

Sue, we're delighted to have you here today to talk about peer services, and developments you and your colleagues have been doing in New Zealand. Before we get in to the detail of that, could you help us by just describing what 'peer services' means to you, and how you use the concept in your work?

Peer support or peer services mean a lot of different things to a lot of different people. There are an enormous number of different ways that can be interpreted, and what I want to talk about today is the way we've done things.

So, 'Peer Services' for us is Peer support specialists (that's the piece we're talking about), and a newly developing bit which is peer education services.

So, talking about peer support specialists, for us this is about... we use a definition like the definition used in Phoenix Arizona... so that is about people who use their personal experience of recovery to enable and empower others to manage their own recovery. So they're people who kind of walk alongside, and support others to recover, and in our circumstances we've put those roles into a number of different settings.

What 'kicked you off' on this, and when you started to think about peer services, what was it you were hoping to do differently?

That all began when a bunch of people from our district health board went off to see the services in Phoenix, which were then called 'meta services' - they're now called 'recovery innovation', and when they went over there they really got the bug. Something inspired and affected them and they came back to New Zealand saying 'we're going to do this inside our services'. Now, we're very different to Phoenix Arizona, but something just caught for the people who went there. They were one of the senior service managers and the planner and funder - so the commissioner of our services, and both of those people came back and said 'we want to do this'; and then began the journey of working out how.

The concepts really important to grasp first and to me it's quite simple, we had one set of ideas that we talked about quite freely and another set of ideas that we haven't explored a whole lot, so that the major concept is about from our perspective and about those people who came back

from Phoenix. What they wanted to do was to put in place some services that would involve employing peers in roles that would support and enable others to recover, so it was really geared at both creating employment and valued social roles for people in the peer support role and recovery coaching, whatever you want to call that. It would also help people recover so that if you used the service it would fast forward their own recovery. BUt the final thing which was a bit different to other services was that we really wanted something that might transform the way our general services were delivered - that might really impact on our own recovery approach and the way we delivered services - it had that kind of 'edge' to it as well.

The bit we didn't talk about a lot but really underpinned this whole initiative is a bit more conceptual - so i'll give it a shot to explain it without powerpoints and presentations - the key to it was that recovery really happens as a result of the person themselves. They lead their recovery and are the most important player in their recovery, and the relationship they have with others who support that recovery including their practitioners and clinicians. SO the notion was that we've invested an enormous amount of time and energy in building up our professional workforce, and our support workforce, to better enable recovery ... but it almost perpetuated the imbalance in power because all that investment was going into professionals and clinicians whereas we were putting no real investment in building up our peer workforce; the people who needed to manage their own recovery. So, we decided we'd like to put more investment in that side of the partnership for recovery and start investing in the education end and coaching people in managing their own recovery; so that was kind of the concept that we started with.

So there's a strong value base there, strong links with the concept of recovery but it is a different style of service too, and i wonder if you could tell us a little bit about different approaches you've used in introducing this.

yes, ok, the way that we've done this is to kind of do it in sequence, so the very first thing we did was, when our senior service manager came back she said 'I want to have these peer support specialist roles inside our multi-disciplinary teams' - so the very first piece of work that we did was to start developing up that role for the multidisciplinary teams. So back about three and a half years ago we put in place our first peer support service inside the multidisciplinary teams - we did that in one team so we started small and as you probably imagine it was kind of

contentious and people were a little anxious about how this would work, so we started small, we started with one willing team that was quite eager to try it, and we did lots of ground work with them trying to prepare and 'till the soil' and be ready for the services; and then in fact we went to Phoenix Arizona, asked if recovery innovations would help us train our peer workforce. SO we started running peer workforce training - over the last three and a half years we've done five or six trainings - I don't have my records with me but I think we've trained, in excess of one hundred and twenty people have graduated from that peer employment training; so there's a requirement that anyone who works in these roles has gone through that training.

So all of these people are people who have experience of using, or are still using, services in many cases, but have all had to go through the formal training. And that you've designed in conjunction with colleagues from Arizona.

Essentially, they brought their programme and delivered it as it was, unchanged, the first couple of times and we've now done some partnership with them on our own peers and the delivery of that programme - and we're beginning to do some work just to adapt it a little bit - but by and large it's pretty good for our population as it is , that training project.

Turning that into what's different about services, how that you've injected peer workers into the services - and peer specialists. You've done it in different types of service - you mentioned the community teams?

