network of people who have experience of mental health problems.</p>	<p>Priorities in Mental Health in Highland: What We Want our Policy Makers to Do For Us</p> <p>JUNE 2010</p>	<p><i>"Peer support... would be beneficial to service users, peer support workers and mental health teams..."</i> (Scottish Government, 2009)</p> <p>(Refer to HUG Reports: Peer Support, 2008)</p> <p>Our members have said for many years that the shared experience and skills that we can offer each other for self-management and recovery are invaluable in our treatments and therapy. Peer support overcomes the barriers that we may feel with the general population and offers us a very real and tangible connection with people on a similar journey to us.</p> <p>Peer support is an informal part of life in Highland but has been formally developed internationally and in successful pilot sites across Scotland.</p> <p><i>There is no peer support project in Highland we would like to see one.</i></p> <p>At present June 2010, HUG has approximately 400 members and 14 branches across the Highlands. HUG has been in existence now for 14 years. Between them, members of HUG have experience of nearly all the mental health services in the Highlands.</p>
--	------------	---	--	---

Articles/Evaluations

Nil to date

Projects, processes, services or websites

Nil to date

Contact	Organisation (s) the project is for	Timeframe	Project, process or service
---------	-------------------------------------	-----------	-----------------------------

Chrys Muirhead www.peersupportfyfe.org.uk	Peer Support Fyfe	Ongoing	Service/process Peer Support Fyfe is an emerging voluntary organization working in mental health recovery, promoting peer support; user, survivor and carer involvement; and peer advocacy. It produces a 'Bulletin' which outlines news, resources, links to other like agencies and training.
--	-------------------	---------	---

Training

Contact	Organisation	Date/Timeframe	Training
Simon Bradstreet simon.bradstreet@scottishrecovery.net	Scottish Qualifications Authority (SQA) The SQA is a non-departmental public body responsible for accreditation and awarding. It is partly funded by the Education and Lifelong Learning Directorate of the Scottish Government www.sqa.org.uk	August 2010	These two new unit specifications for the Mental Health Peer Support PDA (professional development award) - Recovery Context and Developing Practice. They are HN (higher national) units and can be undertaken individually. Mental Health Peer Support: Recovery context <i>"On completion of the Unit the candidate should be able to:</i> <ol style="list-style-type: none"> 1. Explore the development of the recovery approach in mental health 2. Define and understand peer support and its role in recovery 3. Describe and explain the key concepts of formalized peer support" (p.1) Mental Health Peer Support: Developing practice <i>"On completion of the Unit the candidate should be able to:</i> <ol style="list-style-type: none"> 1. Apply a range of theories and concepts in the peer support role 2. Develop relationships based on peer support principles 3. Understand perspectives of the work role" (p.1)

--	--	--	--

USA

Reports

Contact who sent the report	Author of report/document	Organisation (s)	Name, type of document, date	Findings, outcomes
SAMHSA	William White	Great Lakes Addiction Technology Transfer Center & Philadelphia Department of Behavioral Health and Mental Retardation Services Chicago Illinois	Peer-based addiction recovery support: History, theory, practice and scientific evaluation. 2009	White notes that <i>the history of addiction treatment and recovery in the United States contains a rich "wounded healer" tradition</i> (p. 7). This document contains a very comprehensive examination of peer-based recovery support services (P-BRSS). It provides 19 program profiles and includes more than 850 scientific and professional references. P-BRS is defined as the process of giving and receiving non-professional, non-clinical assistance to achieve long-term recovery from alcohol and/or other drug related problems. P-BRSS are a form of services which span the stages of recovery and are distinguished by their recovery focus; and the mobilization of personal, family and community recovery resources to support long-term recovery.
Larry Fricks email@larryfricks.org Allen Daniels allensdaniels@g	Daniels A, Grant E, Filson B, Fricks L, Goodale L (Ed)	Several (e.g. SAMHSA, CMHS, NASMHPD, Carter Centre, DBSA, ACG, Optum Health, Georgia Mental Health Consumer	Pillars of Peer Support: Transforming Mental Health Systems of Care through Peer support services	Report of findings from a Summit 17-18 November 2009 Review of literature and of state systems of peer support. <i>"Peer support has gained an important and effective role in state systems of mental health care". (p.24)</i> 25 Pillars of Peer Support Services recommended in order to guide

