

Peer Chat *With* – Vikki Price of Peer Hub Developing Peer Roles

Podcast transcript for film

Mark

So we're going to welcome today Vikki Price, who is the co-founder of Peer Hub, down in England, down in County Durham. I was really excited to meet her after looking at Peer Hub and looking at the website and hearing about some of the really interesting things they're doing. So welcome Vikki, really pleased you're here to join us today.

Vikki

Hiya, thanks it's really really lovely to be here and I feel very flattered and I hope that I can live up to the expectations of our website. But yeah, I think we do put a lot of stuff out there and we are quite committed to our values and what we're trying to do so, yeah let's have a chat.

Mark

So I'm really interested, Vikki, about hearing about what led you up to this point, because I think it's a relatively new organisation that's been set up. So can you tell me a little bit about your experience and what led up to the development of Peer Hub.

Vikki

Yeah, so I've been receiving psychiatric services since my teens. I had, like, a really, quite helpful experience a lot of the time. I was diagnosed with severe mental illness in my late twenties. So it took a while for me to get like really kind of, what I think it was like the recognition, that there was something happening that I was experiencing that wasn't right. During my career, I've worked in all these weird and wonderful places and got great opportunities. Well, I'm saying weird and

wonderful - in County Durham - like not worldwide, but I've got some really interesting work experience so I've been a sound producer, a music engineer, a performer. I've worked in solicitor's offices, I've worked in policing, not as an officer, but in the criminal justice sector. I've worked in the NHS and I've worked in bars and it's just been weird, my career trajectory went all over the place. What finally led me to Peer Hub was this kind of feeling that we were missing something really fundamental about community in our healthcare services.

So I worked as a peer lead in the NHS for about three years - designed services, worked in a business development role in the NHS. I've worked in strategic leadership type roles in policing and I felt like it was really interesting the way that we would bring certain people through services as individuals. And then I felt there was something really missing around community and relationships and bringing people together. Like I felt like people were being separated in their journey through getting help. So Peer Hub was about bringing that back to our community, like I think our communities have a lot of answers for people's struggles and I feel they're often disempowered by feeling like they don't have the expertise and there needs to be an expert that provides help.

So Peer Hub for me is very much about us as peers, as part of the organisation and also the community, trying to figure stuff out for ourselves and having the confidence to work together to solve our community problems, including our wellbeing and mental health. Rather than necessarily feeling like the first port of call is always to defer to mental health services. And that's quite a key theme in peer support and it's interesting when you start trying to bring together the mental health services and peers, which is why I'm really interested to have this chat today.

Mark
Yeah

Vikki

That's like, one of the most interesting questions about existing services and peers and where user-led and community organisations sit alongside.

Mark

Yeah, that's really interesting, there's an awful lot of people that I speak to that are delivering peer, that have had that variety in terms of their background that's kind of led them to this point. I know certainly Callum and his perspective is very similar to yours in this. Now many of the people listening will be interested in developing peer roles. What do you think is the reason why an organisation should develop a peer role within their services and what are the sort of key considerations that you would suggest to people?

Vikki

I guess my entry into peer support came like around and about. So I started with a real lot of faith in services that were already there and then I was introduced to peer support and the psychiatric survivor movement, mental health rights movement, grass roots groups and mutual support and self-help. And I just found that knowledge, absolutely fascinating in the way that they look at help differently. So I think the main thing that peer support offers us, certainly for me in my, from my experience in peer support, the first time I went to a peer support group as a member I was absolutely terrified. Because I thought, everybody who was in there was going to be absolutely bonkers, like real kind of stereotypical mental patient types stuff. Like I was going to be sitting in a room with all of the stereotypes that I've seen on tv about what it is. Even as I'm walking in there as somebody who doesn't see myself like that. Somebody came with me; I was so frightened to go.