We started with the community teams - our very first service was one community mental health centre, with the multidisciplinary team there - we've put in place six whole time equivalents, no actually more than that, peer support specialists - and they went into those roles as part of the team..... There are some differences before we go on to the other things we've done - there are some differences, slight differences in their role, from other team members, and the most, part from their training obviously, the most obvious one of those is the 'choice' component. Anyone using our mental health services can choose to access peer support specialists, so it's totally choice based. Others - it tends to be referral based or the clinical team makes a decision 'yes this person's

entitled to a particular practitioner or service'. But with peer support if you're using the service you're entitled and you can use that if you so choose.

So anybody coming in would be told they have that option?

Yes, so the peers, and i can talk about in a while about exactly how they work, the peers can work with people but they'r a full part of the multidisciplinary team, they attend the team meetings .. the way they operate though is somewhat different froth clinicians...

Tell us more about that

Now, i'm talking here about an area that's not my specific expertise, i've not been a part of the teams but i've heard enough from the peers and the teams to think i can hopefully reflect the differences.

So in terms of the training peers have learned a lot about using your own personal strengths - recognising your personal strengths about recovery and managing your own recovery, about re-thinking the whole history and the story of their experience of mental illness or alcohol and other drug issues, and about recasting that with themselves as a hero, and recognising the strengths, the singular strengths, that experience has given them. And that kind of is about bringing forth people's own ability and recognising people as experts in their own recovery if you like. They use this training to first of all inspire hope in a way that we as practitioners or clinicians can't do because, just by being there and just by being in employment there's already evidence that recovery is possible. So the very first thing that they really do is become this beacon of hope - there is a possibility of a different life, there is a possibility of recovery. And then they use their stories in a very careful and respectful way to illustrate that possibility. They're also very good at recognising and bringing forth the expertise in the person themselves, that 's using the service.

They have a saying that peers support specialists are specialists at not being the expert, and that's a little different...

That's a nice thought ...

... to how we historically operate in the multidisciplinary team.

And I like it, I like the concept, but also recognising that the person there's the real expert in their own recovery .. so those are fundamental differences.

They also don't tend to learn about or talk about illness, or diagnosis or treatment - that's rightfully the grounds for practitioners, and clinicians and their work, so what they're really doing is recognising the person and their strengths in their recovery journey and enabling them along the way - walking alongside them in a very respectful way with a really good relationship.

So that means some of the ways in which they will interact in the multidisciplinary teams will vary a little from other practitioners - things I've heard and reflected on afterwards is the way they gain agreement about how to write the notes, what to write in the notes, inviting participation from the people they work with, what things are ok to talk about beyond the two involved... just a really respectful partnership very much what we talk about ideally happening in our multidisciplinary teams - but I think they came in with that very strong training about how to be around these things, so they're almost ahead of the game on that way of being.

Sounds intriguing - how have the other members of the multidisciplinary team responded to having these new specialist workers there?

I think it's been extremely successful - I have to say we haven't evaluated it yet, we're doing that right now so we'll be able to talk to you further about it in a while... about how it's gone and what the formal evaluation says - but we've got lots of indicators I think so I'll talk a bit more widely than that about what's worked and why I think it's been successful.

One of the things that's been amazingly successful about this initiative is that the people who actually have trained, graduated from their training, just about universally see that training itself as a major step forward for them in their own recovery - it does something deeply personal in changing their view of their experience, in seeing their ability to give back - the kind of possibility of valued social roles - all of that. The training itself seems to have been incredibly effective for those who take it on every training is way over subscribed I think we've got another series now that's been advertised and we're actually broadening out the potential providers - we've got twice as many people wanting to do this

training as places available so it gets bigger and bigger. we've trained a lot and there's a lot more wanting to be trained. So there's this personal sort of growth that i hadn't been as quite clear would as strong as that. Now with over one hundred and twenty having trained and applied for various jobs, over fifty of those people are employed - so it's also had this hugely powerful effect on employment for our service users, albeit within the system in very valuable roles and in a way that's very different to creating employment and cooperatives or lawn-mowing or whatever - this is a kind of a bit more personally fulfilling for the people involved.

Then, there's the stories from the people who use the service, and from what we can see that's exceeding our expectations, that people who sometimes have been embattled with practitioners and clinicians over their recovery for many years actually turning that around now and becoming a lot more actively engaged with their recovery , their future, their moving on so hopefully our evaluations will show us this - but the stories that are coming back very much illustrate this.

Clinicians and practitioners are loving it - which wasn't always the way, I think at the start there were some who embraced it, there were some in the team who were sitting on the fence, waiting and watching and some who were out and out opposed; and it was a long journey to where we've got to now.