mail.com ADaniels@DBSal liance.org		Network & Centre for Medicare and Medicaid Services)	www.pillarsofpeers upport.org January 2010	future peer service development across states in the USA. Examples include: <ul style="list-style-type: none"> • Clear job descriptions • Job related competencies • Skills-based recovery and whole health training • Ongoing continuing education • A strong state-level consumer movement • Media and technology access • Consumer run organizations • Sustainable funding • Competency-based training for supervisors
Via IIMHL website	Lisa Eman St George	Recovery Innovations (formerly META Services) “The aim of RI is to create opportunities and environments that empower people to recover, to succeed in accomplishing their goals, and to reconnect to themselves, others, and meaning and purpose in life”.	History and Outcome of the Peer Support Project in Maricopa County, Arizona.	This document shows the positive impact of 60 hours of peer support training (over 5 weeks) on the recovery and wellness of 78 participants. Results found increases in quality of family relationships, social supports, activity levels, general wellness and symptom management. Decreases in crisis service usage and hospitalisation occurred.
Dean Manley	Laysha Ostrow	Human Services Research	A cost-inclusive analysis and review	This report focuses on Peer-run crisis respite (PRCR) services which are “ <i>an emerging form of acute residential crisis services for people</i> ”

Mental Health Foundation of New Zealand	Policy Analyst lostrow@hsri.org	Institute	of the evidence for an alternative to psychiatric hospitalization The intent of this paper is “to contribute to the knowledge of these services through a lens of cost-effectiveness”.	<p><i>with psychiatric disorders completely staffed and operated by other people with lived experience of mental illness (i.e. peers)”</i>. (p.2).</p> <p>Several studies showing costs were reviewed by this author and she found: “<i>Crisis respite services have been shown to be significantly less expensive than inpatient hospitalization</i>” (p.6).</p> <p>Intentional Peer Support (IPS) developed by Shery Mead is cited as “the most often used training for certified peer specialists”.</p> <p>Intended outcomes may be:</p> <ul style="list-style-type: none"> • Service: reduced service use and functioning • Service users: well-being (related to functioning), the ability to advocate for oneself, stronger social supports, quality of life and recovery. <p>Two measures are The Recovery Assessment Scale (RAS) and Peer Outcomes Protocol (POP) and Ostrow gives a Process and Outcomes matrix that may be used for cost-effectiveness measurement.</p> <p><i>“Peer-run services offer what no other service, no matter what cost, can offer”</i> (p.20) They have been shown to contribute to the individual’s positive mental health outcomes and inevitably they produce positive mental health outcomes for the peer provider as well.</p>
SAMHSA	Sally Clay, Editor	Nashville, Tennessee, Vanderbilt University Press	On Our Own, Together: Peer Programs for People With Mental Illness 2005	<p>This book examines the power of peer-run services in the mental health system. It looks at some of the successful per-run programs in the US and demonstrates that peer support is a viable, successful strategy for people with mental illness to achieve their hopes and dreams.</p> <p>In Chapter 2 by Jean Campbell an historical perspective of peer support is given. It also outlines specific studies on peer-run programs that are evidence based.</p> <p>This book shows that people can and do recover.</p>
SAMHSA	Wilma	Allegheny County	Emerging Best	This report defines emerging best practices that service users,

