Northern CCU Peer Support Research and Development Project: "Putting the community into Community Care Unit..."

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CONVERSATIONS FOR CHANGE...

Peer support is based on the idea that we mental health consumers have a lot to share with each other in wellbeing, recovery journeys, practical coping, and living more confidently in the community.
Northern CCU Peer Support Research and Development Project:
“Putting the community into Community Care Unit”

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Melbourne, Australia, October 2011
ISBN: 978-0-9579244-3-7

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Acknowledgements and Thanks:
The Principal Researcher wishes to thank the following people for the hard work, knowledge, wisdom and skills they have brought to the project:

The Project Advisory Group: (Consumer Consultants/ Researchers): Ms Wanda Bennetts, Ms Merinda Epstein, Mr Neil Turton-Lane, Ms Joanne Switserloot; and Ms Leah Martin; and interested service provider PAG members: Mr Peter Sanders and Mr Noel Renouf.

Other supporting Consumer Workers: Ms Felicity Grey, Ms Cath Roper, and Mr Wayne Weavell, and Ms Jan Hatt.

NAMHS Executive Project Steering Group: Assoc Prof Suresh Sundram (Co-researcher and Supervisor); Ms Christine Hodge (Co-Researcher and Supervisor); Ms Robyn Humphries (Manager NAMHS); Mr Rod Fithall (Manager NCCU-MSTS); Dr Allan Wragg, Consultant Psychiatrist; Ms Carolyn Dun (NAMHS Senior OT.)

The staff members: at the Northern CCU who assisted with the project in many ways have been most helpful. Thanks especially to Ms Jenny Paganis, Ms Kate Toholka, Mr Mathias Prager, and Ms Erin Finch, and others who made the project welcome.

Finally, to the nine Northern CCU resident/ consumers (and a few who observed from the sidelines and came to information sessions) who participated in the Northern CCU Peer Support Research and Development project this report is dedicated to them, and hopes for a better future.
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Executive Summary

Peer support in mental health services is an increasingly popular subject for journal articles and conference papers all over the world. Increasing numbers of consumer-based Peer Support Workers, who have a lived experience of mental health problems and hard won knowledge from their own search for recovery, are emerging as a valuable direct-care workforce.

The Northern Community Care Unit (CCU) Peer Support Research and Development Project aimed to explore through active partnership with interested consumers at the service, how a Peer Support Program could make a difference to the health and wellbeing of consumers living in the CCU at Wood St Preston. The Northern CCU is one of 9 programs within the Northern Area Mental Health Service (NAMHS).

Northern AMHS, has been a significant innovator among mental health providers in service improvement and consumer participation, and has been strongly supportive of this project. Northern AMHS is the auspice for the project, Clinical Director, Associate Prof Suresh Sundram is the Executive Supervisor and co-researcher and Ms Christine Hodge, Manager Darebin Community Mental Health Centre, is Supervisor and co-researcher. The executive steering committee for the project was comprised of the aforementioned and a further six NAMHS executive members.

The project was designed and implemented to provide for a high level of participation by interested resident/consumers living at the Northern CCU. A consumer-collaborative Participatory Action Research (PAR) methodology was used in the interests of trying to learn in a friendly and interactive way about the actual experiences, ideas and issues of consumers at the CCU.

The emphasis was on the authenticity of the consumer voice and the clear expression of ‘needs’ and ‘wants’ in the responses from resident/consumers – within what could well be called “The Conversation.” The intention was to bring in some good ideas, discuss them at the table and avoid imposing prescriptive outside “solutions.” Significant highlights from these discussions appear in this report, in sections corresponding to each workshop topic.

A wealth of consumer-sourced knowledge about ways peer support could “make a difference.”

This project report contains a wealth of rich contextual information from service resident/consumers about how peer support could “make a difference” to the mental and physical health of resident/consumers and improve their overall social connectedness, confidence, hope, and wellbeing.

The brief of the project, designed in collaboration with the NAMHS Executive, was to search through the peer support literature, including clinical, psychosocial rehabilitation and consumer “grey literature” material, to identify suitable building blocks towards the design and modelling of a Peer Support Program.

A group of consumer consultant/co-facilitators, with a strong and diverse knowledge of peer support, comprised the largest part of a Project Advisory Group (PAG) which provided a powerful resource for the project. Their role included carrying out much of the literature review and assessment, overall project design, and development of themes and formats for a series of workshops which formed the backbone of the project.

Members of the PAG and the Principal Researcher met with interested CCU resident/consumers, participated in six specially-themed workshops around a range of innovative models and approaches for peer support with the aim of identifying those that would “make a difference” for consumers at the CCU.

The project identified a multi-faceted approach to peer support in the NCCU that could be, guided by the ‘needs’ of consumers and desired outcomes of the service. The project further identified a gradual development of peer support with regular review.

A trial of the Peer Education Sessions, a facet of the proposed multi-faceted peer support program model, was conducted during the last several months of the project which aimed to gauge how peer support might work on the ground at the Northern CCU.
As shown within the reporting of the three specially themed sessions of the trialing stage and the earlier six specially themed Project Workshops, the concept and possibilities of having Peer Support Workers and a dedicated Peer Support Program held possible benefits which were readily identified and discussed by consumer participants.

These consumer dialogues are indispensable when reading this report. The edited accounts of a total of nine group sessions involving Northern CCU consumers and consumer co-facilitators are important for the appreciation of the project as a whole, because of the extensive level of consumer participation built into the project. It may also be noteworthy that in accord with the funding body’s guidelines, the report has the major points on top, and further details in descending order, similar to the inverted triangle of journalism.

The outcome was a consensus that a peer support program would be beneficial to consumers at the CCU and a great deal of qualitative ideas and information from consumers themselves emerged in the process about what a peer support program might look like. Considerable enthusiasm had developed in the group for peer support and people became increasingly comfortable with talking about experiences and trying to guide and support others.

Recommendations:

- A multi-faceted Consumer Peer Support Program be established at the Northern CCU guided by this consumer-collaborative PAR research and development project.
- The key recommendation is the employment of a Peer Support Worker (or workers) with consumer knowledge and expertise gained from the lived experience of their own recovery journeys, and collective consumer participation activities.
- Other major elements in a multi-faceted Peer Support Program should include:
  - Peer Education and Support Groups/ some individual mentoring:
  - Foundation consumer participation activities as an enabler of peer support:
  - Systemic Advocacy: Relationship-building and shared learning with service staff:
  - Consumers to support each other in exploring options and participating more confidently in the wider community.

(See detailed model Page 3 & 4.)

- Still to be fully developed: key selection criteria for PSWs, a duty statement, code of ethical conduct, training requirements, supervision, training and support.
- Appropriate funds should be sought internally and/ or by application to the Department of Health Victoria to finance the Peer Support Program.
- In the event that Northern Area Mental Health Service determines to implement a Peer Support Program across a number of sites, it is recommended that key learning outcomes and expressed consumer needs and wishes from this research project, should help guide any such developments.

Hopefully this report will make a worthwhile contribution to peer support as a growing area of consumer endeavour at the Northern CCU and beyond.

This project was wholly funded by a grant from the Department of Health Victoria Mental Health and Drugs Research Fellowship Grants, and many thanks are expressed.

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A proposed multi-faceted Consumer Peer Support Program Model for the Northern CCU:

The consumer-collaborative Research and Development Project has recommended that a multi-faceted Consumer Peer Support Program be set up at the Northern Community Care Unit (CCU) in Preston, with the intention of enhancing the resident/consumers’ health, wellbeing, community participation and personal recovery striving.

The key recommendation is the employment of a Peer Support Worker (or workers) with consumer knowledge and expertise gained from the lived experience of their own recovery journey, and collective consumer participation activities.

The following is a summary of what a Multi-Faceted CCU Peer Support Program Model could look like.

This was based on processes in the research including: an extensive literature review; consumer movement networking; issues/question formation and synthesis by a Project Advisory Group; workshop facilitation; collaborative discussions with consumers about particular themes; and the peer education trialing period with CCU consumer participants, which also involved an evaluation survey.

Peer Education and Support Groups/some individual mentoring:

Consumers providing mutual support and sharing experiences and strategies about coping, wellbeing, and pathways to personal recovery, among a number of aims. This would be done mainly within the form of group work. Such approaches have been found to be promising within the literature and the workshop groups in the project.

A good deal of peer education and support activities would involve gradual learning and practicing of everyday skills such as learning to use public transport, how to navigate community facilities or finding places to meet people and get involved with things, building more “give and take” into relationships with family and friends, and how sincerity can open doors in the wider community.

Ideally, attention should be given equally to matters of fun and enjoyment as work and education, because they build hope and social confidence. Suitable guest speakers would make a valuable contribution.

A limited amount of individual mentoring/life coaching may be possible to be offered, upon request, for consumers who want to consolidate their responses to key issues. This aspect would be envisaged as mainly being about being an empathetic listener, reflecting and supporting the individual’s own personal strengths and qualities, rather than formal counselling.

Foundation Consumer Participation activities as an enabler of peer support:

Consumer participation foundation knowledge and practices should be developed as an important enabler for putting into place a peer support program at the Northern CCU.

An increased level of consumer participation on site is in its own right a legitimate goal because consumer participation has been in under something of a resources-related “rain shadow” area at the Northern CCU throughout its history.

Consumer participation could allow for resident/consumers to interact together in various ways, including socially, in the course of consumer participation activities. These activities could include activity program planning, working on issues and feedback within the service, and special projects.

Other consumer participation initiatives could include:

- Develop links with the consumer movement and a range of relevant local services.
- Foster a sense that consumers can genuinely work in partnership with mental health services.
- Develop local consumer participation/peer leadership, and provide opportunities for capacity building.
- Work towards effective use of feedback and complaints mechanisms, so consumers perceive them as genuine and safe.
Systemic Advocacy: Relationship-building and shared learning with service staff:

Peer Support workers and their supporters would seek to develop stronger partnership type relationships between resident/consumers and service staff. There would be an emphasis on improved two-way communication and assisting consumers to develop better self-advocacy skills.

In settings such as staff training and development, service planning sessions or special projects, relationship building could be built on a shared exploration of the lived experiences of consumers.

This may include such aspects as:

- consumer perspective information about what it is like for individuals to have mental illness.
- experiences within services, positive and negative aspects of treatment, and side effects of medication.
- social barriers such as stigma, or personal experiences of loneliness, common sadness, fear,
- enablers for consumers along pathways towards personal recovery, such as hope and opportunities.

A key aim would be to encourage greater cooperation and two-way communication and seeking to bring closer together the wants and needs of consumers with the methods and operations of the service and its staff. It would be important also for service staff to more clearly explain their methods and rationale to consumers and demystify some elements and that could provide greater transparency.

Consumers to support each other in Exploring Options and participating more confidently in the wider community.

A key area for a Peer Support Program to address, in a variety of ways, is the crucial one of supporting and resourcing resident/consumers to explore options for participating more confidently in the wider community. A significant proposed group based activity is “Exploring Options” in which participants would seek community access information, to be built into a shared resource for all CCU residents.

Community participation is seen as crucially important because:

- Participation in the wider community is seen by many consumers and their supporters as probably the single most effective catalyst for change and personal recovery for individuals.
- The effects of participation tend to have a strong multiplier effect, and can help to generate opportunities to develop new social networks, open up education and employment possibilities, and link into a vast array of community resources, among other things.
- A further benefit of focusing on peer driven community access strategies is that they could help to guide and inform a more effective and targeted community linkages systems, and encourage more community development approaches to ease the transition of consumers into the wider community.

ORGANISATIONAL CONTEXT:

The consumer-collaborative Northern CCU Peer Support Research and Development project was carried out between June 1, 2010 and October 31, 2011, after the Principal Researcher and Northern Area Mental Health Service were awarded a Department of Health Victoria Mental Health and Drugs Research Fellowship Grant.

The project revolved around a series of six specially themed Workshop Sessions in the initial stage and three interactive Peer Education Sessions in the trialing stage. The Principal Researcher, in association with five highly experienced sessional Consumer Consultant co-facilitators, held in-depth and creative discussions with a small but motivated group of CCU resident/consumers, about a range of peer support models to identify which models and approaches might best suit consumers at the CCU.

The workshop session design was based on a literature search of peer support, including some very influential materials from the consumer “grey literature”. There were also discussions with a number of local consumer knowledge holders about consumer-based peer support service provision in the mental health field.
Peer support: a likely catalyst for change at Northern CCU:

The Community Care Unit (CCU) at Wood St Preston has been the focus of considerable service development and innovation since its establishment in 1994 as a 20-bed clinical residential rehabilitation service within Northern AMHS. It was established in the context of deinstitutionalisation and mainstreaming of public sector mental health services in Victoria. Several years into the operation of the program, after concerted efforts by the service, consumers were ready to be transitioned to other less intensively supported housing in the community.

The resident/consumers of the Northern CCU are people between the ages of 16 and 64 who are diagnosed with serious mental illness, and some CCU consumers have had a long term psychiatric disability; however, in the context of the heavy demand for places within clinical residential rehabilitation services, it is worth noting that the CCU consumers were also assessed as being likely to benefit from the CCU.

