Peer Connects

The Role of Peer Support in Mental Health Crisis Services

Transcript

Information

In this webinar we're joined by Rachel Middleton, Network Manager for Penumbra's Distress Brief Intervention Service. Rachel asks, 'Why not peer?' and talks to us about how, with a focus on peer support, they are taking a different approach to helping people in distress.

We're also joined by Thom Stewart, Expert-by-Experience from An Ait Eile Cooperative who tells us more about **Galway Community Café**. This free, out-of-hours mental health service is designed and delivered by people with lived experience, in partnership with the local business community and mental health services.

Eilidh 00:05

Okay so good morning everybody and welcome to this Peer Connects webinar focusing on peer support and its role within mental health crisis services. My name is Eilidh Hollow and I'm a Projects Coordinator with the Scottish Recovery Network and today we are joined by two contributors who have been invited along to share their experiences of developing and supporting the use of peer support within mental health crisis services.

So I would like to just introduce who we have on screen, which is Rachel Middleton, who's from Penumbra and is the Network Manager for the

Distress Brief Intervention Network. And we also have Thom Stewart from An Ait Eile Cooperative in Ireland. So I'd like to welcome our first contributor, Rachel, who will be giving us a presentation on Penumbra's work with Distress Brief Intervention and how peer fits into that. So Rachel, thank you, over to you.

Rachel 01:28:

Thank you. Thanks for that I'm just going to share my screen. Yeah, perfect. Okay. Well, hello everyone. Yes, I'm Rachel and I am the Distress Brief Intervention Network Manager with Penumbra Mental Health and it's really fantastic to be here and thank you to our Scottish Recovery Network colleagues for inviting me to share some of my experiences with you all.

I'm going to share my experience of delivering Distress Brief Intervention with peer at the heart of it. Brief is in my job title, but anyone who has met me before will be laughing at the irony of this, so I will do my very best to keep to time, I promise. But I've worked with Penumbra now for 15 years and it's been an honour because in this time I have always delivered services providing peer support. But we are here to focus on Distress Brief Intervention or DBI for short, you'll be glad to know that I'm not going to be saying that full whack every time.

So what is Distress Brief intervention? So the DBI programme emerged through the Scottish Government committing to improve responses to people in distress. They established DBI, which is a new approach to support distress, and it started in 2017 in four pilot sites in Scotland. The pilot ran for five years. It was a long, long-term pilot and it involved an

independent evaluation and findings were extremely positive and this has since led the Scottish Government supporting Health and Social Care Partnerships across Scotland to have local DBI services and we've achieved that goal. So DBI is now embedded across all Health and Social Care Partnership areas.

We have also established in 2020 a national DBI service where people contact an NHS 24 mental health hub on the Scottish Ambulance Service national contact centres. They can also be provided with a DBI support opportunity as well.

So since 2017, the programme has been building a large and far-reaching national and regional distress collaboration, putting people very much at the centre, providing early intervention, reducing duplication, and very much just improving outcomes. Most importantly, outcomes for people and their experience of access and support for their distress as well as those providing the support for them. We've got a very clear vision in DBI of connected compassionate support and it's very much cultivated an ethos really of collaboration and importantly, the demedicalisation of distress with a focus on people as people, enabling that sense of ownership and inclusion and compassion at the heart of it.

So DBI is a two-level response, just to kind of give you a little bit about how it kind of works. And it very much is, I'll start with, I'll do it in order. I don't, I won't mix it up, but DBI level one response is provided by frontline staff and it's a very straightforward conversation that they will have with a person in distress, or they suspect to be in distress. And this is grounded

in empathy and underpinned by compassion. Following the conversation around this, frontline staff then have the opportunity to refer a person to receive a short-term period of support. It's around about 14 days, give or take. And that would be beginning the following day. So within 24 hours of them making that referral, receiving a compassionate and caring frontline response with the offer of next-day support really helps the person to manage that immediate distress that they're going through. And it helps them to engage with that ongoing further support. And that is provided with our level two.