	Townsend, Daniel Harris, Laura Bell-Martin, Marc Cherna & Patricia Valentine	Department of Human Services & Ohio Department of Mental Health.	Practices in Mental Health Recovery 2005	providers and supporters can use to facilitate the recovery process using a 'stages of change' model. The authors find that peer support is a major component of recovery.
Allen Daniels allensdaniels@gmail.com	Jean Campbell & Judy Leaver	National Technical Assistance Center for State Mental Health Planning (NTAC), National Association of State Mental Health Program Directors (NASMHD), Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services (SAMHSA) & US Dept. of Health and Human Services (HHS) NASMHPD	Emerging New Practices in Organized Peer Support 2003	This report comes from NTAC's National Experts Meeting on Emerging New Practices in Organized Peer Support, March 17-18, 2003 Alexandria, VA. Recommendations were: <ul style="list-style-type: none"> • Continue providing networking opportunities for per-specialists and use those opportunities to further define processes and resources • Promote peer support and recovery work as cost-effective with good outcomes • Continue the development of evaluation processes and resources • Approach NIMH about funding a national research initiative on peer support • Take the consumer/survivor movement to the next level with a national coalition to act as a clearing house for information on innovations • Push inclusion of recovery principles as part of systems reform at the local, state and national levels.
Daniel Fisher mailto:d.fisher@power2u.org	www.power2u.org	National Empowerment Centre	2003	Jean Campbell's "Emerging Research Base". http://www.power2u.org/emerging_research_base.html

				This is a comprehensive research base of a variety of self-help and peer-run support programs. It covers 36 studies with overall very positive findings such as: decreased hospitalisation, better quality of life, increased social networks.
--	--	--	--	--

Articles/Evaluations

Author & publication	Title	Focus of content	Findings, outcome
Peter Ashenden <i>Psychiatric Services</i> , Sept 2009, Vol. 60, No. 9, 1214-1221	Coping with thoughts of suicide: Techniques used by consumers of mental health services	198 people with depression and other mental health problems from 14 regional consumer-run 'Hope Dialogues' in New York State were asked to write the 5 strategies that they used to deal with suicidal thoughts.	Respondents frequently relied on family, friends, peers and faith as sources of hope and support. Conclusion included: "... <i>education and support for dealing with individuals in despair should be targeted to the social networks of this high-risk population</i> " (p.1214).
L Davidson, M Chinman, D Sells & M Rowe <i>Schizophrenia Bulletin</i> , February 3 2006, 1-8	Peer support among adults with serious mental illness: A report from the field.	Peer support is based on the belief that people who have faced and overcome adversity can offer useful support, encouragement, hope and mentorship to others facing similar situations. This article reviews 4	The authors suggest that few differences between groups were found however results were promising " <i>Our hope is that the current enthusiasm for peer support – which we share - will be joined with an equal degree of commitment and resources to establishing an evidence base for what is precisely involved in the process and what outcomes can be expected</i> " (p.7).

		randomized controlled trials.	
D Sells, L Davidson, C Jewell, P Falzer & M Rowe <i>Psychiatric Services</i> , August, 2006, Vol.57, 8, 1179-1184	The treatment relationship in peer-based and regular case management for clients with severe mental illness.	This study compared the quality of treatment relationships and engagement in peer-based and usual case management in 137 adults. Self-report questionnaires assessed treatment relationships, motivation, and service use; and providers rated participants' initial engagement and monthly attendance in treatment.	Participants perceived higher regard, understanding and acceptance from peer providers than case managers. 6-month positive regard and understanding positively predicted 12-month treatment motivation for psychiatric, alcohol and drug use problems and attendance at AA and NA meetings. <i>"Findings strongly suggest that peer providers serve a valued role in quickly forging therapeutic connections with people typically considered to be among the most alienated from the health care system"</i> (p.1179).
M Chinman, AS Young, J Hassell & L Davidson <i>The Journal of Behavioural Health Services and Research</i> , 33:2, April 2006	Towards the Implementation of Mental Health Consumer Provider Services	To guide the development of consumer provider services, the literature on the effectiveness of such services was reviewed, and focus groups and interviews and a brief survey of 110 administrators, providers and clients were undertaken at 3 large VA clinics in Southern California.	Resistance to change by key stakeholders was discussed and an organizational change framework was developed which involved 4 action stages: exposure, adoption, implementation and practice. Issues such as hiring practices, job structure and dual relationships were discussed. Measures of recovery would be useful.