The service provider workers have sought to maximise the benefits of the CCU facility, and have taken a number of initiatives towards this. Program elements currently include: daily living skills, relaxation/meditation, creative activities, and espresso mornings – along with a number of community linkages including Sprout community garden, involvement with educational, specialist employment agencies and recreational outings. The home-like units are shared by several consumers, and one initiative of the program staff was to encourage some interested residents to cook for each other’s households in rotation.

Another example of more enlightened methods being adopted by program staff is that consumers are invited -- and many do -- to attend clinical case conferences about them, rather than more common “behind closed doors” methods.

A Peer Support Program at the Northern CCU would be expected to assist with further expansion of program options and the capacity of resident/consumers to create initiatives such as the successful fundraising BBQ at Bunnings Preston earlier this year, jointly organised between interested residents and staff; the setting up of a consumer information cupboard; and the idea of possibly improving information flows around community participation, employment and housing, by peer support through a group information gathering activity which could be called “Exploring Options.”

Is peer support “a good idea whose time has come…” to Northern CCU?

The idea of developing peer support approaches for consumers at the CCU (and possibly similar services within NorthWestern Mental Health,) has been raised on two previous occasions. Firstly, in a discussion paper by the Principal Researcher when working as a consumer consultant at Northern AMHS, in collaboration with a senior social worker in 1999. While the concept generated some interest within the service improvement agenda, it was not implemented at that stage.

Meanwhile, in 2004, a visiting Consumer Consultant presence was implemented at the Northern CCU for about two years, and had some success engaging with consumers on various aspects of consumer participation, including program planning and service feedback. The project seemed to have the greatest success in relation to practical matters, which could be readily demonstrated as relevant and helpful for consumers to find improvement in their lives and prospects. This seems to remain a key area of potential.

In 2009 a small consumer – service provider Scoping Committee was established, as a follow on from the Think Recovery service improvement project at NorthWestern Mental Health. The Principal Researcher for the current project was the scribe for the scoping committee.

The discussion paper which emerged reported on the growing popularity of various types of peer support models as Consumer Developed Initiatives (CDIs) in Australia and abroad. It included an outline of a proposed duty statement for a peer support worker and draft key selection criteria for the role. While these previous initiatives did not immediately go ahead, they were a precursor of the current project, which provides the opportunity to translate an apparently enlightened concept into action and hopefully result in a Peer Support Program on the ground at the Northern CCU.

The policy context:

From a policy standpoint, State and Federal funding is being provided to PDRS services for peer support through various schemes, aimed at strengthening the focus on rehabilitation and recovery. Yet there is a perceived gap in the lack of such funding to clinical mental health services, which is hoped to be filled soon. The present project aims at strengthening the evidence base for peer support in clinical mental health services.
The research project also adds further evidence to peer support considerations to the Department of Health Victoria’s recently released Framework for Recovery-oriented Practice. This document, which was the product of consultations with a large group of stakeholders, and “identifies the principles, capabilities, practices and leadership that should underpin a recovery-oriented approach to mental health service delivery. Formation of a peer support workforce was among the options.

From a Commonwealth perspective, peer support can be viewed as compatible with various parts of the National Mental Health Plan and Standards.

**Peer Support literature and networking: the bigger picture**

**Widening interest and growing implementation of peer support in mental health:**

Peer support in mental health services, in which people with first-hand consumer experience are employed as Peer Support Workers (PSW’s)/ peer specialists -- working as direct service providers for current consumers -- is an area of growing interest and activity worldwide.

Recent years have brought a proliferation of reports about consumer peer support in the mental health literature, conference papers, consumer advocacy publications, and the Internet. Consequently, community based mental health PDRS services are able to attract a modest and increasing flow of funding for peer support programs -- with clinical services considered inevitable to follow. (VMIAC literature review, 2010; Roper, 2007; Davidson & Tondora, et al, 2005; Mead, Hilton, Curtis, 2004.)

**Many models and approaches to peer support in the literature and networking:**

Consumer peer support in mental health is a rapidly developing area of research and service development in the mental health field. There are many different models and approaches for peer support that share perspectives based on lived experience of mental health difficulties, focus on the strengths of an individual, and aim to promote personal recovery. A variety of definitions appear in the following pages.

Consumer peer support definitions and structures can range widely from being spontaneous and informal friendships that occur among a group of consumers, to structured consumer - perspective activities requiring some dedication by participants. These activities may take the form of a range of program modules, or leadership-intensive processes such as Consumer Peer Support Workers conducting skills-based group peer education sessions about items such as community access, or support groups sharing strategies, through to individual peer counselling/ life coaching.

The peer support literature is growing all the time and there are growing accounts of peer support such as:

**Intentional Peer Support:** A system of peer support developed in the US for use in consumer-run “peer-run crisis centres” where Peer Specialists work with clients individually or in small groups on a non-clinical basis. The key “tasks” of the work revolve around the principles of connection, worldview, mutuality in co-learning, and moving towards what the person wants rather than away from what they want to avoid.

**Consumer peer support networks:** Consumer-run services offering peer-support services such as hospital-to-home after care, “step up/step down” respite services, telephone “warm lines” for support, consumer advocacy, and referrals.

**Individual peer mentoring/ life coaching:**

**Peer education:** Peer Specialists/ Peer Support Workers -- and other guest speakers as required -- to facilitate group sessions where people can share coping strategies and lessons from journeys of recovery Practical information about ways to enhance participation in the wider community is also helpful.

**Structured support group programs:** Mutual support groups for people with mental health issues have been around for a long time, and are often adaptations from the 12-step Alcoholics Anonymous program. The Grow Movement works along similar lines. Some residential programs may have support groups.
Consumer peer support as an add-on to an existing service: Peer support programs are increasingly being introduced into (PDRS) services, and it is hoped clinical mental health services may soon follow. A growing body of consumer knowledge demonstrates that PSW’s can assist consumers to open up to mutually valued conversations about more positively oriented futures, sharing stories and strategies and becoming increasingly able to envision and step into a journey of personal recovery. According to Clay (in Woodhouse & Vincent, 2006), the PSW/ Peer Specialist role consists of the two broad functions. (1) emancipatory and (2) caring.

Woodhouse & Vincent (2006) continue:

“The emancipatory functions of a peer support worker are based on empowering clients to take control of their own recovery, and define their own needs, aspirations and goals. A key aspect of this is encouraging people to tell and share their own stories, and providing them with information to help them make informed choices about forms of support they need. Within this function is the belief that telling one’s story has a therapeutic value and the process of sharing histories can shift an individual’s perspective towards a recovery based outlook and away from an illness based viewpoint.”

In distinguishing consumer run peer support from traditional mental health treatment and support, one writer, (Campbell, cited in VMIAC, 2010), identified ten emancipatory functions and ten caring functions which had impacts on consumers using, or working in, consumer-run programs. Among the beneficial impacts reported were increases in consciousness raising, recovery orientation and hope, personal growth and positive outcomes for peer service providers through helping others and many advantages of employment (Mowbray et al,1998).

Parts of the literature seem to suggest that beyond the sharing of stories and mutual support – important as these functions are -- there is another important active and practical layer within peer support, which is concerned with seeking information for life enhancement and recovery (Woodhouse & Vincent, 2006). This might mean information about community linkages -- such as identifying services which promote recovery, community access, housing, education, pre-vocational and employment services, more mainstream socialising groups, recreation, etc.

Hope, empowerment and personal recovery:

Developing on the theme of the important role of hope in the person’s quest for recovery, noted commentators on the recovery paradigm (Davidson, L; Tondora, J; Staeheli, M et al, 2005, page 5;

“In addition to hope, recovery from mental illness, broadly defined, involves a process of overcoming some of the consequences of the illness; gaining an enhanced sense of identity; empowerment, and meaning, and purpose in life; and developing valued social roles, citizenship, and community connections despite a person’s symptoms profile or continued disability. In recent years there has been a growing emphasis on mental health care that supports rather than hinders people’s opportunities to participate in such processes of healing.”

Peer support and the personal recovery paradigm:

Peer support is strongly connected to notions of personal recovery, strengths-based service delivery, and consumer participation and empowerment. (Davidson,L; Tondora, J ; Staeheli, M, et al, 2005; Roper, 2007; Mead, Hilton, Curtis, 2004).

Peer support is often observed in the literature as being closely aligned to the “recovery paradigm” and the 15 international principles of psychosocial rehabilitation which were profoundly influenced by the work of the consumer movement (Cnaan, et al, published by the International Association of Psychosocial Rehabilitation Services (IAPRS), 1985). Peer support is gaining a widespread reputation for facilitating many opportunities for hope, reduction of psychiatric disability, and enhanced personal recovery for consumers.

Peer support workers utilise their unique consumer-perspective knowledge and skills, drawn from their own journeys of recovery, collective knowledge and values within the consumer movement, and often a range of academic qualifications and advanced work skills (Davidson & Tondora, Staeheli, et al, 2005; Clay, S, 2005 in VMIAC, 2010; Mead, Hilton, Curtis, 2004).
Enabling factors and constraints with peer support:

There are many reported benefits and a number of possible barriers about using consumer peer support principles and practice in mental health services. In several published literature reviews (Woodhouse & Vincent, 2006; Davidson & Tondora, Staeheli, M; et al, 2005), peer support is described as a potential force for positive change, in part because of increased understanding of user perspective and greater user involvement; engaging hard to reach groups; increasing choice within services; relieving staff workload pressures; and more.

Barriers identified included a tendency toward work related stress among peer workers, particularly if training, supervision and support and infrastructure are inadequate. Maintaining adequate and ongoing funding is also a problem. (Bennetts 2009; Mowbray & Moxley, et al, 1998; Richard, Amy L; Jongbloed, Lyn E; MacFarlane, Andrew; 2009 ; Woodhouse; Vincent, 2006). Some problems related to maintaining a peer role identity in an integrated service setting and boundary issues are being regarded as something of a “grey area.”

Another reported issue is scepticism among some service staff about the value or competency of peer workers, presenting a steep barrier. Consumer leaders and their supporters maintain that organisational support and partnership with peer providers is essential for the success of peer initiatives (Victorian Quality Council Secretariat, 2007, in VMIAC, 2010; Woodhouse & Vincent, 2006).

Several published literature reviews on consumer peer support, have reported that the evidence base for consumer peer support is relatively small. This had been based on a limited number of randomised controlled clinical trials (Woodhouse & Vincent, 2006); VMIAC, 2010), but in several highlighted studies peer support rated with a fair degree of efficacy in connection with client symptomatology, clinical and quality of life outcomes.

However, a large randomised controlled trial by Segal, Stephen P; Silverman, Carol J; and Temkin, Tania L; (2010) in California followed certain recovery-focused progress measures at regular intervals of new members (N=505) a weighted random sample of which was assigned to regular Community Mental Health Agencies (CMHAs) or a combination of these services with consumer-operated Self-Help Agencies (SHAs) run as participatory democracies, aimed at comparing the outcomes. Overall results indicated that the combination of CMHA – SHA were significantly better able to promote recovery of client members than CMHA services alone.

Social and cultural factors in mental illness and mental health:

Some consumer champions of peer support, in common with many others who espouse a variety of counter-discourses to the clinical medical model of psychiatry, maintain that mental illness need not be viewed, typically, as being located discretely within the individual, but is also mediated by a range of social and cultural factors.

This would often mean trying to improve access to the fullest community participation for consumers partly by supportive confidence building and skill development for the individual on one hand and on the other, countering social stigma and misinformation about people with mental health issues through public education campaigns over time and by trying to increase levels of everyday integration.

Mead, Shery; Hilton, David; & Curtis, Laurie, (2004, Page 5) in a paper “Peer Support: A Theoretical Perspective” write:

“Traditional research methodologies and hypotheses are founded on the belief that we won’t get over having a mental illness; we are only capable of ‘functional’ healing as we attain certain social prescribed goals – housing, job security, social integration, and so forth. There is no dialogue about wellness or about how we might exist, even thrive, within a culture that values and evaluates based on our own personal goals. If researchers would let go of methodology and epistemology that defines mental illness as a permanent disability we could, through dialectical evaluation of how people have recovered, explore the relationship of peer support and self-help to recovery.”

According to Davidson & Tondora, Staeheli, M; et al, 2005, op cit page 10) despite improvements in psychiatric treatments and rehabilitation strategies in the past decade, there was still too much reliance on traditional, largely office-bound models of case management. One response was the idea of Recovery Guides – consumer workers with skills and experience-based knowledge from their own recovery journeys – who could act as “tour guides” back into the community. Such peer based workers and other mental health service staff could help consumers put in place the widely acknowledged cornerstones of recovery, of valued social roles and involvement in meaningful community activities.
They commented: “It is extremely difficult to have a sense of belonging to one’s community without a sense of what one has to contribute to that community and what roles one can play in it.”