So level two response really offers a person-centred support within those 24 hours of us receiving referrals for people. It is short-term, over about 14 days, but we very much focus on the distress presentation: we're not there to try and work out all complexities. We very much kind of respond and provide support that match the needs of a person in distress. And this will always involve an empathic, needs-focused level of support. It facilitates problem-solving and self-management skills, signposting and also providing information about services, local connections. And every person coming through for our support will develop their own stress management plan, really to focus and empower them to be able to manage their distress and also to reduce the likelihood of them maybe experiencing distress in the future as well.

So DBI level two services across the whole of Scotland are provided by Penumbra and many other absolutely brilliant third sector and non-for-profit organisations. But Penumbra, we are a leading DBI partner, and we have been involved since its inception. We ran one of the four pilot sites in

Aberdeen City. We are also partners in providing the DBI National Pathway who receive those referrals from NHS 24 and Scottish Ambulance on a national level and we cover the health board areas of Shetland, Orkney, Grampian, Tayside, Lothian, all of the Lothians, Ayrshire & Arran. So yes. And we also led the development of the first local DBI service, so not pilot status. And we've since then developed local DBI services across Scotland as well. So that's our kind of list, there. We also co-produced DBI in partnership in Orkney with the Blide Trust and also in Shetland with Mind Your Head as well.

As you can see, DBI delivery is extremely active. We have supported 26,000 people who have had an experience of distress and managed to reach us. Behind that number you know, that represents people, you know, people who needed support, and behind every person who needed support, there was a person who was there at the time that they needed it. So that's such a huge impact. We provide DBI across 20 Health and Social Care Partnership sites and we have 70 dedicated DBI practitioners. 53% are in a peer role and counting. Our workforce, regardless of their role, amaze me every day. And humble me every day. And I think peer very much enhances all of the qualities and the passion you could ever want from your workforce.

In my experience, I've managed a variety of different services providing medium to long-term and, like DBI, short-term support, and I've intentionally embedded peer into the staffing structures and service provision around DBI. For me, it just makes sense. At any point of recruitment I always ask myself or my recruiting teams to ask why not

peer? It's not **why** peer, it's **why not** peer. Peer support generally is that relationship of mutual support where people with similar life experiences offer each other support, especially as they move through challenging or difficult experiences. People seeking and receiving DBI support are looking for a way forward through and from their distress and through providing peer, this demonstrates that we don't just talk about things, but we actually believe, you know, we believe in recovery, we model recovery, and we inspire hope through the people we support and also the people who we employ across our organisation.

DBI is short-term for, you know, support for distress and this can be a one-off support of contact or a short-term period of support over a couple of weeks. We know that we have to make every moment count. By providing peer support, this can instantaneously help to build rapport, trust, provide that time, space and compassion in a very short time. Approaches to peer support is very individual across our staff and it can at times be about sharing your story, but peer is not always necessarily about sharing your story. It can be as simple as sharing and describing that you're in a peer role. You have that lived or living experiences and this means that you have a connect and an understanding of what it feels like really to take that step to ask or receive support. How you feel having to start support and move forward and learn to trust and all of that. And how it then feels to take the steps to manage and overcome challenges. It can be very simple, and it can very much build a more equal and mutual working relationship as well.

Peer approaches to supporting distress. So peer connections are important. Because they are safe, they're non- judgmental and they help to reduce that societal stigma really through the voice of lived experience. Contributory factors to distress or crisis can include mental health. However, it's not just limited to this. Distress can include a variety of other challenges that any one of us can come across in our life and distress has a very wide reach. You know, regardless of whether you have that mental health diagnosis. And in all likelihood, we will all experience distress at one or more points in our life as well.