Projects, Processes, services or websites

Contact	Organisation (s) the project is for	Timeframe	Project, process, service or website
Gene Johnson CEO	www.recoveryinnovations.org	Recovery Innovations	<p>Service</p> <p>Recovery Innovations, through its local non-profit corporations, offers a range of recovery based services in Arizona, California, North Carolina, Virginia and Washington. Recovery Innovations has developed an international reputation for recovery based practices and programs with the creation of a service delivery model that highlights peer support as the demonstration that recovery from mental illness and/or addiction is possible.</p> <p>In order to stay on track with recovery and wellness values, Recovery Innovations uses a wellness based approach instead of the traditional illness based approach. The focus is on strengths and is person-centered and it follows the "Pathways to Recovery" (see website).</p> <p>Services include:</p> <ul style="list-style-type: none"> • Education and resources • Employment • Peer crisis services • Peer support training <p>Several other countries have commissioned this agency to help with peer support training.</p>
Daniel Fisher	www.power2u.org	National Empowerment Centre (NEC)	<p>Website</p> <p><i>"Mission: To carry a message of recovery, empowerment, hope and healing to</i></p>

mailto:d.fisher@power2u.org			<p><i>people who have been labeled with mental illness”.</i></p> <p>This website offers a range of services: speakers for conferences, access to peer-run crisis centers, articles, reports, CDs, training, and workshops on recovery, peer services, policy advice, networking.</p>
	www.naops.org/	National Association of Peer Specialists	<p>Website</p> <p>The National Association of Peer Specialists state that <i>“Peer Specialist training prepares people who live with mental illnesses to use their experiences to work with others as peer specialists. Facilitated by nationally-recognized trainers, this comprehensive course delivers a foundation in recovery principles, intervention techniques, and ethical practice. Curriculum focuses on the use of peer-delivered services to support the recovery of others”.</i> (www.naops.org)</p> <p><i>“The National Association of Peer Specialists, Inc. (NAPS) is a private, non-profit organization dedicated to peer support in mental health systems. Founded in November 2004 by a group of peer specialists, the organization has quickly grown with members from every state. NAPS offers members a quarterly newsletter, discounts on recovery-oriented materials, access to recovery and peer support information, NAPS also sponsors an annual conference for peer specialists which brings together peer specialists and supporters of the peer specialist movement to share ideas, strategies, and information about innovative programs that work.</i></p> <p><i>NAPS also works to enhance the profession--not just encourage the hiring of more peer specialists. We do this through training, education, and advocacy”.</i></p>
<p>Dr Ed Knight Adjunct Professor</p>	http://www.professor.ed.com/	<p>Rehabilitation Sciences, Boston University</p>	<p>Website</p> <p>This site hosts some of Dr. Ed Knight's research and presentations related to self-help, consumer operated (peer-run) services and recovery tools among those diagnosed with mental illness or with mental illness and substance abuse disorder.</p>

Training

Contact	Organisation	Date/Timeframe	Training
Mary Ellen Copeland	www.mentalhealthrecovery.com	Ongoing	<p>Mary Ellen developed the Wellness Recovery Action Plan (WRAP). <i>"The mission of Mary Ellen Copeland's Mental Health Recovery and WRAP is to promote personal, organizational, and community wellness and empowerment. Her focus is on shifting the system of mental health care toward prevention and recovery through education, training, and research. The WRAP plan uses the accomplishments developed and implemented by the people being served and the people who care for them. This is reinforced by building networks that reflect mutual support and community organizational empowerment - concepts that are changing the face of mental health recovery."</i></p> <p>Recovery in this context means finding hope, developing a personal understanding of the experience of mental illness, developing the skills and knowledge to support one's own wellness, and recovery.</p> <p>Core concepts include:</p> <ul style="list-style-type: none"> • Having a crisis plan • Education and self-advocacy • A strong support system <p>This work has been undertaken across the US and in many other countries and is often used as part of peer support training.</p> <p>Research findings:</p> <ul style="list-style-type: none"> • Vermont Recovery Education Project • Mental Illness Self-Management Through Wellness Recovery Action Planning
Shery Mead sherymead@gmail.com	Shery Mead Consulting Peer support and	Ongoing	<p>The website states: <i>"Shery offers a broad range of training based on individual needs. These may include training in intentional trauma-informed peer support, Warmline skills, peer run crisis alternatives, co-supervision, Facilitator training and training for professionals in recovery-based practice.</i></p>