NOTE: For a detailed selection of present day consumer peer support initiatives and literature: Major Peer Support “champions” -- organizations and valuable knowledge holders (See Page 32.)

Methodology: consumer–collaborative, Participatory Action Research (PAR)

The methodology for the research project centres on Workshop sessions where consumer consultants and CCU consumers held discussions and engaged in collaborative thinking about a range of possible models of Peer Support that could be developed into a dedicated program at the service in the future. The process was aimed at being consumer-collaborative within a Participatory Action Research (PAR) framework.

PAR is a qualitative social research methodology which is widely recognised internationally. It is used by social researchers particularly as a way of facilitating an active partnership between a researcher and groups or people with particular needs, to research problems affecting that group. PAR seeks to promote outcomes where participants can seek their own solutions according to their own ways of voicing their needs and wishes.

Consumer–collaborative research, in common with PAR itself, allows its values base to be explicit – an example might be the consumer movement maxim, “nothing about us without us”.

Many ingredients go “into the mix” with a workshop setting for example, so that essentially the same people who are raising the ideas and issues are processing them, analysing the threads of meaning, seeking to identify solutions to problems, making recommendations, and in all likelihood are involved in the implementation and/or use of the implemented project -- in this instance a Peer Support Program at the CCU.

Within this context the qualitative evidence was gathered from workshop groups about what elements Northern CCU resident/consumers would like to see included in a Peer Support Program.

Consumer researchers in recent years have extensively used PAR techniques because of their highly collaborative nature, the way they openly state their values base, and seek to empower groups being researched to address issues in their own unique ways – not to simply be “subjects” of research, with decisions being made elsewhere.

Indeed, the mental health consumer movement has contributed substantially to the PAR approach. A prime example of this was the consumer based award-winning Understanding and Involvement (“U&I”) evaluation project at the former Royal Park Psychiatric Hospital in 1989 – 1996, which helped set the scene for the introduction of consumer consultants throughout Victoria.

In some ways PAR is ideally suited to this kind of emerging consumer-collaborative research, because it has created an environment, where the group of project participants and the consumer co-facilitators have been able to reflect on a wide range of experiences. Participants could talk about how peer support may have helped them/ or they helped another person they know, express a wide range of ideas and suggested methods of peer support, share coping strategies, talk about journeys of recovery, and in many ways work as a group on concepts about how peer support might work at the CCU.

PAR methods and consumer empowerment:

As a methodology, PAR is very compatible with the unique contribution that a consumer perspective can make to inform consumer research and peer support. Consumer-championed notions of empowerment, recovery, and consumer rights are also close cousins to PAR methods.

Yoland Wadsworth (1998) writes:

"Essentially Participatory Action Research (PAR) is research which involves all relevant parties in actively examining together current action (which they experience as problematic) in order to change and improve it. They do this by critically reflecting on the historical, political, cultural, economic, geographic and other contexts which make sense of it. … Participatory action research is not just research which is hoped that will be followed by action. It is action which is researched, changed and re-researched, within the research process by participants. Nor is it simply an exotic
variant of consultation. Instead, it aims to be active co-research, by and for those to be helped. Nor can it be used by one group of people to get another group of people to do what is thought best for them - whether that is to implement a central policy or an organisational or service change. Instead it tries to be a genuinely democratic or non-coercive process whereby those to be helped, determine the purposes and outcomes of their own inquiry."

The Research Approach:

The project aimed to:

Develop, implement and evaluate a consumer designed peer support initiative with consumers as peer support workers providing direct service, in a clinical setting utilizing a consumer collaborative participatory action research framework.

Project design:

1. Literature review of existing peer support models.
2. Use of consumer focus groups to inform participants about the nature and scope of peer support in mental health.
3. Use of six workshops to discuss and further develop key ‘themes’ identified from the literature through a synthesis by the consumer consultants of local knowledge from individuals and organisations.

   The six specially- themed subject workshops are listed on Page 12 under the heading “The Project Workshops”

4. Creative development (brainstorming) and critical appraisal of an effective peer support program model at the CCU.
5. A trial involving three specially themed interactive “Peer Education Sessions” dealing with the relationship between peer support and:
   - consumer participation;
   - participation in the wider community and;
   - personal recovery.

Evaluation during and after the trial using a Likert scale based questionnaire (see Evaluation Results (Page 31) and Evaluation Form appendix 3 (Page 41.)

Key Project Learning Outcomes:

How Peer Support can help consumers’ search for personal recovery:

According to mental health literature, widespread consumer networking, and lessons from consumer experience and thinking which emerged from this research project group work, Consumer Peer Support Programs have a great deal of potential for improving the quality of life for consumers.

These peer based approaches can be seen as a way of strengthening, adding structure and resources to the “natural and human” peer support that tends to naturally exist among consumers.

Peer Support Workers can be expected to contribute:

- A greater sense of personal wellbeing and strengthened journeys of personal recovery.
- Knowledge and skills learnt during their own lived experience of coping with mental illness.
- A re-kindling of “hopes and dreams”, often opening out to better futures.
- Understanding consumers’ experiences of trying to navigate the mental health system, related services, and trying to make one’s way in the wider community. Peer Support Programs tend to offer a different
but complementary range of supports for consumers, compared to clinical medication-based treatments of mental illness.

- Peer Support Workers can address different domains of consumer needs. Because of some shared or similar experiences and issues, a PSW may empathise strongly with a consumer and can potentially be resourceful in encouraging the person to consider deeper life lessons which can emerge from difficult experiences.

- Consumer peer support initiatives can offer consumers greater empowerment over their lives and destinies by helping to address human needs such as friendship, encouragement, persistence beyond the setbacks, possible strategies to overcome problems, and talking with others about possible roadmaps into the wider community and help find possible companions for the exploration of many possible pathways of personal recovery.

For consumers, peer support can significantly enhance the expression of human potential, health, and wellbeing, partly based on the self-healing or personal recovery-promoting effects of supporting consumers to become gradually re-immersed into everyday life experiences, supportive relationships and becoming more involved with the community in positive and productive ways.

Peer support initiatives offer to fill what is, from a consumer perspective, a long-standing gap, whereby direct-care work has been largely excluded from Consumer Consultant job descriptions, despite widespread willingness and a large pool of workers with the skills and knowledge to do this work.

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**Key Project Learning Outcomes:**

**How do Northern CCU consumers understand the meaning of Peer Support?**

When asked in several workshops about possible meanings and significance of consumer peer support, participants’ answers included:

- “Not having to deal with struggle alone.”
- “Relating to people who understand you because of shared experience.”
- “Concentration on positive aspects of support.”
- “Spending time together, telling our stories.”
- “Becoming friends.”
- “Sharing knowledge, learning and understanding.”
- “Receiving hope from others who have been through similar experiences. Hope is contagious!”

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**Key Project Learning Outcomes:**

**Likely benefits of a Peer Support Program identified by Northern CCU participants:**

The six specially themed Workshops and three specially themed “trialing stage” Peer Education Sessions have generated a fair degree of enthusiasm among Northern CCU consumer participants. There also seems to be a general consensus view among CCU participants that development of a Peer Support Program at the Northern CCU would be beneficial in many ways. Some likely benefits cited were:

- Potential benefits for resident/ consumers’ mental and physical health, hopes for the future, recovery orientation, and overall sense of wellbeing.
- Consumers gaining a sense of their stories “being listened to” with understanding and empathy by people with similar experiences.
• Opportunities for consumers to share knowledge and strategies with each other about “what can make a difference” from sharing stories about life experiences and journeys of personal recovery.

• A greater sense of community, friendship and support among Northern CCU consumers.

• A chance to talk about worries about the future: especially about daunting matters such as housing, employment, having a social life after returning to the community, having enough money to get by, getting along with friends and family, staying well, and etc.

• Such areas of heightened consumer needs and concerns could be met with improved information to consumers and a more pro-active referral and linking processes, guided partly by learning outcomes of peer support within the service.

• Consumer outcomes could be improved in part through an expansion of the base for consumer participation at the CCU, encouraging a range of consumer developed peer based groups and initiatives, and exploring some new methods of consumer education and advocacy.

The Six Project Workshops:

The project’s six specially-themed workshops were the key working mechanism of the discussions with Northern CCU consumers and a great deal of searching of literature, widespread networking, discussion and conceptual development of sessions and topics took place in the buildup to the groups.

The Principal Researcher and five consumer co-facilitators, who came from a diverse range of backgrounds and special areas of consumer knowledge, generated a rich and diverse field of inquiry which was then carried out in as open and flexible a manner as possible.

The Principal Researcher and consumer facilitators believed it was important to keep the workshops in a “conversational” tone rather than feeling like a formal official survey, and thus reflect the ideas and questions that came most naturally to mind with consumers.

Participants:

A total of nine (9) Northern CCU resident/consumers took part in the project groups overall. Six (6) CCU consumers participated in the Project Workshops -- made up of three (3) males and three (3) females, with varying rates of attendance. A further three (3) Northern CCU participants joined the project in the trialing stage interactive “Peer Education Sessions” and Evaluation – comprising two (2) males and one (1) female. However, a number of participants for various reasons apparently not directly related to the project came and went during the two phases of group work. Group members were aged between 30 and 40.

The participation of the resident/consumers fluctuated somewhat and people needed to be gently encouraged along the way. Sometimes resident/consumers did not attend because of feeling unwell or tired, or might sometimes have appointments to see doctors or go out to visit possible housing places. There were for several meetings a small core group that was able to tackle a larger range of issues. The $20 per hour sitting fee did provide an incentive, but this was just one factor among several working dynamics.

The workshops had open scribing using butchers paper or note paper – but did not use tape recording – in an attempt that as far as possible the processing of information and ideas should stay in the hands of the participant consumers. Ultimately, the Principal Researcher had the responsibility to write a report/planning document/resource manual for a Peer Support Program at the Northern CCU. This was brought back to the consumer participants for comment and reaching of a workable consensus.

Participants engaged in analysis of emerging themes with a view to identifying which peer support approaches might “make a difference” to consumers’ health and wellbeing; participated in development of action strategies; and had considerable qualitative input into the planning for a “blueprint” for a future CCU peer support program.

The topics of the six Workshops:

• What is Peer Support? The Peer support we already do as consumers…/ How to build on and strengthen peer support?

• What would peer leadership look like? What would be the qualities, qualifications and job description of a Peer Support Worker?
Consumer Peer Support and the search for personal recovery.
Consumer Peer Support and the role of groups.
Peer Support helping to build bridges back into the wider community.
Meaningful activity, education and employment can be helped by Consumer Peer Support, through confidence building and information sharing?

Workshop #1 What is Peer Support?/ The Peer support we already do as consumers/ How to build on and strengthen peer support?

Resident /consumers taking part could readily relate to and answer questions about defining peer support and give examples of it. Some edited notes of the key discussion points in the initial session appear below. Some key principles were:

- Consumers who have been on recovery journeys, learnt from experience and developed coping strategies, often have a lot of valuable knowledge and strategies to share with each other.
- There are many good practice reasons for mental health professionals to take into account a resident/consumer’s “hopes and dreams” in the treatment and care continuum. These are an essential part of a person’s recovery journey, and peer support can strengthen their search for personal recovery.
- Peer support, in common with other consumer movement activities, tends to avoid talking about a person’s individual pathology, or psychiatric diagnosis, but instead focus on social factors and the person’s life experiences and the individual strengths.

Other group discussion included:

Sharing real problems with people in similar situations (other residents).
Finding practical ways to deal with problems – links to helpful resources.
Peer education: Sharing stories with each other and highlighting strategies for dealing with problems.
Not treated as a number or a child – have your own dignity.
“Keep on believing in yourself.”
Getting into the habit of seeing your best self. Being OK – having friends who remind you you’re OK.
Glass half full, not half empty. – Hope affirmation, acceptance.
Glass fillers: “Social life, out and about, mixing with people.”
“Place to stay, staff support, safety.”
“Peers to journey with, not lonely, trust.”

Participants spoke about the following ways that peer support could be helpful to consumers:

“Group activities/ outings.”
“Music and things you love.”
“Re-engaging with interests and hobbies with a friend.”
“Overcoming energy barriers.”
“Becoming more confident.”
“In sport, teamwork, everyone’s role is important…” Peer support was similar in some ways.
“Having fun, getting along together.”
“Not just the competition or winning.”

When participants were asked to comment on times when they may have given or/ received peer support, these observations were given:

“I received support from a Northern CCU resident during an episode…reassurance, settling down…I have been able to do the same for others.”
Another spoke of the benefits of “talk – feedback – mutual support.”

“No time pressure…” was another stated benefit of peer support among resident/consumers.

“Choose wisely who you talk to…” It was very important that the trust and confidentiality are not broken.

“Concentrate on the positive stuff – support everyone.”

“I asked the doctor to walk and talk with me…and he did.”

**Workshop # 2  What would peer leadership look like? What would be the qualities, qualifications and job role of a Peer Support Worker?**

Exploring possible roles and functions of a Peer Support Worker:

Peer support is often viewed as complementary to but not replacing the role of mental health clinical treatment and support service providers. The emphasis on the lived consumer experience is an important difference here.