And when I got there, what I saw was people like me. And I was like humbled, I guess. And I had to really check myself. And I think peer

support for me is just that recognition of our humanity and that how much of those stereotypes that you can internalise that you then break down when you're sat around in a group of people where we don't have to defer to somebody else to make a decision, or we don't have to... so to me it's about tackling shame and self-stigma. This idea of what a mental patient is or what it means when you get a diagnosis or what it means to be struggling with your mental health. And to really, like, humanise the experience of mental health and have the chance to ask about things differently. And to be honest, for me, that transformed my experience of mental health services.

So when I went to therapy after I'd been part of peer support, I was asking different questions. I was looking for different things, I wasn't necessarily relying on my expectations of what therapy was because I'd been around a whole load of people who had been helped by therapy who were asking for different things to what I was asking for.

So first I think it's about tackling the shame of like 'I'm just this horrific creature now that I've been labelled with a mental health diagnosis' regardless how helpful - I found it really helpful to get a diagnosis. But then also that kind of feeling as though I could offer help as well as receive it. Feeling as though I could see humanity in myself because I could see it in other people. Like making us feel less like an alien and an outcast and more like there was a place for us in the community. And then also like, actually, I want to participate and help and I want to get better. For myself. And how I'm seeing people get better and changing and evolving around us. So for me it's very much about that community empowerment, together, what we do together and how we see each other when we're together rather than what happens when we're on our own.

Mark

Yeah, so there's a lot in there around the values of an organisation and they're the types of things that can be considered. Now I know Peer Hub runs peer training and also delivers peer networks as well. Tell us a little

bit about the peer training, how that works and what are the key aspects of that are, that are delivered.

Vikki

What we do around training, so one of the things when I was working in the NHS that was really difficult, so bearing in mind, the NHS wasn't set up like a peer organisation is set up and it has like a very specific role, as a care provider. And a lot of it is already sussed out, they already get it. So if you go in as a psychologist or as an OT or a psychiatrist on a multidisciplinary team, most of the time people know what your role is and what you're doing. They had real difficulty in understanding peer support because there just isn't that kind of... like a lot of them assumed that they knew what it meant.

A lot of the staff assumed that they know that peer support is patients coming into the service to help other patients. And they're not aware of all of the knowledge in survivor communities or in local groups or all the stuff that's been written about, how peer support works and what it can offer and the skills. And when you're bringing that to an organisation, whether it's a charity or the NHS or whatever, the main thing is to get across what peer support is. So when we deliver training for peers, the first chunk of our training is: this is what peer support is in the community. And really digging into what the values are, what it means to use your lived experience, how you might think about using your lived experience with people. How you might negotiate relationships, or how you might share power, the kind of democratic nature of peer groups and how they aren't led, but they're facilitated communally.

Then the values base and skills around that, and when we're taking that then to an organisation like the NHS or a large charity that is based in multidisciplinary teams, this is how you do this in this environment. So they're really skilled in understanding what peer support is, but also recognising that, actually there's some things that you have to adapt to in organisations where the job that you take is in the NHS. So there's safeguarding processes, there's ways of applying for funding that looks different and that affects what you'll be able to do and what teams

you'll be able to work in. There's ways of thinking about risk, there's a lot of diagnostic language that might be difficult to understand. There's a lot of clinical language, there's a lot of responsibilities to your team, to the organisation.

So then how do you create this relationship with somebody in amongst all of that. So that's what we help them with - the peer leaders - we help think about how we design that, around like... so if you are introducing peer support to an organisation, how do you look at peer work and look at what's already going on and bring it into organisational parity with what already exists? And how do you protect those spaces for peers to do really good peer work, whilst also being able to fulfil their obligations to their organisation?

So training is very much based around the knowledge that comes from communities, stuff written by people like the Hearing Voices Network, some of the great work that's going on in youth-led organisations in America, like the Wildflower Alliance. And taking that and saying 'this is what peer support is' and these are things that you might need to think about if you're going to be delivering it as part of an organisation that isn't set up to deliver that.