Now that team - there's a lovely presentation that we've now got a professional lead for peer support specialists who are bringing forth and developing encouragement of that role - and there's a lovely presentation she's done where she's got quotes from various members of staff and it's lovely to hear staff talking about this new role and thanking the peer support specialists for reminding them that recovery is possible for modelling a very deeply respectful way of being for encouraging the best in everybody because they have a lovely way of working along our multidisciplinary team as well that's encouraging people to think about how to relate and what it means and what language means - it's very good. And even our in patient services - there's a great quote from an in-patient services nurse from that presentation saying 'i've worked in in-patient services for over thirty years now and i'd forgotten that our people who use the service can and do recover, and you've reminded me of that and thank you for that. And i think that was prompted actually by that nurse having seen peers come and work inside the in-patient unit, and one of them had actually

been in that unit in previous years - and they had really not expected her to wind up being in this kind of role with this kind of competence, doing this kind of work. I think that was as much about seeing Peers in good and productive work and in leadership roles as being really powerful.

So for all those reasons I think it's been successful - i guess the best indicator for me , i really didn't know, when they first suggested it be in the multidisciplinary team i was very dubious about that, I'll be honest. My own view was, and it's still another option, was that this might be easier and better to be separate; to be a separate team that then works still in partnership, but i was most concerned about losing this very different role, this different approach and it becoming more like, kind of, 'assistant to' practitioners. So I thought this was probably going to be a stretch - and I still think there are two ways of doing it - probably more than two ways - this is not 'the' way.. But tentatively it seems to be working. It definitely did challenge our peers to retain their role identity, it was a big challenge, and it continues to be, because there's that kind of rub and the way of seeing the world. Again another staff member was talking about having seen the world more in terms of illness, diagnosis and treatment and actually seeing the world more in terms of a person, and their life and their strengths - it was kind of a big shift.

I think it's been useful for us because it's done that kind of pushing and transforming our services - beginning to make our services re-think and work sightly differently, so it's been successful from that point of view. After a couple of years, two and a half years I guess of that one team, we started to have people coming to us saying 'when can our team have peer support specialists?' And about that time we kind of knew it was going to 'go' so now we've added another ten full time equivalent positions which are spread across - this is within our multidisciplinary teams and specialist teams within our organisation, our community centres and specialist teams working through the in-patient unit. So it's expanded now to include more teams and the real pressure - everyone is still saying 'when can we have more, when can we have ours?' ... intuitively you know it's a good thing when people who use the services want more and the people who work in our clinical end, our practitioners and our multidisciplinary teams - when they want more.. then you kind of know it's 'flying'.

Re more recent developments, (setting up an alternative to more traditional in-patient provision which is led by peer specialists) -

can you say how that's come about?

So , other initiatives ... having laid this foundation and having got to the point where our teams were saying 'when can we have ours?' We thought it was time and possible to start thinking about an alternative to in-patient care which was peer-led, in our community.

So we'd been thinking for some time about an alternative for in-patient care. We had a four bedded unit to help outflow from our acute in-patient unit for people who weren't quite ready to go home but probably didn't need to be there, but we really had a concept that we could be doing something different in the community people came a bit earlier or weren't needing compulsion we could have something else in the community that would work for them and wouldn't need to go into a hospital setting.

And we'd actually gone out looking for that service and were beginning to plan it and put it in place when one of the people who'd been to Phoenix said int recovery and innovation services they have these living rooms which are staffed by peers and they're back to back with the acute in-patient unit and maybe we could combine these two concepts.

So, that was how it all began and sure enough it all took off with support from our commissioners, and what happened was we began work with a voluntary agency to develop those peer led services as an alternative to in-patient care. eventually we agreed to have on two of the shifts that's twenty four hour service obviously, on two of the shifts we agreed to have a nurse - just in the initial phases there was a bit of anxiety about it - again this is a service we're currently evaluating, as part of that evaluation we'll see whether it's a necessary addition or not. So, what's happened is we've put in place this fantastic service. They found a beautiful house in the community with enough room for ten beds and the peers have set up this fabulous service. What happens is - our crisis teams - when somebody's unwell and they're so unwell they can't remain at home, home-based treatment and crisis supports is not going to be enough for them and they're considering an admission to hospital.

Provided the person is not going to require compulsion, so provided the person is ready to go voluntarily they're now offered the option of an admission to the alternative service in the community, and many, i'm not sure if all, but many would pick up that option now. So they will then go into the peer-led service, the crisis team will content to follow them while they're in there so the treatment side of things and the dealign with the treatment will be down to the crisis team and the place to be, the care, the options that get put in place all happen within the peer-led service - but they're different options to what we offer in an acute in-patient

setting. We have meditation. relaxation, we have things that people like whether its baths or digging in the garden -and these are driven by what people say will be helpful for them.