Northern CCU project participants were generally in agreement that a Peer Support Worker role should be a paid position, because it would be a fairly substantial and ongoing role – but such a consumer-based specialist worker would need to work in close collaboration with the Northern CCU resident/consumer participants, and tailor Peer Support Activities at accessible levels for participants.

According to discussions with resident/consumers, peer Support at Northern CCU could involve:

- Assisting residents to find effective ways to support each other better in mutual ways, including listening to each other’s stories, affirming each other, friendship, talking about learnings from life and sharing strategies, talking about the pathways of personal recovery.

- Encouraging hope – helping resident/consumers” re-ignite their hopes and dreams,” and be strengthened in their journeys of personal recovery.

- Helping to organise activities within the CCU to generate friendly and supportive interactions among people, and gradually help build a sense of community.

- Using information sharing and teaching about many ways to navigate around the wider community and find opportunities, based on the individual’s interests and needs and

- Building from an awareness that there are many possible avenues of involvement and connection in the community that could be helpful for Northern CCU resident/consumers. It can be said that there are more resources out there than any one of us would first assume.

Potential advocacy roles for Peer Support Workers:

Potential advocacy roles of Peer Support Worker(s) attracted the enthusiasm of some group members

**Advocacy generally:** “It would be really good to have someone to speak up for you.” one consumer said.

The Principal Researcher indicated that individual advocacy at the CCU might need to be a longer term matter. However, a Peer Support Worker could help consumers develop self-advocacy skills, including improved communication skills, which would have enduring benefits in many situations in life. Some self advocacy activities may be developed into information resources.

**Systemic advocacy:** “It needs to be someone with awareness of “good” and “bad” aspects of the mental health system…” in the view of some participants. A PSW should be able to engage constructively with consumers and service providers in a variety of ways and help build better collaboration and understanding between consumers and service provider staff.

**Advocacy with an educational dynamic:** A Peer Support Worker could facilitate consumer-collaborative education and training of service provider staff, aimed at building deeper awareness of consumer perspectives about experiences of illness and recovery seeking, including such things as:

- narratives about the effect of the consumers’ own life experiences on the development and course of mental illness;
consumer perceptions and thoughts about the nature and “meaning” of mental illness and symptoms;

- aspects of a consumer’s life which may reveal personal sources of strengths which can help open up pathways towards personal recovery and

- Many consumers find that the most powerful and “natural” catalyst toward personal recovery is by increasing their participation in the community. Consumers’ preparedness for community participation can be enhanced and guided by peer support.

In relation to the need for PSWs to have a strongly developed sense of social justice, discussions within the workshop groups confirmed that it is desirable that this include an awareness that good things could happen when resident/consumers work towards common goals, think through issues and initiatives as a group, search for shared understandings and strategies, and stay open to possibilities.

However several CCU resident/consumer participants said there should also be scope for some self-organised peer support groups or activities – which could include opportunities for peer support leadership to develop from among the Northern CCU resident/consumers, including contributing to Peer Support Program in planning of directions, co-design of activities, facilitation of meetings, and many other things.

According to the Principal Researcher and the co-facilitators such spontaneous peer support initiatives by resident/consumers should definitely be encouraged and the consumer sessional payments could be made where appropriate for work agreed to be of value to the peer program.

Key desirable qualities in a Peer Support Worker cited by Northern CCU participants included:

“Experienced, reasonably well, dynamic, communicates well, good listening skills, empathy and warmth,” were some of the desired qualities nominated.”

“One advantage of a Peer Support Worker would be to stay longer with residents if they want to talk…”

Participants said clinical staff often seemed to feel obliged to address immediate client issues quickly and then return to their offices to do other parts of their workload.

Commenting on possible peer support enhancements to consumer experience was the following:

“Some of the younger workers in CCU service have limited life experience…Sometimes they are not very helpful.”

Some participants spoke of feeling dismissed by some workers, with little explanation.

Another said: “They don’t really want to listen to your story…”

A PSW’s role would be partly educative, to help empower participants:

From the perspective of the Principal Researcher, it became clear that a significant part of a PSW’s role could be to work to increase the CCU resident/consumer’s knowledge, awareness, and ability to put to use “foundation” consumer participation knowledge.

This emerged from what seemed to be an under-exposure, due to local historical factors, to consumer participation concepts and practices, which might otherwise open up possibilities for more productive communication between consumers and service providers. Community development techniques could be used to minimise apparent negatives of consumer movement terminology, and show how these words can be empowering for consumers individually and collectively.

Words such as consumer, empowerment, personal recovery, rehabilitation need to be explored and defined carefully with consumers and staff who are unfamiliar with them -- and their full meaning and potential can hopefully emerge in time.

To take several examples:

The term “consumer” -- which is an often disliked word among service users and service providers because of perceived connotations such as being takers and not givers -- but was never intended to encapsulate the whole being of a person. In mental health services, the word consumer denotes that the users of services, just like consumers of goods or services in the wider society, have certain rights that products they buy will perform the tasks they are meant to. Consumers of mental health services also have a set of rights to services that help.
The concept of “empowerment” in the parlance of the consumer movement, relates to the idea that “knowledge is power” and therefore, it increases the control we have over our lives and circumstances.

The concept of “personal recovery” was also one which showed the need for further exploration with the workshops, (which would happen later) to explain the particular way the consumer movement used the term “personal recovery,” which was more related to a consumer gaining greater control over their lives and choices, rather than necessarily overcoming symptoms or mental illness. (Although this has been known to occur too.)

The word “rehabilitation” held some negative, or institutionalised connotations for some participants – indicating the need for further discussion about how the concept of (psychosocial) rehabilitation can be interpreted in a broad, established and widely applied range of activities which aim to restore people to health, wellbeing and community participation.

Who supports the Peer Support Worker?

Some participants reflected that the role of Peer Support Worker would have some quite difficult aspects.

A consumer asked: “Wouldn’t the person get worn out with us coming to them with our problems all the time?”

The Principal Researcher replied that this was a good question. This was an ideal opportunity to discuss some of the structures and supports that would be necessary for the role of Peer Support Worker, such as: a clear position description, a respectful and constructive relationship with management and staff, and strong peer supervision and support.

Resident/consumers could also play a major part in assisting a PSW to stay viable in the role. The PSW would need to keep actively learning on the spot and taking advice, and stay in deep and reflective dialogue with resident / consumers.

A participant asked: What sort of training would a PSW have? The Principal Researcher said this was a good question!– To answer in part:

- A work in progress for this project with some discussion of qualities and qualification thought suitable for a PSW in a workshop discussion dedicated to this question;
- A document prepared during a scoping peer support including a draft job description, was cited for the current project;
- The consumer movement is growing in numbers and diversity, with increasing levels of consumer knowledge from “lived experience” and professional knowledge and qualifications – thus creating a growing pool of potential Peer Support Workers and,
- A national Certificate IV in Mental Health Peer Support Work training course is being developed by the Community Services Health Industry Skills Council, and at the time of writing, had reached the late stages of consultation among the consumer movement. The course design provides for eight core units and six electives. The core units seem very robust, including an orientation to mental health peer work, working effectively, continuous improvement, applying lived experience, and promoting self advocacy. Six electives will need to be chosen, spanning a wide range specialized areas.(Community Services & Health Industry Skills Council Ltd, 2011)

Workshop # 3 Consumer Peer Support and the search for personal recovery:

Need to build a recovery concept in mental health:

There are many possibilities for consumer insights which can be helpful in promoting recovery, and the stories that consumers can share are valuable in collecting a pool of knowledge about practical “how to’s” of recovery journeys. Many consumers would be able to share similar experiences and recovery strategies as shown below. It is important to affirm and value this unique consumer knowledge at the heart of peer support.

Some ideas from the group:

Includes structural ways/ methods in a setting like the CCU.

“Recognise there is a problem – acceptance of where you are at.”
“Churches can be very supportive.”
“Sharing information between people and their experiences and not feeling so alone and isolated.”
“Walking can help clear the mind, whether alone or in company.”
“Talking – getting things off your chest.”
Understanding your own limits, not setting unrealistic expectations.
A gradual approach to change can sometimes work well.
Being open to help.
Payment for consumers to do tasks at the CCU such as cleaning, gardening, watering plants

**Possible Peer Support Worker-organised activities:**

- Peer support worker can facilitate focused discussion groups on issues that impact on them. Eg, how to cope with voices; how to deal with sleeping problems; how to deal with physical health problems/optimise health.
- A PSW can facilitate information, speakers from outside groups.
- Helps to validate your own experience, feeling normal because others feel the same, sharing ideas of how to cope.
  - Have guest speakers. Eg. From Centrelink, Big Issue, employment agencies, housing agencies.

“Everyone has their own story.”
Some ways to use peer support towards personal “recovery”:
- Sharing stories of formative and strengthening events
- Relating to other people and self.
- Hopes/ dreams/ expectations about life being supported
- Learning about self-healing and strategies
- Encouragement – identifying strengths/ having them affirmed.
- Ways of self-management of symptoms that others may have used.

“Recovery belongs to each individual – it is their own experience.” – eg, their ability to work, study, do things again that they once previously enjoyed; to recapture things that in the past were meaningful.”

For another person, recovery could involve learning new skills which make a difference.
Sharing stories --- examples of what people do with their recovery journeys – inspiration.

“Receiving hope from others who have been through similar experiences. Hope is contagious!”

Having goals – need direction and sharing.
Being in the CCU is helpful – the OTs, the outings…social interactions, coffee together, the sausage sizzle fundraiser (which took ages to organise.)

Key relationships --
  - Mentor/ friend/ guides --- not judgemental.
  - Believe in you/ and future/ equality, respect.
  - Safety and health focus.

“Stigma can come with a label of mental illness, but does not need to be internalised.”
“Non-judgemental family and friends can be helpful in accepting you and believing in you, unconditionally, despite your unwellness/psychiatric disability”

Each person --- is valuable, has inherent dignity and worth
      --- has a set of abilities, talents, and possibilities
      --- can recover prior interests and activities.

Workshop # 4 Consumer Peer Support and the role of groups:

A possible strategy identified towards setting up groups that would appeal to resident/consumers was to conduct surveys to find out what type of groups people would like, on questions such as:

- How to make groups more fun:
  - How to make cooking or daily living skills type groups, etc, more enjoyable and able to maintain every day, as well as being healthy.
  - Developing friendships with enhanced peer support values.
  - Involving consumers in the design and implementation of a group program. Eg, Some aspects of groups which seem less popular with residents, needing to be adjusted or adapted before any implementation.
  - Morning so-called “community” meetings from previous consumer experience, of morning meetings in psychiatric hospital or similar environments, tended to be seen unfavourably, especially when tired and unprepared for the day. These meetings could also be perceived as artificial and condescending.

Some comments:

- “Can’t be bothered attending them”
- “I stick to myself.”
- “Shouldn’t be forced to attend them when you’re feeling sick”
- “Enjoyed it when they read through the daily newspapers…”

Groups can bring people together who might not otherwise talk together, gives structure to interactions and create a sense of shared purpose -- something to look forward to each day.

“The consumer information cupboard is a good idea.”
“People work and relate better when they have fun.”
“Recovery is about how the person adapts, power over their choices, and things they are doing in their lives.”
- “When a new patient/consumer comes in, they should be given a few days of quiet time before being asked/encouraged to speak up.”

Examples of peer support groups making a difference:

Back in the 70’ and 80’s some psych hospitals had consumer run groups as part of the Therapeutic Community treatment programs which were popular at the time. The project facilitators spoke about how some of these groups and activities once existed at the former Laurendel and Royal Park Hospital psychiatric hospitals.

The guiding vision of Therapeutic Community was for resident/patients and staff to collectively take responsibility for the daily tasks, decision making and therapeutic activities and mutual support within the residential program, in ways which could truly be described as alternative.

This is not to suggest that psychiatric hospital wards were not in some ways very difficult environments for patients/consumers, and some therapeutic programs may have been somewhat rudimentary -- but some enlightened staff would attempt to make a positive difference.
Some forms of peer support exist in some Psychiatric Disability and Rehabilitation Support services (PDRSs) and clinical mental health rehabilitation services such as the Northern CCU, which, as part of the NorthWestern Mental Health has moved towards a recovery-based approach to treatment and support for resident/consumers.

Some participants spoke of enjoying and getting benefit from supportive groups held at a certain drug rehabilitation residential facilities which were noted for using Therapeutic Community approaches.

**The types of groups in the activity program that some participants liked from the CCU and various settings were:**

- Guest speakers
- Task oriented groups; e.g. Garden work, painting plant boxes, taking responsibility for keeping their house clean, doing dishes, emptying recycling bins, cooking for one’s self, a sociable cooking roster for resident/consumers in other home units.
- Tai Chi
- Mindfulness
- Meditation

These types of morning “community” meetings were distinct from, for instance, weekly community meetings, in an early afternoon timeslot, the researchers found out. Such meetings could be about consumer participation, program planning, feedback, peer education, etc, but needs further discussion and development within the group.