So peer approaches to supporting DBI are a core contributor, I believe, to success as a model of support. We're aware of vulnerabilities that can impact why a person became distressed in the first place and how then distress experiences can contribute to a person being, you know, vulnerable. And these could include vulnerabilities around self-harm. It could be suicidal thoughts and behaviours. It could be risks from others and also entrapment really when you feel we have no way out of our negative thoughts or our current circumstances that we kind of face and that we're in. It can also include what we believe to be quite a high risk and that is self-stigma. Meaning a person maybe believes they cannot reach out for help and support, especially at the time that they need it. And it can really stop a person seeking help when they need it the most. Peer helps to reduce these vulnerabilities through inspiring hope, through being that living example, things can change, support can be positive, and this very much lessens stigma. It welcomes that elephant into the room to talk, to share and explore. It's non-judgmental and it creates that

foundation for support to be proactive and meaningful and personalised to every person.

With DBI having such that, you know, wide reach, there is no standard case type that we see coming through. We support mostly 16 and over and the oldest person has been in their nineties from all walks of life, a variety of different professions, ethnicities, backgrounds, you name it. And DBI by design is lessening stigma. There is no shame to ask for help or be attended to if you're experiencing distress. Peer in DBI enhances this further and our Peer Practitioners also bring a wealth and variety of different lived experiences to enhance support for distress as well. Peer can provide a really solid foundation for us in our support and roles. It really enhances empathic engagement with people. Our peers have shared with me that they, you know, have that lived experience and they feel that this really supports them to relate to people and their experiences as well. And it really motivates them to want to help and support each person and try to understand what their motivations are, what their intentions are and what's important to them.

We find in distressed services this is pivotal because we're met with less resistance because this creates a support environment where a person's voice is the loudest in the room and they're able to direct their own support and find their own solutions. Through lived experience, we know that by meeting a person where they are, creates that safer space for them to be able to then breathe out. It helps them to focus, focus on themselves and what is important to them. Peer enhances that person-centred approach in many ways.

One of them, the main way, is that you know it's a non-clinical and holistic approach to supporting distress or crisis. It means that we know through that lived or living experience that clinical approaches can help, you know, in some ways for some people, but many of us will never or, you know, require that level of support or it's not going to be the right type of support to help us. We know there's a whole host of wellbeing resources at our fingertips, on our front doorstep, that can make all the difference. And our peer colleagues are definitely not shy in encouraging creativity when exploring what can help us feel well, happy, empowered. Peer support can encourage a person to widen that understanding for themselves, find out what wellbeing means to them, find their own tools, their own strategies and their own techniques to enhance their wellbeing that can make that difference and reduce their distress.

Our data shows that only 15% of people who have come through DBI support actually require to be referred or connected onwards from us to specialist, clinical or even statutory support services for further input around their distress. Our peer approach to distress is a large part of this. Peer and DBI moves distress support beyond more typical and conventional models of support and emphasises that we are our own experts of our experiences. Peer inspires ownership and for people to take steps for themselves to believe in themselves, building that self-awareness and understanding of their own reality while having the support to grow their own knowledge and their skills and build their resources to move forward to reduce their distress. That process of mutuality and sharing experiences and tips and resources, it can be really

motivating for people as they are mapping and navigating their own next steps. And I think a really big important one is that it can lessen the fear that's often around this and it can build the hope as well.

So my last slide and I'll finish up here, I'll let you read through our quotes, but it's some quotes from some of the people who have used DBI support and also some of our Peer Practitioners. The power of peer in supporting people in distress can really be seen in these quotes. I'll just give you a wee moment.

But I'm just going to say thank you for your time and for listening to me. And just one last thing before I go to take away is always remember to ask yourself: "Why not peer? Why not peer?" But thank you very much everyone.

Eilidh 17:05

Okay. Thank you, Rachel, a great question to ask: "Why not peer?" And if you also are watching and you have a question that is not why not peer? Maybe it's something else. Please pop it in the chat for later on when we will be doing our Q&A. But thanks again to Rachel for your presentation and we'll hear from you later on.

So next up, I'd like to welcome Thom Stewart to join me on screen. So Thom was a key partner in the establishment of Galway Recovery Cafe, which is Ireland's first peer- led, out of hours crisis cafe. So hello, good morning, Thom, how are you?

