

# Peer Support Case Studies

## CAPITAL Project Trust, West Sussex



NSUN undertook to produce five case studies in collaboration with support from national Mind, to demonstrate the potential role and value of user-led organisations working at the interface with statutory services.

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# CAPITAL Project Trust, West Sussex



The CAPITAL Project Trust is a user led organisation; founded in 1997, it is run by and for people with mental health issues across West Sussex. CAPITAL supports and trains people with mental health issues to enable them to be involved in improving services in a variety of ways including providing training and consultancy, undertaking evaluations, working in partnership with mental health professionals to develop care pathways, facilitating patients' councils and nurturing both formal and informal peer support.

CAPITAL members have always been strongly supportive of each other both in their involvement activities and socially; the ethos of peer support is at the heart of their work. More recently it has supported members in developing a wide variety of peer-run groups in which they can share their skills with one another. Capital now has around 300 members engaged with the project in a variety of ways, supporting each other and campaigning for change in local services.

## ***Inpatient peer support***

In 2011, Capital introduced in-patient peer support workers to the acute mental health ward across West Sussex, contracted to do so by the local PCT (Primary Care Trust). Now and until 2022, the work is funded by the local CCG, offering a service that is independent of, but complementary to, the NHS Trust.

The project supports around 800 in-patient peers annually with a mix of one to one and group support. These peer support workers can share experiences, offer guidance about recovery tools, signpost to other sources of support and provide a range of group activities such as music, wellbeing and creative opportunities.

*'We believe that everyone has the capacity to recover from their mental health issues in their own way and in their own time. We work to provide a mutually supportive environment in which everyone feels listened to and valued to enable them to reach their full potential.'*

They are firm in the belief that what they offer is different to the peer support being introduced into teams by the local Trust and in other NHS services. One of the strengths of CAPITAL is their presence in the community meaning that people can access peer support after they are discharged from hospital. Members meet regularly in different locations across West Sussex and support each other both formally and informally.

### ***How does it work?***

Capital peer support workers go on to the wards one or two days a week and may work from **9am to 2pm** on an average day. They engage with people on a one-to-one basis or in group activities, and will tailor these ways of working to suit the people present. When they come onto the ward, they work with staff to identify the people who might need their support and would be notified of anyone who might present a potential risk.

A regular activity that takes place in one location is a Wellbeing group, which takes place once a week off the wards, giving people the opportunity to take time out from the ward and engage with others for a short time. The peer supporters are enthusiastic about this group:

'I believe the group meeting we have is unique. You can do group work on the ward but people aren't as relaxed as when they're off the ward. ... after a while, with gentle persuasion, it becomes, it just takes them out of the situation .. and I think that's quite good.'

One of the key differences between Capital's peer supporters and peer support workers employed within the Trust, is the level of confidentiality they are able to operate. They make no notes of their interactions with inpatients and have no access to the clinical notes kept by staff which means that they are able to meet with people as they are and work with them on an equal footing, sharing as much of their own experiences as they feel able to. They have an agreement that they would notify staff if they learnt of any potential risk of harm to the individual or to others.

*'You have to respect the individual. A big factor in being able to do peer support is the ability to be patient and wait for the individual to be ready to talk to you. because they won't always want to...[...] I don't think it should ever be like a results driven [activity] - gently support and reassure and help people who are essentially very needy at the time.'*

## **Training**

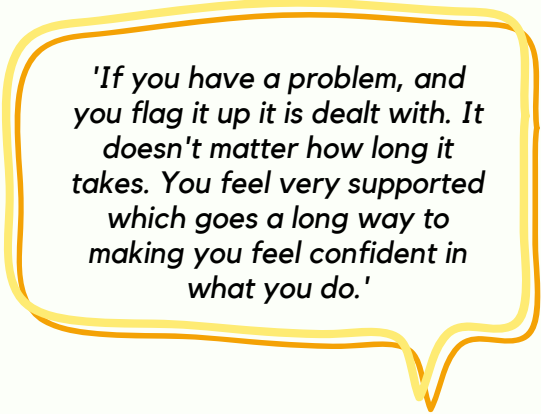
The training programme has been designed by the Capital training team and has been accredited by Middlesex University as a stand-alone module of 20 credits at level 4. The 20 credits are equivalent to 200 hours of study/learning, which includes five training days, two shadowing days, tutorial support, an observed practice day, completion of a reflective learning log and private study. The five training days cover the following themes:

- 1. Principles of peer support**
- 2. Recovery**
- 3. Assertiveness and communication**
- 4. Boundaries, confidentiality and supervision**
- 5. Developing a peer supporter's toolkit**

An important focus of the training is to ground peer support work within the historical and political context and its development within the service user/survivor movements. The programme is usually based over a 15-week period, with the training days taking place over the first five weeks, the shadowing over two weeks and completion of assessed work over 8 weeks.