Mark

And if you were an organisation that was looking to develop peer roles, let's say a voluntary organisation was looking to deliver peer roles, what could you do to ensure that the support is there for those peer workers themselves, because obviously it can be an emotionally draining experience when you're listening to some quite difficult conversations and engaging in some quite difficult conversations. How do you as a leader make sure that the support is there to ensure that they can do their role?

Vikki

I guess there's a few things. The first thing is don't reinvent the wheel. There's already people out there who are doing this fantastically. Often they're user-led organisations, but they're already doing it. A lot of stuff

that I was seeing when I was working with peer support in the NHS was people trying to create something for peers, where actually there were already some good examples of that. And also not to overcomplicate what you've got and try and create something new for peers. We leaned very much into, when we were designing the peer support programme that I led, we leaned very much into what already existed. So there was already expectations around training.

So how do you introduce someone into your organisation that already has systems around like supervision and management and wellbeing support is already there. So how do we make sure they can access it in the same way that their professional colleagues would.

A lot of it was just making sure that those peers were treated with parity to their professional colleagues. We've got the additional burden on peers around using their lived experience, so I think there's a lot of... what we've seen in England is there's a lot of misunderstanding about people being able to come into peer roles and know how to use their lived experience. So a lot of peer training here still doesn't include fundamentals on thinking about using your lived experience and the critical thinking around applying lived experience in the moment and thinking about what you're sharing, sharing with intention, not oversharing because for a lot of people that's where the harm comes from.

And being careful about reflecting on those very painful experiences all the time at work. Like really trying to draw some internal boundaries around what we're connecting with and what we're bringing and what happens when those boundaries like actually just overflow in the moment and you need to do something to protect yourself. So there's a lot around, like don't just expect people, because they've got lived experience will automatically know how to use it. There's loads of good examples, for training, on how to bring your lived experience and that will help minimise the amount of harm. And then, like talk to your peers, speak to them about what additional support they need because they're the best person to tell you. But whatever you're bringing around

peer support, if you've got another staff group, so if you're not just a peer-led organisation, whose just really doing lived experience work. If you've got another staff group, it's really important to share that learning across because often the stuff that the peers are experiencing in the workplace, the staff are experiencing too.

There's so many staff in mental health who have got lived experience and peers get a lot of attention because they're "out" patients. Not out-patients, you know what I mean, they're very open about their experience status. But you've got a whole load of staff who maybe aren't and not to forget that those staff, whatever you're building in for peers, try not to separate that workforce out and remember that you've also got a whole load of staff that can benefit from the stuff that you're learning from peers. Although it can become a bit of an us and them. Why are peers getting all that? Why do the peers get to spend hours with patients or service users or whatever and we don't? Like really think about not excluding those staff groups from each other.

Mark

So it's really just about sort of communicating almost, practising what you preach in terms of the peer roles in themselves. You need to do that as an organisation.

Vikki

And not to panic about peers, like you've already got peers in your organisation, it's just they're not doing peer support. Most mental health organisations, two thirds or like three quarters of staff, of NHS staff have lived experience, they just don't talk about it. So for me, how you protect peer support and how you bring that in is really important, but it's really important not to divide staff groups based on who's got lived experience and who hasn't. And to bring people together because often people get quite frightened about bringing peers in, I've noticed that there's nervousness about 'what if they're off sick? Or what if they've got convictions? Or what if they're not well at work? What happens if they don't understand our processes?' And in reality, most of the time, you've got people with lived experience working in your

organisation already. So that actually what you're trying to think about is introducing this new workforce that's going to treat that lived experience in a particular way. And there's a map for that already, we've already got that. Hearing Voices Network, Intentional Peer Support. There's a lot of work that the Scottish Recovery Network have already done, like it doesn't need to be administrative and it doesn't need to be complicated. But you do need to pay attention to the difference and to make sure that in terms of like, the way that peers can be set aside because they're seen as more like patients. One of the things that used to come up often is 'you can't pay peers too much because then they're too powerful and they don't have a good relationship'. Like the power gap between service users and peers then becomes distorted if peers get paid a lot. And I'm like, well that tells me more about what you think of your service users than what you think of your peers. Because actually the more power a peer has in an organisation, the more power they have to share. So to be thinking more about the practice and really looking at the practice and how that's new, rather than treating people with a common aim as different to the staff group that you've already got. Because they're all, like, their responsibility to the organisation is all the same. Did that make sense?

