## Leeds Mind: Peer Support provided within NHS Services

*This case study is based on a meeting at Leeds Mind with three peer support workers, their manager and the director of operations. We would like to thank all of them for their time, support and enthusiasm for their work.*

Leeds Mind works with two local NHS services: the Rehabilitation and Recovery Centre and three CMHTs. There were links between Leeds Mind and the CMHT through their employment service, which gave rise to the current contract for peer support. The Recovery Centre is provided through a partnership of Touchstone, Community Links and Leeds Mind - together with the Trust. This means there are other third sector staff in the Centre. Leeds Mind provide the only peer support workers in the Centre. There are two inpatient units, so the peer support offers in-reach to the wards and post discharge support.

Leeds Mind and the PSWs have different experiences of providing peer support within these two services: it is easier in the Recovery Centre because the role of peer support is recognised there and the overall culture is influenced by the presence of other third sector colleagues. It has at times been more challenging to work within the CMHTs.

#### Peer Support in the Recovery Centre

There are two peer support workers working at the Recovery Centre; they are employed by Leeds Mind but receive supervision from both their NHS colleagues and Leeds Mind. The role has changed over time; originally, they provided group work along the lines of Leeds Mind's core peer support model. However, this proved to be challenging for some of the people using the Recovery Centre, so they changed to offer one-to-one peer support, and each PSW has their own caseload. Service users vary in the extent to which they are able to benefit from peer support, so some prefer a more clinical approach.

The usual model consists of two key aspects: an equal relationship (with little or no power); and how much the PSW can share their own experiences within the relationship. The latter is not always felt to be appropriate with people who are particularly vulnerable and institutionalised. PSWs work to retain the core element of consistently sustaining an equal relationship, breaking down the notion of 'them and us': trying to work things out together, enabling people to find their own ideas or ways forward. They find they sometimes need to encourage service users to want something for themselves.

The inpatient staff in the Centre are NHS employees and it took some time for them to understand the peer support role. PSWs make sure they are present on the wards, talking to people, sometimes challenging staff if they feel it is appropriate.

##### Support and safety

Although challenging the NHS culture is difficult, the PSWs at the Recovery Centre feel supported from their firm base within the values of the third sector. Leeds Mind provides a base to come back to, and a space to talk when the work is challenging. As peer support workers, they can come up against their own experiences on the wards, as well as being distressed by the experiences of others, but this way of working means that they are not isolated and have someone to fall back on if things are tough. Staff at the Recovery Centre are also supportive if the PSWs need to take a 'mental health' day. Their feedback about the contribution of the PSWs has been very positive: that they are hugely beneficial, changing the culture, changing the language used and engaging with service users through sharing their lived experience.

Supervision within Leeds Mind follows a person-centred model, which begins with the question 'How are things with you' before going through elements of the job. They feel that this is generally something that the organisation does well: they have a culture of mutual support that provides a strong base for the peer support workers.

#### Peer Support in Community Mental Health Teams

There are three PSWs working in this setting: one for each of three locality CMHTs. Here, the approach is to run groups. There are a number of challenges to this work. Finding service users for the peer support groups has proved difficult as they need people who are not currently acutely unwell. Secondly, peer support workers do not have direct access to service users, so staff act as gatekeepers; the success of this depends on the relationships with staff. Each time there is a restructure or turnover in staff, the PSWs have to work to establish their presence again. They run groups together in each locality, so that PSWs can support each other with a volunteer facilitator. Another challenge is locating the psychiatrists to engage their support for the work.

Each peer support programme includes an introduction and four weekly groups. The groups are run on the same lines of the Leeds peer group programme. Two people found them of huge benefit early on and the testimony from them has been great. Many people are anxious about joining a group, so the PSWs offer them personal contact by phone and face to face to support them to get to a group.

##### Challenges

One of the challenges is that not all of the staff appreciate the role and value of peer support, and, since they act as gatekeepers this can be a problem. Some of the staff do not appreciate the value of lived experience - or of people working alongside them who are open about their lived experience. Overall, the relationship with the CMHTs has not been as easy as that with the Recovery Centre. The teams are very understaffed which means that relationships and communications are not always easy.