## **Support**

Capital peer supporters can attend four county-wide sessions per year that incorporate an element of both support and training. One to one supervision is available as required and monthly during the six month probationary period. Peer supporters working at the same location support each other during the working day and at the end of the day, as there are usually at least two working at any one time.



*'If you have a problem, and you flag it up it is dealt with. It doesn't matter how long it takes. You feel very supported which goes a long way to making you feel confident in what you do.'*

Regional coordinators see the teams on both an informal and formal basis, and the Peer Support Coordinator is always available at the end of the phone or via email. They also have an employee assistance programme that is available to all 24 hours a day.

## **Employment of Peer Supporters**

The peer workers are employed by CAPITAL and the organisation has gained considerable experience as an employer as a result (see the chapter by Clare Ockwell and Howard Pearce, in the book: 'Peer Support in Mental Health', edited by Watson and Meddings, 2019.).

Some peer supporters are employed on a part time basis and some on bank contracts. This flexible approach allows for those in receipt of disability benefits who wish to be employed in these roles to do so as 'permitted work', although it is not ideal for all. CAPITAL ensures that all peer supporters get access to benefits advice so that their work does not affect their benefits.

### **Challenges**

Ideally, CAPITAL would like a more diverse group of peer supporters; they are aware that most of their peer supporters are white, but aim to be inclusive in the way they work. When they do experience difficulties engaging with someone, they are able to approach colleagues or talk about it in their supervision sessions. At the time of writing, they were about to revise the monitoring they do of the demographics of the people they are supporting. Hopefully this will help to identify any gaps in the service they are able to offer to marginalised communities in West Sussex.

CAPITAL would also like to be able to offer more peer support hours across the inpatient locations in West Sussex. At the time of writing, the local Trust was starting to employ peer support workers within inpatient and community teams. This has the potential to complicate the situation, both for the peer supporters on the wards and for service users, who may find the two roles confusing. CAPITAL has been obliged to change the name of their peer supporters to CAPITAL Peer Support as a result of this development. Nevertheless, they hope to be able to work together for the benefit of the service users.

### **The Learning**

In putting together this case study, we asked peer supporters, trustees, coordinators and the chief executive about what they have learnt from their peer support work over the years. People were passionate about the work and keen to talk of the benefits:

'People get to hear from people who have been through it. They feel less alone, less cut off, more understood. We are living it - a 'supportive slightly dysfunctional family'.'

Much of the learning they have gained has been about employing, supporting and training peer supporters. CAPITAL are often approached for their expertise in this area - and the chapter written by Clare Ockwell and Howard Pearce is good evidence of this learning. Equally, they know the challenges of engaging with your own lived experience through peer support: it can be emotionally draining as well as hugely rewarding.

The absence rate is quite high at times, and although they expect this, it does have an effect on colleagues, and is sometimes difficult to manage. Again, this highlights the importance of ongoing support for peer supporters. Everyone needs their own peer support. One person talked of the importance of finding their own personal boundaries in order to manage their emotional limits:

'Be prepared to share your own story but identify a boundary before you start and don't go beyond that, because if you go beyond that you're liable to trigger a reaction yourself and that won't help anybody.'

### **Resources**

- Clare Ockwell and Howard Pearce (2019) Employing and Supporting People with Lived Experience in Peer Support and Other Roles; Chapter 10 in 'Peer Support in Mental Health' edited by Emma Watson and Sara Meddings. London: Macmillan International/Red Globe Press.
- Claire Ockwell, (2012), "Challenges and triumphs: developing an inpatient peer support project", The Journal of Mental Health Training, Education and Practice, Vol. 7 Iss: 2 pp. 94 - 100

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**Website currently under reconstruction.**