	peer-run crisis alternatives in mental health		<p><i>All training is very interactive using role play to demonstrate “values in action.” Training time ranges from 1 – 8 days.</i></p> <p><i>Shery has written two books with Mary Ellen Copeland and one (Intentional Peer Support) on her own. They are available for purchase on this website. Shery now speaks at many conferences and trains locally, nationally and internationally. Her current interests include:</i></p> <ul style="list-style-type: none"> • <i>Peer support as social action and social change</i> • <i>The development and implementation of trauma informed peer programs and groups</i> • <i>Narrative and participatory evaluation and research</i> • <i>Peer run crisis alternatives Training professionals in recovery based practices</i> <p><i>Other Trainings Available:</i></p> <ul style="list-style-type: none"> • <i>Intentional Peer Support Train-the-Trainers Teacher's Training</i> • <i>WRAP and Intentional Peer Support</i> • <i>Co-Supervision</i> • <i>Crisis Training</i> • <i>Advanced Intentional Peer Support Training</i> <p><i>Future Training Locations:</i> <i>Australia, England, Scotland, Ireland, Japan, New Zealand, Zambia</i></p> <p>Shery also has a newsletter.</p>
	Recovery Innovations www.recoveryinnovations.org	Ongoing Based on the work of Mary Ellen Copeland, Shery Mead, and Bill Anthony, Dan Fisher, Pat Deegan, Leroy Spaniol and others.	<p><i>“Creating opportunities and environments that empower people to recovery, to succeed in accomplishing their goals and to reconnect to themselves, others and meaning and purpose in life.”</i></p> <p>Recovery Training (from website):</p> <ul style="list-style-type: none"> • <i>Recovery Kickoff</i> • <i>Peer Employment Training</i> • <i>Advanced Peer Practices</i>

			<ul style="list-style-type: none"> • Recovery Practices in Leading and Coaching • Keeping Recovery Skills Alive (KRSA) • Home is Where the Heart is Workshop • Advanced Recovery Training • Download Recovery Trainings
	<p>National Association of Peer Specialists</p> <p>www.naops.org</p>	Ongoing	<p>This agency states that it no longer provides Peer Specialist training but it notes other agencies that do (in alphabetical order); these are:</p> <p>Consumers as Providers Training Program (CAP--University of Kansas) Beth Oswald Coordinator boswald@ku.edu Website www.socwel.ku.edu/projects/SEG/</p> <p>Depression Bi-polar Support Alliance Lisa Goodale: lgoodale@dbsalliance.org Website: www.dbsalliance.org</p> <p>Envisions of Life, LLC Antonio Lambert Website: www.ENVISIONSOFLIFE.COM</p> <p>Institute for Recovery & Community Integration Jean Whitecraft: jwhitecraft@mhasp.org Website: www.mhrecovery.org</p> <p>Peer Training, our of Aurora, Colorado http://www.peertraining.com/>.</p> <p>Recovery Innovations 602-636-4444 Website: www.recoveryinnovations.org</p>

References sent by members

The following list of references was sent in by:

Larry Davidson, Ph.D.
Professor of Psychiatry and Director
Program for Recovery and Community Health
School of Medicine and Institution for Social and Policy Studies
Yale University
New Haven, CT
Larry.Davidson@Yale.edu