They could also include having a meal together, taking the opportunity as a group to celebrate successful projects or making sure that people’s birthdays are given attention.

- There was some support for the idea of having resident/consumers volunteer to show new residents around and help them settle in.

> **“Peer support should always be voluntary – nothing should be forced,” a participant said.**

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**Workshop # 5  Peer Support helping to build bridges back into the wider community**

This Workshop discussed the many practical and supportive uses of peer support that could help resident/consumers seeking to get more involved in the wider community. This is one of the single most important and empowering parts of the search for personal recovery. Assisting each other with the navigation, and taking the journey, can achieve a lot, and can bring considerable personal satisfaction.

Edited highlights of the group discussion follow:

> “It’s good hearing about people who have made successful transitions back into the community and what were the steps they took what were some of the challenges they faced in this journey.”

New learning experiences for group members. For instance people could ask about:-

- What worked for them? Where did they look for help and advice?
- Where did they find motivation, inspiration, role models?
- What were there tipping points to wellness?

> “Learning from people who have 1st hand experiences of keeping well”

> “…being in the company of people who been through the mill .. there is a difference (referring to professional support) in the experience of what gets shared”

**Peer support and “real life” difficult issues, such as housing or employment:**

Housing/accommodation was a difficult issue for many residents, filled with much fear and anxiety.
Priorities of one participant were getting a house, getting well, feeling safe and secure – it would help to not be alone, and would try to share with others.

“I don’t know where I’m going... I don’t feel that they are steering me in any direction.... I just hope that one day it’s not two years down the track ... and I’m being told, it's time to go.”

(Discussion ensued about the need for more information about what they future holds rather than just living day by day existence)

Some spontaneous information sharing took place within the session about the availability and eligibility situation for various segments of the public housing waiting lists locally. This seemed to be a good example of peer support based information sharing.

A participant spoke of a high priority need to find a house where he could live and have his children staying over.

“I want to create a balance in my life – to balance work, play and rest. Working at my own pace.”

According to a participant: “They just stick you somewhere... they keep changing my case worker ...it's annoying ...I had a good Case worker who helped me lots .... now he's on nightshift and he can’t help me as much.”

One area of peer learning that can be shared among residents for a Peer Support Worker or a consumer willing to volunteer, to accompany another consumer to teach them and support them in learning how to use public transport with greater confidence. This may be followed up by visiting various places of interest and facilities in the community.

Resident/consumers can share information about possible employment opportunities locally; ie, who is hiring, such as supermarkets or pro-active employment agencies. Information could also be shared about education, recreation opportunities, etc.

**Workshop # 6 Meaningful activity, education and employment can be helped by Consumer Peer Support:**

Peer support examined in the workshops as providing an additional element to the range of functions that a mental health service could offer. Something more *personalised* and based on lived consumer experience.

Accessibility of a Peer Support Worker identified as an important factor by some participants. The Principal Researcher replied that the extent of peer support coverage was likely to be somewhat constrained by funding and would probably not be on a rapid response basis or be available after hours.

A Peer Support Program could in many ways be conceptualised as dealing with more gradual, longer term issues and needs, more outward facing towards the community, than regular clinical services. Its aims and methods are different too.

Northern CCU Residents might be encouraged to view any peer support program as a resource which can be accessed by residents to focus on particular needs or issues, where it would be more important to focus on qualities and responsiveness to the issues at hand, rather than matters of response time.

If something happened and a consumer wanted to talk to a PSW, there would most likely be set times in the week when the PSW would be working (eg, a designated period for appointments on site, community meeting, or activity, and appointments could be made. There could be a contact point through CCU reception and/ or case managers.)

**Possible setup factors of a multi-faceted Peer Support Program:**

The possible setup and operation of peer support could be described as a consumer peer provided elements:

- offering consumer peer support individually and in groups;
- enhancing experience of resident/ consumers through peer support and encouragement of friendship with peer group;
- sharing consumer experiences of hope, journeys of personal recovery and change; and,
Holding a focus on aspirations and goals.

“One on one time [with a PSW would be] useful”

“Good to have a person as an advocate.”

“Someone to hear our story…” -- was a very resonant theme for groups.

Some informal activities and socialising while at the CCU:

How do you occupy your time in ways that are good for your mental health? -- Various responses included: DVDs, drive in car, X-Box, read, TV, go to other people’s houses or they come to mine, smokes and coffee, appointments, visiting family, relaxing, meditation, anything that takes me away from things.

How reaching out to others can open up friendship opportunities- Showed “X” how to play guitar previous night.

Socialise more – mainly on outings, park, BBQs, trip to Ballarat or other places.

Want to do more of?:

- More artwork…. Likes abstract art.
- Want to do paid work in future? Textiles, doing voluntary kitchen hand work experience with employment agency.
- Re-kindling old dreams: From a participant speaking about once having a dream of becoming a film director, others spoke with growing enthusiasm about their own early passions and how they could be adapted into the recovery process. For instance in creative projects. Eg, multi-media animation/ mash up, DVD project, writing, playing music, art.

Note: Although this is a research workshop intended to discuss various types of peer support rather than doing “live” peer support, the session was increasingly providing a forum for peer support – participants talking with each other and learning from each other’s’ experiences, and motivating each other in relation to their aspirations.

This was very encouraging for the consumer researchers.

Comments from some consumers about the perceived need for some caution with peer support:

“Can be fraught with a bit of danger [some aspects of peer support] …ie, can get too personal…you don’t know these people too well, and how they are, unless you can build a trusting relationship…”

Another consumer said that if a person “opened up” too much about their problems it could “trigger behavioral issues” in themselves and others.

Facilitators consistently stated throughout the workshops that any Peer Support Program would be accompanied by appropriate structures and processes to encourage helpful outcomes and provide safety.

“Peer support should be a choice – not something everyone has to be part of…” (Affirmative, all involvement would be free, voluntary and with informed consent.)

The Trialing Stage: Three specially themed Peer Education Sessions:

The “trialing stage” was intended to finalise the data gathering for the current project, in an attempt to gauge how peer support might work “on the ground” at the CCU, through a modest change of emphasis in the group work.

This involved the running of three specially themed Peer Education Sessions – which were to extend the project’s parameters beyond discussions up to this point about how peer support could make a difference in the lives of CCU consumers and starting to encourage participants to have a more direct, personalised and dedicated experience of peer support.

The “trialing stage” was not a clinical trial, but was an attempt to gauge how three selected elements of peer support might work “on the ground” at the Northern CCU. The extension of the project time of four
months was, after due consideration, approved by the Mental Health Research Ethics Committee (MHREC) and the funding body the DoH Mental Health and Drugs Research Fellowship Grants office.

The proposal for the extension period was to implement a modest “trialing stage” of peer support, centred on a small group of existing consumer research project participants at the Northern CCU, who took part in a series of themed-workshops, discussing ways that various types of peer support could “make a difference” to consumers’ health, wellbeing, community participation, and personal recovery journeys.

Planning for the additional stage provided for a more direct “experience-based” approach to gauging how peer support could work for consumers. Through a series of Interactive Peer Education Modules, focusing on several key issues highlighted by the research, consumer participants will be encouraged to allow themselves a more personal involvement with peer support, a greater degree of reflection and shared learning, and enhanced participation in group processes.

This involved three, specially-themed Interactive Peer Education Groups each followed by an Evaluation form at the end of each session, administered with assistance offered from a consumer consultant non-involved with each discussion.

The results of the Evaluation forms showed a positive trend, and can be found on Page 31 at the end of the Peer Education Session section.

- The Three Peer Education sessions:
  - Session #1: “Foundation Consumer Participation knowledge and Peer Support”
  - Session #2: “How Peer Support can help empower consumers to participate more confidently in the community”
  - Session #3: “Sharing stories of personal recovery journeys and Peer Support”

Northern CCU Peer Support R & D Project trialing stage: Peer education session 1: “Foundation Consumer Participation knowledge and Peer Support”

This interactive Peer Education Session on this day was to discuss ways that consumer participation could help provide the necessary structures upon which a Peer Support Program could be built. These two core consumer activities are often viewed as closely related.

Two consumer researcher/facilitators and a consumer consultant scribe conducted the session. Edited highlights of the discussion appear below:

Key concepts were: Learning about principles and practices of consumer participation; good communication and working collaboratively with services; working together to get consumers ideas across in planning and development.

Facil 1, “What came out of the earlier six Workshop sessions? -- Seems there was a lot of interest in the different methods of peer support in the areas of individualised peer support, life coaching and counselling, and a variety of group work. Eg. Someone who has done training to talk about community connection issues and day to day living issues. .

Peer Support Workers would need to be well supported in their role:

Consul: “It is a difficult area, a very hard role.”

F1 “Someone in this role would require a lot of support as an individual; the role would probably need to be done by more than one person. Couldn’t expect all around the clock service, would have to be done mainly by appointment.”

F1 “There’s a sense of all of us guys supporting each other, sharing knowledge.”
Facil 2 “We all have different battles, each of us have been through it, that is, the experience of living with mental health issues. We get different support from our peers than we do from mental health workers.”

F2 Need to know who to talk to… community access. One on one stuff is not a formal process. It is likely that you all do this on a one to one peer support here without realizing you are doing it. For example, helping newcomers. Do you do that and support each other?

C Examples were given on how other consumers made new residents feel welcome, showed them around, and answered questions in a non-formal way.

F1 “From our previous session there was a strong interest in community access, sharing knowledge on what available in the community, eg. Housing, employment agencies, accessing certain projects. Need better access to information on what’s in the community, including sporting and recreation groups.

“How can we share our information and knowledge?”

“How coping strategies and warning signs… what helped to avoid relapse? Things outside the clinical area?”

Consumer participation holds “building blocks” for change.

“Eg. Accepting ourselves, that it is okay to struggle through life, to understand that it is normal?” “Today we’re discussing consumer participation foundation knowledge and looking at what types of approaches people connect with.

“Consumer participation needs to exist as the basic building blocks of other things we can do and build a range of consumer based activities.”

F2 “How you can get involved is for example by helping the organization get well. When we participate or provide leadership we are helping to make organizations function in a better way.”

C …Which helps the consumers as they develop a better understanding of what works.

F2 Gave the example of the Northern Area Mental Health Service LEAP CAG of how consumers are working together to help improve mental health services. Gave her personal example of how she became involved in consumer participation. More support was received from fellow consumers through her work rather than from profession mental health workers.

F1 Will be good to get some formal elements of peer support in Northern CCU. Overview of what are some aspects of consumer participation and how can we use some of these things. Would anyone like to define what is consumer participation?

C “Participating in research to get answers to further knowledge.”

C “Other groups can use the information, like NEAMI and the coffee group and acting group. People are at different levels, once a person participates over a period of time, wellness can develop. People become more comfortable and it gives hope to fellow consumers.”

F2 “Participation is a great part of recovery. Not only are people in participating in groups they then often take on a facilitator role.”

C “Like a wheel.”

F2 “It not only frees up resources. It’s exciting, get different views, more richer, adds value to what’s already happening.”

C “Someone who is active in their recovery will want to work with peer support workers. My doctor is trying to empower us to make our own decisions.”

F1 Concept of a group, eg. A CAG that could run once a month about advising the CCU staff, it could be a peer support worker who facilitates the group.

F1 “Participatory action research is another important aspect of this project… everyone is involved in the research, it is research amongst people who have the first experience, responding to what we think is important not what someone else is telling us is important.”
C “Who is going to benefit from this project? “Concerned that it might just be a something to stick on the wall. I want it to be talked about at meetings and implemented.”

F1 “Northern AMHS is interested in doing it because it is innovative and creative. It probably won’t be highly funded, it will be modest.”

F2 It’s about how worthwhile participants think the suggested ideas are. Good turn up at this meeting, being a quarter of the residents.

C I’ve been in the system for 15 years, I feel as though I have a lot to contribute.

F2 We want to change the system or pass on what’s good so they continue doing it.

Knowing when to depend on support, when to believe in one’s coping skills, when to take the next challenge...

C “So much is offered here, that it can be difficult to move on, into unfamiliar territory.”

C “Need organizations to be accountable. Concern that CCU is being claustrophobic by being ‘too caring’ We need care workers to facilitate our needs but we need to learn skills to cope on our so that we aren’t re-warded back to CCU.”

C “The environment can make you feel you are relapsing, I ask myself questions. When I feel weak, my life can become the illness. When well the illness is just a part of me, not as overwhelming.

We get support from each other. People say we need to help ourselves and that we are concentrating too much on our illness. We need to be aware of our feelings.”

F2 Being here to today is part of coping and learning from other people. It can be humbling and has nothing to do with medication.

C “It is hard to concentrate. A family member asked me what is this thing that stops you. After 13 years I still don’t know what this thing is. I need to switch off and not worry about what this thing is.”

F1 People change. Sometimes our power and strength is overlooked by others.

F2 Positive things often come out of mental illness. We can often become more human, more caring and more empathetic.