The benefits of working for Leeds Mind are tangible. In much the same way as described by the Recovery Centre peer support workers, the ethos of Leeds Mind makes it easier to retain the elements intrinsic to peer work. Being able to say they are from Leeds Mind and the support they receive is valuable. There is a risk of some level of co-option, with only one PSW working in each team, but the independent base helps to prevent this. The use of language in team meetings can be difficult to hear, and alternative options to medication hard to promote in a clinical culture.

The team is not culturally or racially diverse, so they engage with community organisations and resources to help find appropriate support for people from BAME communities.

#### Training

As a new starter, a peer support worker will receive training in data protection and safeguarding from both the NHS and Leeds Mind. Within the service, they receive speech and language training. Crucially, they also receive training in trauma-informed practice from the NHS. This covers trauma awareness, relationships and trust, realising the impact of past trauma and abuse on relationships and the importance of not writing anyone off. The PSWs found this training very helpful and found it validated the way they were working already. (An example was given of assisting someone affected by flashbacks to ground herself with the help of exercises and music.) The nature of the relationships they build with people means they hear many disclosures of trauma and abuse; they need to be able to hear it and sit with the person. The PSWs at the Recovery Centre also have access to a psychologist who has been able to give advice.

Peer support training includes the facilitator training at Leeds Mind, plus they do training on sharing lived experience in clinical settings in the Trust which has also been helpful. They take an approach that involves sharing lived experience only when appropriate, not wishing to over-share or make the session about them instead of about the person using the service. There is also the sense that they need to keep themselves safe in relation to sharing their lived experience, although examples were given of the PSWs sharing their lived experience within the staff team as a means to challenge language or assumptions.

They also do PMVA breakaway training, but they do not take part in control and restraint. Also the Recovery Centre has a policy that prohibits physical contact.

#### Safety and risk

PSWs will look at a person's notes to do a quick scan of the risk assessment, as some of the people they work with have a history with the criminal justice system. They also have access to team formulations about a person, which are led by the clinical psychologist.

In general, they take the view that 'knowledge is power' and they do not want to have too much knowledge about or power over a person they are working with. Consequently, they do not tend to read about a person on the database, but will ask staff if there is anything they should know about this person in relation to risk. They only record in the records the fact that they met with someone; unless there is an issue of real concern, they do not record any of the content of their discussions.

#### Testimony from people supported by CMHT PSWs:

“*I have found the whole thing very helpful, and I understand myself so much better. It made me think about how I do have the coping skills I need. I found it so helpful hearing from other people about their struggles and feel like I’m not alone anymore*."

"*Being involved gave me a sense of belonging to something and the experience of having a routine (same time every week). I feel more confident about sharing my difficulties with others. The peer support group reminded me that I’m not the only person who has mental health troubles and that it’s ok not to be ok.*

*I can tell that peer support has made a difference in this way because I am less shy about opening up to people about my mental health. I have got from peer support a sense of routine, care and support from others in a similar position, greater confidence and a sense that I am not alone. I will hopefully use what I have learned to help support others who might be struggling. From a personal point of view, the greater confidence I have gained will hopefully encourage me to be more active in joining other support groups and trying to get back into hobbies I enjoy*”.

#### Leeds Mind: model of peer support

Leeds Mind has a core programme of peer support based on a group model. This has been harder to fund in recent years, so they have invested in it from reserves and support it from other contracts where they can. It starts with an Introduction to Group Work and then people can choose to attend groups such as: Assertiveness skills, Building self-esteem, Managing Anxiety, Managing my mental health, Managing my mood and Mindfulness and meditation. Subsequent workshops include Building confidence, Building resilience, Looking after myself, Managing self harm and Setting boundaries.

For more information: [www.leedsmind.org.uk/our-services/peer-support/](http://www.leedsmind.org.uk/our-services/peer-support/)

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