Mark

Yeah, absolutely. It think it's; you speak a little bit about the work that you've done with smaller organisations, but I know Peer Hub does a fair bit of work with the NHS. Now we know the NHS in England works differently to the NHS in Scotland and there's a different focus in terms of peer roles within the NHS down in England. I think things are targeted down there in terms of the numbers of peer roles. I'm interested to get your perspective on how that is working in the NHS in England, and how that fits in with the national policy drive. It's quite a different dynamic so I'd be interested to hear whether that's been a positive or...

Vikki

Yeah, so there's some real positives about it. So like, it's funded, which is grand, there's money for peer support. I find targets a little bit, I'm not a target-driven person, I don't work in very heavily target driven

environments, I think they're very counterproductive. So these targets of thousands of peer support workers that people are wanting nationally, I don't think that's helpful for where peer support is at, at the moment. And the reason for that is that I don't think people know what it is yet nationally, like they haven't done a very good job of defining peer support. So we've got a peer support competency framework that's come out through Health Education England and I think if you look at that it's really difficult to see what peer support is from that. It looks like a lived experience support worker role. And I mean that respectfully to the creation of that. It's helpful to have competencies but it just hasn't hit the mark for me. So I think what we have got is a lot of backing. There's a massive community transformation process going on in the NHS in England at the moment which has masses of potential, looking to work with voluntary sector organisations, a large amount of coproduction and peer support funding to it. But my worry about what we're doing in England is that, with most people who are leading that, wouldn't be able to tell me the difference between a peer mentor, or a peer coach or a lived experience support worker and a peer support worker and what those roles are.

So, we've got peer support roles in England that do control and restraint and for me, that's like straight away, it's not peer support. It's something else - lived experience for, but it's not peer support. Like that level of power imbalance doesn't work in a peer relationship. So that's kind of like, of we've got this massive funding for peer support roles, but I don't think we've quite nailed on yet, nationally, the benefit of it being peer support rather than something else with lived experience.

So there's a massive work that can be done around peer mentors, so I use my experience to support you, because you want to do things the way I've done them and I can support you and we can figure that out. How can what I've been through help you? Versus peer support which is like 'what are we going to do together? How are we going to learn together from each other and how do our experiences create something different for us?'

Whether that's leading us into recovery or whether that's leading us into communities or whether that's just getting the idea that, like, I am and I can and I want to be part of a community. That kind of shared responsibility part where it doesn't all, you know? I think that there's vast amounts of opportunities for lived experience work. One of the things that I worry about a little bit is that we're seen as a homogenous group of staff. That if you've got lived experience, you're seen as a peer support worker. And that actually we can really pull some skill out of the grass roots stuff that's been developed around peer support specifically.

Mark

That's really useful to hear your experiences. I guess sort of coming to a close really, I just really want to understand from you, what would be your top tips for an organisation that's thinking about delivering peer support within their organisation. I know this is quite a generic question, but I think it would be useful if there were two or three fundamentals that you would say: this is something that you should consider.

Vikki

Yeah. So I think peer leadership is important. So it's very important to have someone who understands peer support leading. And that usually comes from someone who's done peer support themselves. They've run groups, they've had a leadership role in a youth organisation, like how do you define peer leadership? It's a big question, it's quite hard to answer. But I do think that it's really helpful leading your implementation who knows about peer support and who has some experience of leadership.