C We need to know when it’s going to start… what’s next?

F2 Perhaps people want to get involved, eg. Need a stepping stone, one way could be to join the NAMHS LEAP CAG.

F1 Proposal that a peer support worker be employed part time at Northern CCU.

Monthly meeting could be held to discuss what could be on a peer support/consumer participation program. Need to develop a peer support program.

F2 Is there any formal way here of showing new people around?

C There used to be a welcome book (with useful information.) Two weeks ago I was asked if I or anyone else wanted to help update the book.

F1 “Suggestion boxes can be a help – but not on the basis of, dropping in a piece of paper and running. There needs to be different ways of two way communication with the service.”

C “Consumers/staff aren’t always wrong, we need to respect each other. We want to care for those who can’t care for themselves. I lost a friend because I wasn’t there for them. I don’t want that to happen again.”

What do resident/consumers want from service staff?

F1 “Just say hypothetically there was a Workshop day with staff and residents at the CCU. What are just a few things that you think you would like to say to staff?”
Cs  It emerged that consumers in this group wanted:
- More respect for their need for personal privacy.
- Being treated and spoken to with greater respect.
- Staff to come out from behind their office doors and help with people’s needs.
- More effective communication.
- More certainty about staff keeping their promises.

F1  “Need to build new more positive relationship with staff through improved communication. Good consumer participation depends on communication and collaboration. Consumer participation linked with peer support, it would be a more positive service.”

F1  Communication between residents at possible consumer-run group meetings may be enhanced by suggested guidelines about: how to support each other and avoiding negative talk. Active listening, providing a chance for everyone speak, keep checking for feedback. Encouraging quieter people to have their say. Even those who may not be speaking up are still participating. It needs to be a safe place with everyone taking on board what is being discussed. Eg. Like a committee.

Good point that the quieter people are valuable group members, they are good listeners and are often the ones who turn around and contribute actively in their own way.

See Evaluation survey results on Page 31.

Northern CCU Peer Support R & D Project trialing stage:

Peer Education Session 2. “How Peer Support can help empower consumers to participate more confidently in the community”

This interactive Peer Education Session was to discuss ways that peer support at the CCU could encourage and promote greater participation in the life of the community for resident/consumers. The very first item of discussion to be raised – the removal of the CCU mini bus -- seemed to naturally set the scene for some valuable group brainstorming and peer education.

Key concepts were: Peer support can involve the sharing of knowledge, coping strategies, and personal support; supporting more confident participation in the community; and encouraging activity and friendship.

Two consumer researcher/ facilitators and a consumer consultant scribe conducted the session. Edited highlights of the discussion appear below:

C  “We just lost our bus and car, because they weren’t used enough to warrant the cost. Now we have to sort out own transport and catch public transport.”

F1  “I don’t know the background, but it sounds a blow, especially when you were used to it and now it’s not there.”

F2  Acknowledged the concerns of the participants, also the shock of the CCC bus/car to now catching public transport.

C  The car was used every day, but not the bus. The workers said it cost too much for little use.

F1  Services run by their budget. That bottom line is a hard thing. Departments have to run on a thin budget. However, maybe there’s a positive in it somewhere. It may help some people in developing day to day living skills. Catching public transport can help us get out to socialise and is relatively cheap.

C  But some people are paranoid about catching public transport.
Possible underlying issues about the removal of the CCU mini-bus:

F1 Buses are a basic resource for a CCU, perhaps they might find it cheaper to hire a bus for a day.

But the real world is seen on public transport. If we can deal with that, it can help us deal with getting out more, into the community. This is another basic program area – training consumers to use public transport with increased skill and confidence. This can be a peer, or “two by two” activity, just as it might be, going to a busy shopping mall or doing a course.

C Perhaps the bus is a stigma thing, with people saying ah look, here goes the CCU bus, with the institutionalised factor of our society. Two other consumers agreed.

F1 On public transport you can listen to music, read, do homework, think, observe people and be entertained by the passing parade. It’s about putting out roots into the community. Being connected in the flow of the city and what’s happening.

F1 In a way, the bus issue is somewhat symbolic of a larger matter. A travel training approach to assist CCU residents to be able to use public transport and get about more freely and confidently, is analogous to consumer experience which shows that gradually increased participation in the life of the wider community is the pre-eminent factor in the quest for rehabilitation and personal recovery.

F1 I’m impressed with the OT’s and social workers, they seem to offer many activities, we just need more consumer involvement and the activities could be even deeper.

Getting out and about in the wider community...more participating lives:

F1 Lets do a brainstorm. What are some of the many ways any of us can tap into the wider community?

Cs Recreation, gym, spa, sauna, sporting clubs, football or cricket teams, tennis, church activities, etc.

F1 What about getting back into the things you once found enjoyable and making new friendships?

Cs TAFE, university, short courses, computers, music activities, local festivals, book clubs, voluntary work...and more.

F2 “Great way to meet people. You might even meet your life partner, the possibilities are endless.”

C “When you’re working with a community based group, eg. Northcote Footy club, I found it’s a great way to start being involved in the community again.”

F1 Yes, there are also many good causes, eg. Local civic causes and community and environmental issues. It can lead to different places. There are lots of issues that bind the community together.

Paid employment: some doors are opening:

The subject of paid work was raised by F2 and discussion ensued:

F1 “There are often barriers to obtaining employment, some unfair, eg. Some employers aren’t willing to make adjustments in the workplace. It is unfair to push people into getting a job unless there is support. We need to change society and employers attitudes. We have to show them that we sincerely want to make a contribution and have a lot to give if we are only given a fair go.

C “There is an agency that helps people find work, even if it’s only for two hours a week. The Salvo’s helped a friend who was a resident get some hours; he started slowly and has built up his hours. The Commonwealth Rehabilitation Service (CRS) provide support on the job. They help with any issues that may stop you from working. You get a case manager. They help you with getting a placement which helps you build confidence. Example given of getting a placement working with machinery, CRS helped learn safety issues.”
“Need balance between all these things.” How do we go from where we are now; we need pathways that other people have used…”

“Sometimes it takes a simple phone call.”

“It helps to have someone go with you and working out what to say beforehand.”

A consumer spoke about participating in art and writing groups with Neami, and the sometimes difficult task of having to build his sense of achievement, compared to undermining thoughts and emotions.

At the same time, potential peer relationships needed to be entered into very carefully as he explained: “If you’re strong enough, you want to offer help to others, but first need to evaluate whether offering help could be a potential risk to yourself. Need to develop mutual relationship if you offer help that will be rewarding to both of you.”

“How do we get there, to these destinations in the community? Eg…”

Friends, family, other people, connections, health, confidence, doing, action…

Some people find church if a good place for finding people who have common values and ideas. Some people who have been outside community contact for a while find solace through groups such as ‘Hope Springs’ in Heidelberg West.

“There are other destinations such as festivals, a brochure on the noticeboard reminded me.”

“Darebin Council has a lot of festivals, especially music and art festivals. They have an email list you can go on. They are one of the most artistic and creative areas in Melbourne.”

“There is also CERES (Centre for Education and Research in Environmental Strategies). They have community plots where you can grow your own vegetables. They have alternative energy like solar panels and teach you things like how to fix bikes.”

Others suggested: Collingwood farm, Abbotsford Convent next door to that, where they have Lentil as Anything where you donate whatever you can for your meal; there are also really good book shops in the inner suburbs, and Federation Square holds a book fair on Saturdays. It’s a nice walk down Southbank, and for the price of a cappuccino you can watch the passing parade.

Local councils are really good for information on what’s happening in the community.

“Yes, I made a call, they sent me a brochure, [for a work and education course] it had information about an open day.

What makes an open day easier for you?

Good to make a phone call, I talked to the person in charge of the work education course and they said an open day was coming up. My family came with me and they said the course would be good for me. I went to an interview, my mum came with me as I was feeling stressed. I did one year of a two year course.

Our directions in life often change. Maybe you got out of that one year what you needed and didn’t need to do the extra year.

It was at TAFE, it was good with group work. Pretty laid back and practical based. I’m aware of being kind to yourself and accepting humility that it is okay to change your mind.

That’s the concept of adaptability. Maybe things that stop you doing certain things at certain times teach you to talk to yourself, questioning and doing self reflection.

Yes, it’s about being honest with yourself.

The recovery movement concept is that life isn’t linear and that everything can be meaningful. We don’t know when we set out where things will lead.

What can be a pitfall can often turn into a real learning experience.

Society says do these things and you’ll become rich or otherwise. Many who have little material wealth have great personalities and happiness in life.
Life is what you make it.

**Good to explore many options, and have some destinations in mind…**

**F1** It’s helpful to have destinations in the community leading to friendships and connections. The single most helpful, healing and restoring thing in every part of our lives is to actually participate in the world. It becomes more possible through making these connections. Even though the CCU may have some limitations as any bricks and mortar place, it is healing to release our own interactive caring ways through peer support.

“I sense there is a will to talk about the CCU environment more as it is where many of us set out again following mental illness.”

**F2** I’ve seen people enter CCU and not initially coping, then when they come out they have had an opportunity to have a bit of a break, it is transformational for many people.

**F1** CCU’s are really a premium service. High cost, could fill them again and again, there are huge waiting lists. People are assessed for what they need and at a subtle level accepted if staff feel there is potential for that persons recovery through being in the CCU, that is ‘ability to unlock the consumers potential’.

**C** It’s a case of who dares wins.

**F1** Though it might be two years that someone stays here, a lot can happen.

**C** I worry a bit about where to next, I worry about it every day I when I wake.

**F1** “Employment and housing are real issues. Need to work hard with the time you have here to improve your situation for when you leave. Hard as it seems, this also means putting oneself into a competitive situation, to become the type of person that agencies in housing or employment would most want to help. This means someone who has obviously been trying hard to improve their situation.”

**C** Once we move on, we will lose the opportunities we have while we are here.

**F1** Although there are some good housing agencies, they are limited. It is important to perform well in a CCU environment and make the most of the opportunities offered.

**C** I was more worried at the start, but not so much now as I’m not feeling as though I’m going to be pushed out. I think it’s because I am giving things a go.

**F2** The scarcity of housing can be a motivator to trying harder.

**F1** “It’s a tough world out there, but (within reason) it can be a good thing. There are many good opportunities in CCU.”

**F2** Notion of being challenged.

**C** “Challenges are a motivator, other times just because I think I can do something doesn’t mean I can. Sometimes you can over motivate yourself. It’s about testing the water… a linear thing, notion of ability and what can and what won’t work.”

See Evaluation survey results on Page 31.

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**Northern CCU Peer Support R & D Project trialing stage:**

**Peer Education Session 3. “Sharing stories of personal recovery journeys and peer support”**

This interactive Peer Education Session was to discuss how peer support may help consumers in their search for personal recovery. Stories about the meaning and experiences relating to personal recovery were welcomed and generated some enthusiasm at the session.

*Key concepts were: Peer support can help in coping with personal difficulties, sharing coping strategies, and pursuing personal recovery; a valued role for Peer Support Workers would be to “listen to my story.”*
Two consumer researcher/ facilitators, one of whom was scribing scribe conducted the session. Edited highlights of the discussion appear below:

C Would like to see the notes written about us by staff; they can all read it why can’t we. I feel secluded in the process of my own recovery. I want to be able to read the notes, I may not remember what I said the day before.

F1 “I suppose it’s about not wanting to feel judged, that each day is a new day to start afresh. It’s important to understand what goes on in the staff area and what it’s meant to achieve in our rehabilitation and search for personal recovery. It would be good to have more of a common understanding of what the service wants for us, and what we want for ourselves.”

C “I wrote in my diary, I wonder what other people are thinking about me, sometimes I feel paranoid.”

F1 “When you live in the community, you can close the door behind you and no-one is watching you. Part of the territory of being in a CCU is that you are in some ways being monitored, for things like wellness and safety. This is an aim of the program, but there should be better communication between staff and residents and knowing what we all want and what are roles are. We need honest communication. Our role is to help ourselves get well and for staff it is to help us get there.”

Recovery…so much more than just a buzz word:

F1 “We are talking about recovery today. There is a big growth in this area in the last 10 years, it’s the buzz word. It means different things though to different people.

In the Psychiatric Disability Rehabilitation and Support Services (PDRSs) such as Neami, Mental Illness Fellowship, Prahran Mission, MIND, and within large sections of the consumer movement, “recovery” it means something different to what it might mean in the acute hospital setting.

“Within the medical model, chances of recovery tend to be viewed as fairly remote. In purely clinical terms ”recovery” (or remission) would arguably mean when your symptoms have fully disappeared and you can be said to be “cured.”

“In the consumer movement, it can mean that symptoms may or may not have gone, but more often it really means that you are recovering more and more control over your life. For example, it means being more involved in the community and gradually returning to the things that you used to do. It about personal recovery, not medicalised. “To get or reclaim one’s life”.

C “I like the groups and would like more groups. Eg. Like a ‘where to next’ group and some fun and games groups.”