So basically what's involved is a service that provides support for recovery, helps people in that same 'peer' way identify what works for them. If you're feeling bothered by symptoms or just big feelings, if you're feeling distressed, if you're feeling in need of calming yourself down, then it's your job to work out what things work and the peers will walk alongside you to work that out and then help put those things in place. Again; not evaluated yet but it seems like people are staying there a third of the amount of time they would spend in an acute in-patient setting. So they're getting better quicker, they seem to be doing extremely well out of it and liking it a lot.. a lot.. it's a very lovely service.

One of the things i notice when i visited services in New Zealand was, in a way that we have not yet achieved, the response to having a multicultural population, and I was wondering what are the opportunities this peer support specialist services create to broaden that impact?

well as you know the counties Manukau is one of the most multi-cultural communities in New Zealand - it's worth mentioning because I haven't mentioned 'where are we?' and 'how tough would this be ?' an doften i find people say 'Are you one of those nice little boutique services with an easy population? and yeah you could do it but we couldn't'.

we're mix of urban and rural, we're in South Auckland, twenty one percent of our population are from the Pacific Islands, seventeen percent, i think, are Maori, sixteen percent are Asian, so we've got a very multi-ethnic community and high levels of socio-economic deprivation so this is a tough place to do things like this , it's not an 'easy' population if you like, that's probably politically incorrect but this is a tough place to do the work. So one of the extraordinary things about training like this is that it's appealing to everybody, so the people who take it up are pretty much the mix of the people who use our services. So, what we've done is suddenly created a workforce that's much more ethnically diverse than our professional workforce - which tends to be not representative of our community. So we've quite rapidly changed the composition of our multidisciplinary teams, so we do have Pacific and Maori and Asian workers, and particularly Pacific and Maori now who are engaged and those are the two groups who are most disadvantaged in terms of their health outcomes and mental health XXXX, across the board but

specifically in that area. So it's been an incredible opportunity to diversify the workforce and that also helps with the connection - not only are you talking to someone who may have had potentially similar experiences to you, and is a walking proof that recovery is possible, but actually it might well be someone from a similar cultural background . And so there's that level of empathy that's harder to achieve from a professional standpoint where neither of those is there, neither of those conditions is present. So I think it's been incredibly helpful. One of the things we are doing with the training now is looking at ways in which it needs to be adapted for the different populations and particularly we have the relationship with our Maori based on the treaty, just making sure that this American training can be adapted just to reflect our cultural context just a little more strongly. By and large the feedback we've had back is ... it's pretty good. It's deeply respectful of people and individual differences. The changes may be relatively minor but we do need to make them. It also was designed for mental health and we're using it now to develop peer support specialists for the addictions field, for alcohol and other drug issues, and again, those who've participated from those backgrounds and who have gone through the training say, part from a few of the terms being too 'mental healthy' it's really applicable. It's 'generalisable' so we'll probably just try and do a bit more of a tailored programme for people with that particular background - but otherwise it's great for diversity, it's great across the board and it seems to have helped us diversify our workforce well.

These are very exciting services, alternative services but complimentary working very closely with clinicians, practitioners what do you think has been crucial to the success that you've achieved so far - your colleagues have achieved so far, what's the thing that's really made the difference to this working? As against perhaps a really good initiative that could have come across and not been taken up and developed?

..Good question! I think some of the things are the leadership - the leadership of our services begin so impassioned about it and so determined, i think that was just absolutely fundamental and critical. I think we would have taken a lot longer had we been trying to find our own training programmes, so having a programme that we could bring over and use was really really helpful so that meta or recovery innovations programme to build peer capacity was fantastic, and just right philosophically for us. And just even a willingness from people to

join up around what recovery is and see the possibility for this that was pretty crucial. Some of the ground work with the service, with the original service, i think the stepped fashion we did it in, so not trying to do too much on too many fronts, waiting until the concept was proven, waiting 'till people wanted it and then stepping it out the next step. SO that kind of taking enough time for people to get what was possible. I don't ink we could have done the 'recovery house' before the experience with the peers in our services and people become used to that and believed it was possible so it was supported by the district health board and by our non-government sector to do quite dramatically innovative things and supported by the clinicians, the practitioners and the teams, it's been that kind of ground working that phased approach i think was critical some of the support that we ???? to prepare the teams into support - peer support specialists in their new roles i think was helpful. There was a lot that was needed really - probably needed quite a bit more. But those were some of the things i think were fundamental to this happening, the success - and the quality of people, but i think that's the same everywhere. The peep who came forward to be trained as peers are just really inspiring and those of them that have moved into employment, just doing a job, that is spectacular and a very professional and inspiring way. And i think that they - this would not have been possible or successful without their willingness also to 'step up'.

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