And then I think the other thing is, like I said, don't reinvent the wheel, use what you've already got. So if you've got a staff structure already, if you're a charity for example, that already has like this is what a community support worker does, this is what a social worker does, this is what a manager does, lean into that existing.

And then the third thing is, use the peer knowledge that's already out there. There's loads of great resources that tell you what peer support is

and how to do it really well. You don't need to reinvent that or struggle to define what happens in the space between peer support worker and service user. That's where a lot of this stuff becomes confusing for peers and where the role fidelity starts to go. One of the things that's happened in England that's very well measured and very well used is that, if that space between the peer support worker and the service user looks like everyone's service relationship, it won't look any different. The help won't look any different. And peers won't hold fidelity to peer support values and approaches because they're essentially doing what other people are doing. So the stuff that you put into the relationship between peer support workers and service users, I don't know what terms you use in Scotland, we use service users down here, to allow that to be shaped by lived experience expertise from the groups that have been doing it for decades. There's good knowledge out there, you don't need to worry about that, we've got that. And people who understand peers support will help you with that but if you don't protect that space for peer support, then they just won't do it. That's what we found in England and they found in America.

Mark

I think one things that I'd add to that is, probably not a big jump for an awful lot of organisations because they're doing it already, which I alluded to earlier, lots of organisations are delivering peer roles almost by default because people will naturally come to organisations for support and connect with other individuals.

Vikki

Yeah, if you're coming from a charity that's grown out of communities there's already a lot of overlap in terms of values. I think the real challenges are when you're coming from a perspective of an organisation that's being set up with clinical structures because there's a tendency, because we know what good clinical help looks like from a clinical perspective then we'll know what good peer support looks like and actually they're quite fundamentally different. When I'm looking for competency frameworks to help organisations, I'm not using health competencies, I'm using competencies from social justice and

community development, because it's community-based work, it's not health based. So it's just being able to step back and check what you already know,, where that comes from, and looking at the grassroots stuff and seeing, is that what we want to deliver? And if it is, being able to recognise that they're very different, but they can work beautifully together. They work amazingly together if you get it right. It's incredible, some of the things that I've seen from people who have come through services where people thought that they were going to be in services for the rest of their lives. And they've worked with a peer support worker, and because it's different from what they've already received, it's unlocked that for them and they've been able to create a new life for themselves.

And it's not necessarily that doesn't happen- like peer support isn't some magic thing that works for everybody. It's just that it's not in services as standard, or certainly wasn't in England, and if you can bring it in, it unlocks help for so many people. Just because it's doing something that nothing else is doing in there. If it looks like what's already in there, you might as well just do what you're already doing and recruit people with lived experience for the role.

Mark

I think that's a really important point. It unlocks that conversation, that different journey, that road to recovery potentially that clinical services can't necessarily do by itself.

Vikki

Yeah and often because, I think peers have a really important role in translating reality back to services that have become detached from it. What shared language we're talking about- like if I talk about depression, what does that mean, everyone experiences depression differently. But if I talk about feeling like the world is too heavy to bear, it's a different experience to feeling numb and being able to translate that experience is really important. For a service user to be able to be seen as having that experience is like, well, now we can get started. As

opposed to receiving help for something that isn't actually going on, which happens more often than I realised it did.

Mark

I think that's a really powerful point to end on, so Vikki I thank you so much for coming along today, it's been really insightful and I know there will be other conversations that we have moving forward, so thank you so much for your time today.

Vikki

It's been brilliant, thanks. I love talking about peer support stuff- please come and see us at Peer Hub, man.

Get in touch

If you need this transcript in a different format, please get in touch.

- 0300 323 9956
- info@scottishrecovery.net
- www.scottishrecovery.net

British Sign Language (BSL) users can contact us directly using [contactScotlandBSL](#)



You might also be interested in [signing up to our newsletter](#) to get the latest mental health recovery resources and info straight to your inbox!