- Carlson, L.S., Rapp, C.A., & McDiarmid, D. (2001). Hiring consumer-providers: Barriers and alternative solutions. *Community Mental Health Journal*, 37(3), 199-213.
- Chinman, M., Hamilton, A., Butler, B., Knight, E., Murraray, S., & Young, A. (2008). Mental health consumer providers: A guide for clinical staff. A RAND Health Technical Report.
- Chinman, M., Shoai, R., & Cohen, A. (2010). Using organizational change strategies to guide peer support technician implementation in the Veterans Administration. *Psychiatric Rehabilitation Journal*, 33(4), 269-277.
- Chinman, M.J., Young, A.S., Hassell, J., & Davidson, L. (2006). Toward the implementation of mental health consumer provider services. *Journal of Behavioral Health Services and Research*, 33(2), 176-195.
- Clay, S. (Ed.). (2005). *On our own, together: Peer programs for people with mental illness*. Nashville, TN: Vanderbilt University Press.
- Daniels, A., Grant, E., Filson, B., Powell, I., Fricks, L., & Goodale, L. (Eds.). *Pillars of peer support: Transforming mental health systems of care through peer support services*. Retrieved January, 2010 from www.pillarsofpeersupport.org.
- Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: A report from the field. *Schizophrenia Bulletin*, 32, 443-450.
- Davidson, L., Weingarten, R., Steiner, J., Stayner, D., & Hoge, M. (1997). Integrating prosumers into clinical settings. In Mowbray, C.T., Moxley, D.P., Jasper, C.A. & Howell, L.L. (Eds.), *Consumers as providers in psychiatric rehabilitation*. Columbia, MD.: International Association for Psychosocial Rehabilitation Services, pp. 437-455.
- Fricks, L. (2005). *Building a foundation for recovery: A community education guide on establishing Medicaid-funded peer support services and a trained peer work force*. DHHS Pub. No. 05-8089. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Mowbray, C.T. & Moxley, D.P. (1997). Consumers as providers: Themes and success factors. In Mowbray, C.T., Moxley, D.P., Jasper, C.A., & Howell, L.L. (Eds.), *Consumers as providers in psychiatric rehabilitation*. Columbia, MD.: International Association for Psychosocial Rehabilitation Services, 1997, pp. 504-517.
- Peebles, S.A., Mabe, P.A., Davidson, L., Fricks, L., Buckley, P.F., & Fenley, G. (2007). Recovery and systems transformation for schizophrenia. *Psychiatric Clinics of North America*, 30, 567-583.
- Salzer, M.S. & Mental Health Association of Southeastern Pennsylvania Best Practices Team. (2002). Consumer-delivered services as a best practice in mental health care delivery and the development of practice guidelines. *Psychiatric Rehabilitation Skills*, 6, 355-382.
- Shepard, L. (1992). So you want to hire a consumer? Employing people with psychiatric disabilities as staff members in mental health agencies. Burlington, VT: Center for Community Change through Housing and Support.
- Simpson, E.L. & House, A.O. (2002). Involving users in the delivery and evaluation of mental health services: Systematic review. *British Medical Journal*, 325, 1-5.
- Solomon, M., Jonikas, J.A., & Cook, J.A. (1992). *Positive partnerships: How consumers and non-consumers can work together as service providers*, 2nd edition. Chicago: University of Illinois at Chicago Center on Mental Health Services Research and Policy.

Townsend, W. & Griffin, G. (2006). Consumers in the mental health workforce: A handbook for practitioners. Rockville, MD: National Council for Community Behavioral Health Care.

Other contacts/people who helped

Carolyn Anderson – A trustee of the National Survivor Users Network (NSUN)

www.linkedin.com/in/carolynhanderson

Lena Talback - Executive Assistant / Assistante de direction, CMHA / l'ACSM, National Office / Bureau national
Ottawa, Canada

Ltalback@cmha.ca

Jenny Speed

jennyspeed8@gmail.com

Dr David Codyre

PROCARE Psychological Services, Auckland, New Zealand

davidc@procare.co.nz

Staff at SAMHSA via Rose Shannon

Rose.shannon@samhsa.hhs.gov

Judi Clements

CEO Mental Health Foundation of New Zealand

judi.clements@mentalhealth.org.nz