F1 “How do we compare purpose driven groups to fun groups?

C Fun groups brings us together and we can talk about different things, a good way to connect. Focus might be symptoms and whet do they present and what helped people cope. Our own motivation makes us go. We learn from each other and learn to understand that we all have different tolerance levels. OT’s understand us and take notes on what’s being said.

F1 “Social workers, psychologists, management and OT’s seem to be most involved in helping with this project. My understanding is that the group program hasn’t been as strong in previous years as it is now, but there is potential to have more groups, especially consumer driven…”

C We’ve done some fundraising and are now going to go on a camp. We did fundraising through a sausage sizzle at Bunnings, raised about $900.

F1 It would be good to do something for Mental Health Week.

C Like Sprout?

F1 What about inviting family and friends, invite them to see this is a good place and that people are doing worthwhile things.

C “A friend of mine came on the weekend, he didn’t know that residents could leave; he thought it was a more restrictive environment.”
Consumers urged: Take all of the fresh opportunities the CCU offers…

F1 “The CCU is meant to be pathway back into the community. The more people can help each other get through these stages is a good thing.”

F1 Getting back to personal ‘recovery’, there are some good articles by Pat Deegan and Cheryl Gagne, two American psychologists who are also consumers. The more you can learn about valuing yourself and learning to help others…

C “Sometimes I choose to seclude myself and stay at the CCU to receive the support I need to get better.”

F1 We may not be able to solve ours or others problems but talking to others can help. It’s good to break the problem down and work out the best staff to talk to.

C We need to be patient and take little steps. It’s like the group has a persona.

F1 Does anyone else have any other examples.

C “What do we individually think and then what is the synergy of what we all think. What’s the most appropriate thing to do?”

F1 Important to be patient and keeping in mind where others are at.

C There’s a feeling of being judged, they might not have told their family and friends.

F1 Housing problems… no clear map

C “You feel lost in the system”

F1 What would you like to see happen?

C For people not to judge, sometimes I feel ashamed to be here.

F2 Self stigma?

F1 How realistic are our fears?

C Doctors label us… like the Incubus song.. Don’t let the world bring you down.

F1 “Sometimes I feel down. We can put too much pressure on ourselves. But some things are not our fault. It is often things in society and sometimes our family’s willingness to help. It is all part of the recovery process.”

C “Sometimes we question our friends”

F2 “Sometimes we can lose our friends as they don’t know how to help and don’t understand what we are going through.”

F1 “We are not always acknowledged as the deep thinkers we are.”

C “It’s about responsibilities, part of the recovery process, taking our place in the world. It is good to have a plan.”

F1 How would you like to see this project translated so everyone can benefit towards recovery through community participation…

C We touched on something last week about being accountable and adaptable.

F1 “Recovery is a common everyday human experience. We are all recovering from something. Eg. The loss of loved ones, life events, reversals, broken romances, unmet expectations. These events and coping with losses and grief are things that everyone goes through at some times. There are a lot of ways of going about recovering. It’s about reconnecting with fun, work, social activities, family, creativity, encouragement, adaptability and reasoning.”

F2 Peers, including longstanding friends, often help the most, because they tend to be non-judgmental.

See Evaluation survey results on Page 31.
Trialing Stage Evaluation Results

Results:

Summary of results for Peer Education Sessions 1, 2, and 3 by questions (See questionnaire form on Page 41.)

The results indicate that participants found the 3 interactive peer education sessions to be of relatively equal value. All results indicate scoring in a positive direction.

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<td>1. Likelihood of applying learnings to:</td>
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<tr>
<td>Personal coping</td>
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<td>53%</td>
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<td>Problem solving</td>
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<td>Possibilities about life</td>
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<td>93%</td>
<td>60%</td>
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<tr>
<td>Empowerment</td>
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<td>3. Provision of peer support to others during research</td>
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<td>80%</td>
<td>70%</td>
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<td>5. Interest in working as a Peer Support worker</td>
<td>68%</td>
<td>86%</td>
<td>70%</td>
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N = 5 N = 3 N = 4

Participants indicated in Session 1 ‘Foundation of Consumer Participation’ that following the session they were most likely to have a sense of awareness of their own personal challenges and possibilities in life.

Following session 2, ‘How Peer Support can help empower consumers participate more confidently in the community’ participants indicated they were most likely to have a sense of the possibilities in their life, have an interest in working as a peer support worker and felt that they had provided a level of peer support during the actual session.

Following session 3, ‘Sharing stories of personal recovery journeys’ participants indicated that they were most likely to apply the learning’s from that session to their own personal coping, problem solving and recovery journey. Overall results were congruent with session content.
Qualitative Summary (Questions 6 – 11)

Overall responses indicated that Peer Support would ‘open up more possibilities’ for consumers, only one participant felt that this would not be the case.

Responses to what type of peer support participants would be interested in ranged from ‘don’t know’ to ‘a casual accessible consultant,’ ‘someone on the inpatient unit or with the youth early psychosis program’ ‘one on one help’ to ‘all types’.

Participants indicated that the type of qualities a peer support worker would need could include, ‘listening, understanding, empathy, reasoning, encouragement, openness, knowledge, commitment, respect, adaptability and lived experience’.

Participants also indicated that their best supports currently in order of importance are; parents, friends, Doctor, Case Manager, siblings, community services and partner.

Conclusion:

The Northern CCU Peer Support Research and Development Project aimed to explore ways to establish a Consumer Peer Support Program and culture at the mental health clinical residential rehabilitation facility in Preston. The project has revealed a myriad of ways that peer support models and approaches could be established at the Northern CCU.

In the six project workshops and the three Peer Education Sessions of the trialing stage, participants discussed in creative conversations with the Principal Researcher and the consumer co-facilitators, many possible elements of a dedicated multi-faceted Peer Support Program for the Northern CCU, and considerably expanded on the list.

The project, as shown in various ways in this report, resulted in a clear consensus among CCU consumer participants that a Peer Support Program and the employment of a Peer Support Worker was likely to be beneficial to consumers. This trend was confirmed by the formal Evaluation.

This report contains a considerable amount of information about possible structures and processes that could be put in place for a Peer Support Program at Northern CCU, including the employment of a Peer Support Worker (or workers.) This was based on a wide literature review including some key consumer “grey literature” and networking with some consumer movement knowledge holders about peer support.

The research project recognised the importance of ensuring that any Peer Support Worker should actively engage with the resident/ consumers on site, and encourage them to share their experiences, lessons from life, insights, problem solving, the values of friendship and mutual support, and sharing knowledge and strategies about pathways towards personal recovery. Collaboration between PSWs, consumers and program staff is seen as important.

The recommendations early in the report (see Page 2) and in the summary of what a multi-faceted peer support program could look like, (see Page 3) should provide guidelines to further action.

Consumer-collaborative Participatory Action Research (PAR) is a method of social research, which operates from very inclusive and creative values, where a group of people who share similar issues/difficulties can – with skilled facilitators -- explore together many possible ways to work together to “make a difference,” to their issues/challenges.

The result is a rich contextual field of information from the sessions with consumers, which go far beyond the instrumental level of “what may work and why” in terms of developing a Peer Support Program. In fact, one of the most significant and far-reaching outcomes of this project is the knowledge resource built from the wisdom and insights largely from consumers themselves.

Major Peer Support “champions” -- organizations and valuable knowledge holders:

There are a wide variety of models and methods being used in mental health consumer peer support and other areas of health, disability or social disadvantage, with varying degrees of integration within health and community services.
Key Peer Support organisations, including a number of valuable knowledge holders/ resource centres in the field appear below.

**Intentional Peer Support**: An increasingly popular system of peer support developed in the US for use in consumer-run “peer-run crisis centres” where Peer Specialists work with clients individually or in small groups on a non-clinical basis.

The key “tasks” of the work revolve around the principles cited as connection, worldview, mutuality in co-learning, and moving towards what the person wants to go rather than away from what they want to avoid. This approach has growing popularity and making a sweeping impression on the mental health field in many countries. Intentional Peer Support trainers run programs in Melbourne each year. (More details about Intentional Peer Support are available at: [www.mentalhealthpeers.com](http://www.mentalhealthpeers.com)

There are a number of peer support initiatives associated with PDRS services in Victoria at present. These include:

- Neami Ltd’s program “Flourish” – is the peer support component of the Collaborative Recovery Model, developed collaboratively between Neami and the University of Wollongong. The CRM consolidates longstanding methods relating to strengths-based, recovery focused psychosocial rehabilitation and support. “Flourish” deals with modest and achievable goal setting, while maintaining a recovery focus, seeking to work cooperatively with the client’s significant others. This information came from a fact sheet on the Neami website: [http://www.neami.org.au](http://www.neami.org.au)

- PARC services with Mind Australia, Prahran Mission, and Norwood Association, and are known to be employing peer support workers as part of these innovative tailored prevention/ respite/ and short term rehabilitation and recovery services. (A group of useful group of articles about PARCs can be found in Vicserv’s new paradigm journal of in the Summer 2007/2008 edition, which can be ordered at: [http://www.vicserv.org.au](http://www.vicserv.org.au)

- A new and innovative consumer-led peer support service Voices Vic – the Hearing Voices Network has opened up new frontiers in peer support with the establishment of more than 12 local consumer-led support groups for people who identify as “hearers of voices” or similar sensory effects – but may not necessarily subscribe to the medical model of mental illness as an explanation of their experiences. Many members feel they have been misunderstood and pathologised in various ways. Voices Vic offers training for volunteer leaders, special events, and multi-stakeholder conferences to bring support, hope, and new thinking about these issues. Voices Vic is auspiced by Prahran Mission and details can be found on the internet at [http://www.prahranmission.org.au/hearing_voices.htm](http://www.prahranmission.org.au/hearing_voices.htm)

Other major peer support “champions” in Australia and overseas include:

- The New Zealand “Te Pau” New Zealand Peer Support Network is an information and advocacy service which provides a forum for the establishment, promotion and development of peer support within the mental health system. The agency to be found at Te Pau Workforce Development Project: New Zealand Peer Support Network (2010) can be found at: [http://www.tepou.co.nz/](http://www.tepou.co.nz/) The agency offers the following description of peer support:

> “Peer support is person-centred and underpinned by recovery and strength-based philosophies. The life experience of the worker creates common ground from which the 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 a 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, it comes from a profoundly different philosophical base.”

- **Consumer peer support networks**: Consumer-run services offering peer-support services such as hospital-to-home after care, “step up/ step down” respite services, telephone “warm lines” for support, consumer advocacy, and referrals. A major example of such services are the “CAN” – Consumer Activity Network -- in Sydney, which was favourably evaluated externally last year. “CAN” makes many peer support work training opportunities available for consumers, and aims to provide a friendly, supportive working environment. More details can be found at: [http://www.canmentalhealth.org.au/](http://www.canmentalhealth.org.au/)

- Similarly, an Adelaide-based **Mental Health Peer Supported Hospital – to – home Project** which reported in its 2006 pilot stage report a marked reduction in readmission rates and high levels of consumer, carer, and other stakeholder satisfaction. This service not only provided a peer support service based on care “packages” but was able to assess the effectiveness of the PSWs while providing
In Scotland, a Mental Health Peer Support Worker Pilot Scheme, has carried out across five Health Board areas, and was favourably in an independent review. Whilst acknowledging that the PSWs often faced big challenges in developing the role, there were many areas of work satisfaction. “On the whole, peer support workers were welcomed by service users, who reported high levels of satisfaction with the service. Peer support workers were able to give hope to service users, reduce feelings of fear and self-stigma amongst service users, enable life skills, and encourage service users to take on strategies for recovery, and have more control over their wellbeing.” The report can be found at: http://scotland.gov.uk/socialresearch

The Centre of Excellence in Peer Support was launched in June 2011 a consortium of seven mental health related organisations. These are: ARAFEMI (lead agency); The Compassionate Friends (TCF); Eating Disorders Foundation of Victoria (EDFV); Post and Antenatal Depression Association (PANDA); Action Disability Ethnicity Community (ADEC); Anxiety Recovery Centre of Victoria (ARCVic); and GROW.

The consortium can be located at http://www.peersupportvic.org/ and explains its main aims and objectives as follows:

“The Centre of Excellence in Peer Support provides a centralised specialist clearinghouse and online resource centre for mental health peer support. It has been set up in response to the growing interest in and recognition of peer support work, for both consumers and families/carers. A collaborative project, it aims to support a sustainable peer support sector by providing linkage, service mapping and information-sharing. It is intended for use by consumers, families/carers, peer support workers, community mental health organisations, NGOs and individuals who provide or want to provide peer support. It was launched in June 2011.”

The Australian mental health consumer-developed internet clearinghouse www.ourconsumerplace.com.au has a wealth of information about Intentional Peer Support. The resource centre publishes a high quality monthly online newsletter, has produced info kits on Consumer Developed Initiatives (CDIs), publishes books about consumer-based community education, and coordinates training and conferences for active consumers.

Structured support group programs: Self-help and mutual support groups for people with mental health issues have been around for a long time, and are often adaptations from the 12-step Alcoholics Anonymous program. An example of such a group in Australia is the Grow Movement.

References


Bennetts, Wanda; (2009) “Real lives, real jobs” --Developing good practice guidelines for a sustainable consumer workforce in the mental health sector through participatory Research." Final Report, May 2009 (Funded by DHS Mental Health Research Fellowship Grant)


**Mead, Shery; David Hilton; Laurie Curtis;** (2004) “Peer Support: A Theoretical Perspective.” For information contact Shery Mead Consulting 302 Bean Road Plainfield, NH 03781.


**Victorian Mental Illness Awareness Council** (2010); Some extracts cited herein from a literature review in an evaluation of the peer support service CAN -- Consumer Activity Network -- Items cited from:


APPENDIX # 1: Ethics: Safety, confidentiality, beneficence:

Ethical approval for the project was gained from the Mental Health Research and Ethics Committee (MHREC) of Melbourne Health. After the literature review and model development phase a four-month extension was obtained from the Ethics Committee and the funding body to permit implementation and evaluation.

There were aspects within the methodology which deal with the safety, confidentiality and beneficence provisions of the project, in the interests of consumer participants. In part, this involved ground rules/guidelines for project workshops and surroundings, including courtesy and respect for others – also an important part of peer support.

There was, for example, a ground rule that confidential matters should remain within the group. Participants had the opportunity to endorse the ground rules at the beginning of the project and these items were revisited at regular intervals. It is important to the success of the project for participants to find the project positive, educative and encouraging.

The project was not in the original stage providing “live” peer support as such, but discussing a range of peer support “models” and approaches which may be suitable for possible future implementation in a dedicated program at the CCU. The “trialing stage” which was designed and approved later in the project aimed at providing a more direct and personally dedicated experience of peer support for participants, and involved a more formal evaluation process.
1. Introduction

You are invited to take part in this research project. This is because you are or have been a resident of the Northern Community Care Unit. The project is aiming to research and develop a model for a peer support program and culture at the Northern CCU, in the interests of recovery and wellbeing for resident/consumers. The key ingredient is mutual sharing of support and knowledge which can assist people in their journeys of recovery, and build bridges back into the life of the community.

This Participant Information and Consent Form tells you about the research project. It explains what is involved. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don’t understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative, friend or healthcare worker.

Participation in this research is voluntary. If you don’t wish to take part, you don’t have to. You will receive the best possible care whether you take part or not.

If you decide you want to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:

- understand what you have read;
- consent to take part in the research project;
- consent to participate in the research processes that are described;
- consent to the use of your personal information as described.

You will be given a copy of this Participant Information and Consent Form to keep.

2. What is the purpose of this research project?

The research project aims to develop a peer support program that will be designed by consumers at the CCU. It will involve a high level of consumer participation and promote an atmosphere of greater personal wellbeing for resident/consumers.

Peer support is used in some mental health services in parts of Australia and overseas as a key method of enhancing treatment and support for consumers by drawing on shared understandings, coping strategies, support and friendship.

The project will explore various ways to draw on the under-used resource of peer support, especially in clinical mental health services such as the CCU, by encouraging, supporting, and resourcing its development.
The project will involve consumer consultants with expertise in peer support and at least 10 resident/consumers from the Northern CCU.

3. **What does participation in this research project involve?**
   - Attendance at an initial focus group for 1.5 hours which will involve discussion of what you think about peer support and what could make a difference.
   - Attendance at up to 8 workshops (2 hours each every 2 weeks) which will involve detailed discussion and creative approaches towards the development of an effective model for a peer support program at the CCU.
   - Attendance at a final focus group which will involve discussing elements of peer support and a model to be trialled at the CCU.
   - You will be paid $20 per hour for participation in this research. This is the standard consumer consultation fee for Northern Area Mental Health Service. Travel costs will also be reimbursed.

4. **What are the possible benefits?**

We cannot guarantee or promise that you will receive any benefits from this research, however, possible benefits may include educative experiences around life enhancement and wellbeing, working collaboratively with your peers, contributing to program development at the CCU.

5. **What are the possible risks?**

Possible discomfort may occur in the context of group interactions. If you become upset or distressed as a result of your participation in the research, the researcher is able to arrange for counselling or other appropriate support. Any counselling or support will be provided by staff who are not members of the research team. In addition, you may prefer to suspend or end your participation in the research if distress occurs.

6. **Do I have to take part in this research project?**

Participation in any research project is voluntary. If you do not wish to take part you don’t have to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your relationship with those treating you OR your relationship with the Northern CCU or the Northern Area Mental Health Service.

7. **What if I withdraw from this research project?**

If you decide to withdraw, please notify a member of the research team before you withdraw so that your details can be removed from the participant list.

8. **How will I be informed of the results of this research project?**

As an active collaborator in this research project you will be involved every step of the way. A copy of the final proposal for a peer support model will be made available to you.
9. **What else do I need to know?**

- **What will happen to information about me?**

  Information obtained in connection with this research project will be your thoughts, experiences and opinions about your understanding and ideas of how to improve the recovery process. This information will be recorded on butchers paper in the groups. It will remain confidential and will only be used for the purpose of this research project.

  It is desirable that your treating team be advised of your decision to participate in this research project. By signing the consent section, you agree to your treating team being notified of your decision to participate in this research project.

  Information about your participation in this research project may be recorded in your health records.

- **How can I access my information?**

  In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to access the information collected and stored by the researchers that you have contributed. You also have the right to request that any information, with which you disagree, be corrected. Please contact one of the researchers named at the end of this document if you would like to access your information.

- **Is this research project approved?**

  The ethical aspects of this research project have been approved by the Human Research Ethics Committee of NorthWestern Mental Health.

  This project will be carried out according to the National Statement on Ethical Conduct in Human Research (2007) produced by the National Health and Medical Research Council of Australia. This statement has been developed to protect the interests of people who agree to participate in human research studies.

10. **Consent**

    I have read, or have had read to me in a language that I understand, this document and I understand the purposes, procedures and risks of this research project as described within it.

    I give permission for my treating team to be notified of my participation in this research project.

    I have had an opportunity to ask questions and I am satisfied with the answers I have received.

    I freely agree to participate in this research project as described.

    I understand that I will be given a signed copy of this document to keep.

    Participant’s name (printed) ............................................................

    Signature ..........................  Date..........................

    Name of witness to participant’s signature (printed) ..........................

    Signature ..........................  Date..........................
Declaration by researcher*: I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Researcher’s name (printed) Allan Pinches
Signature …………………………………………………… Date …………………

* A senior member of the research team must provide the explanation and provision of information concerning the research project.

Note: All parties signing the consent section must date their own signature.

11. Who can I contact?

Who you may need to contact will depend on the nature of your query, therefore, please note the following:

For further information or appointments:
If you want any further information concerning this project, you can contact the principal researcher on ph: 9471 8088 or any of the following people:

Name: Rod Fithall
Role: Manager, CCU
Telephone:9471 8088

Name: Christine Hodge
Role: Supervisor to Principal Researcher (Manager, PMHT/YEPP)
Telephone:8480 3806

For complaints:
If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

Name: Dr Sarah Rickard.
Position: Manager – Mental Health Research Ethics Committee.
Telephone: 93428530.
NORTHERN CCU PEER SUPPORT PROJECT:
PUTTING THE COMMUNITY INTO COMMUNITY CARE UNIT

EVALUATION

Introduction: We would appreciate it if you could take a few minutes of your time to complete the following evaluation regarding your participation in today’s peer education session. It would assist us in the future planning and development of peer support activities in the Northern CCU.

Today’s date: __/__/2011

Gender: Male □ Female □

Age: ________________

Please rate the following questions by how likely it is that they apply to you. For each question place a tick in one box only using the scale provided below.

Not at all = 1 very little = 2 unsure = 3 somewhat = 4 to a great extent = 5

1. How could you imagine applying what you have learnt to your:

- personal coping

- problem solving

- personal recovery journey

2. Do you now have any change in your sense of:

- awareness of your personal challenges

- ideas or possibilities about your life

- a sense of empowerment

3. Do you feel you provided peer support to others during this research?

4. Do you feel you received peer support during this research?

5. Would you be interested in working as

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6. What are the main lessons you learned from today’s session?

_____________________________________________________________________
_____________________________________________________________________

7. In your life who have been the best sources of support?

Parents  □
Sibling  □
Partner  □
Friends  □
Doctor  □
Case Manager  □
Community Service  □
Other  □ _________________

8.  Does peer support open up more possibilities for you?  Yes No

□  □

9. What type of peer support (if any) would you be interested in having in the future?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

10. What knowledge, skills and attitudes are important in peer support workers?

_____________________________________________________________________
_____________________________________________________________________

11. Overall how would you sum up your feelings and thoughts about peer support?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

THANK YOU FOR YOUR TIME
APPENDIX #5: Levels of participation and limits on project:

The Northern CCU Peer Support Research and Development Project had a total of nine CCU resident/consumers participating in the project who had signed the project Participant Information and Consent Form, as giving their informed consent to participate. Attendances were somewhat patchy – and there were also some informal observers.

As with any project, there were limitations and constraints on what could be achieved, within time and resources, etc. One of the most significant constraints was the limited time that the Principal Researcher and colleagues could spend with consumers because the quite correct and very necessary imperative to pay consumers sitting fees when meeting with them, put limits on times for these conversations and tended to make questionable the idea of too much unpaid conversation with consumer participants.

Another key difficulty was that the Project Advisory Group members were very busy people, and it was often difficult to meet them in person, and a lot of preparation work for project planning and workshops needed to be done somewhat “virtually” by phone or email.

CCU staff support and involvement:

A small number of senior CCU staff from disciplines including Management, Psychiatric Nursing, Occupational Therapy, Social Work, and Psychology have been, by invitation, actively supporting the project, and have shown support, enthusiasm and valuable practice wisdom. It is expected that the role of the wider staff group will be developed more fully with any future implementation of a Peer Support Program and the employment of a Peer Support Worker or workers.

During the project sessions the program staff also offered standby support in case any participants needed additional support or debriefing time. There were no apparent problems of this nature, but participants may have spoken confidentially with the program team between times -- possibly around issues like delayed sitting fees, or other queries, but this is not known.

The Principal Researcher and Project Advisory Group conducted the workshops sessions as a “consumer-only space” to provide for an authentic “peer” voice. This was also making full use of all too rare opportunities provided in a funded consumer-based research and development program.
Allan Stephen Pinches: *Curriculum Vitae:

Consumer Consultant in Mental Health
Bachelor of Arts in Community Development (VUT)
Allan.Pinches@gmail.com

I have worked as a Consumer Consultant in Mental Health since 1996, much of this period within the Northwestern Mental Health organisation. I have also carried out a range of project development work in the PDRS sector and providing consumer-perspective presentations as a guest speaker in university courses for in mental health professionals and training sessions.

As Consumer Consultant at Northern Area Mental Health Service (November 1996 – September 2004.) my role involved the facilitation of range of consumer participation activities, aimed at bringing consumer perspective knowledge into service improvement, strategic development, and future planning.

My work in this role helped NAMHS to win two ANZ TheMHS Service Achievement Awards – a bronze award (1999) for an innovative Consumer Rep training course and a gold award (2004) for a coordinated and independently evaluated initiative for consumer participation in staff selection, which is now standard in the service and much of the sector.

I facilitated a multi-function consumer reference group at NAMHS called “Thinking CAP” which contributed to many service projects, and a number of members went on to become consumer consultants in other locations.

Earlier,

For most of the 1990s I served on the Richmond Fellowship of Victoria board and was Vice-President of Neami Inc board for two years.

My working life began after my HSC as a journalist at a metropolitan newspaper, between 1974 and 1980 – and as such writing has been my main developmental tool in my consumer consultancy work. I have progressively built up an innovative range of consumer-perspective service improvement strategies aimed at giving consumers a bigger say in service development, in ways to more closely meet consumers’ expressed needs.

Many of my articles, discussion papers, talks, have been extensively cited or republished, including within Department of Human Services publications, in websites and journals in the sector.

My two notable publications were:

- The self-published “PATHFINDERS” – *Consumer Participation in Mental Health and other Services: Evidence based strategies for the ways ahead.* (2004) This was developed from my BA research project.

- In September 2004 the complete issue of newparadigm journal (Vicserv) was comprised of my book, with Sue Robertson: “NewSynthesis Partnerships – Developing consumer – collaborative visions and strategies in community mental health services.”

My experience of serious mental illness has included considerable personal pain and losses, but I have taken some comfort in sharing friendship and peer support with fellow consumers and unexpected opportunities to be involved with genuinely socially progressive work.

In 2004 I graduated with my Bachelor of Arts in Community Development (VU) and I find this discipline a fascinating and inspiring resource for my consumer consultant work and I feel many possibilities opening up, including the Northern CCU Peer Support Research and Development Project, which was funded for 2010-11 by the Victorian Department of Health Mental Health and Drugs Research Fellowship Grants.