Thom 17:54:

I'm OK. Good morning. Apologies for any background noise. It's quite stormy in the West of Ireland at the moment, so you might hear some wind.

Eilidh 18:01:

OK, some added sound effects. Excellent. So tell me a little bit about the Galway Recovery Cafe. So what inspired the creation of it?

Thom 18:18:

I mean, I absolutely do appreciate being credited for a lot of the developments and delivery of the cafe, but I almost sometimes think that misses the point of collaborative work, co-production and a whole load of these areas. But I want to say it's a web that has no weaver, but I always think it's better to understand that a lot of things which are worthwhile will have multiple offers and while it can be attributed or credit goes places, I rarely think that tells the whole story.

So I'd probably start by offering apologies for my colleague Maria McGoldrick, who had hoped to join us here today, who would be speaking on behalf of Community Healthcare West, which would be our equivalent to the NHS. Does that make sense? She was Project Lead for much of this. But I'll do it three ways. I'll do a very brief bit on my own experience, but what I'd like to emphasise is that the project came out of growing together of at least sort of three stakeholder groups.

One, the sort of like lived experience piece which I happen to represent if that makes sense, another part more sort of progressive elements within sort of recovery oriented statutory services in the West of Ireland. And then thirdly, the sort of community and business interests, and I think that's a shared value piece which these sort of approaches can achieve, which are exceptionally difficult to achieve. Conventional means if that makes sense.

So in terms in terms of my own, it's pretty simple. I'm 44. I've had 36 years approximately lived experience of suicidality. So it's past postgraduate at that point, you know what I mean? Yeah, but more specifically there were, I was involved in a peer mental health charity at the time, a nice number of friends who had issues and the very specific cases in which the best way I can put it is, no matter what I could do, I was unable to help. So it was quite traumatic. It wasn't quite moral injury, but it left a mark, and I knew that I couldn't do anything about it personally. So I did the best attempt at working through I could, which was to attempt to, rather than complain, to try and propose or see if anything could be done in the area. And I put a bit of my life towards doing that for a period. So I won't go into those flash board memories, but I won't talk about this as a recovery journey. But it did help me deal with the trauma.

I often think that men, especially over certain types of people, doing something about it is also more helpful than talking about it. Very big on that. So I have to do something about it when I go crazy. Pardon the joke.

So, on the sort of community and business side. You would have had two community champions, one of whom was a guy called Kevin Nugent. He ran a local cafe which was quite swish, called Mr. Waffle, which happened to be directly across from the emergency unit. And was free out of hours. And there was another community champion called Niall O'Toole, who had been doing healthcare consultancy work for the NHS and other people, so they were inspired by models like Aldershot. I was inspired mostly by peer approaches in the community which we were already doing, but which were clearly at capacity, if that makes sense.

So and at the same time there was also the more recovery- oriented elements of the mental health service who were essentially trying to reach out. A lot of it developed out of recovery colleges in the culture which came out of the recovery college movement, especially in the West of Ireland. So that meant there was more openness on that point. At that point I basically just walked back and forth telling people, hey guy over here would like to offer the out-of-hours' time for his cafe. Would people like to consider that? Went around a little circle for a short while. If you get what I mean.

So what I'm what I'm getting at there is you do sort of need a fertile context for these things to happen. And in this case it was there and I'm

hoping I'm crediting most of the people who were involved. Would that make sense?

Eilidh 22:46:

Yeah, it does make sense. I think it really speaks to you know, you talked before about co-production and how it's a web of key players and people. But you're right about having that fertile ground where people need to be interested or open to it in order for things to come together.

Did you find that, how did you find bringing together the mix of mental health services and local businesses and people who were seeking support?

Thom 23:20:

Oh yeah, no, that's literally what I think that's what I would call the fun bit, if that makes sense. Because I do think things like co-production, I think sometimes people look at them and they think it's sort of like a method or whatever, whereas I use a different way. I think it's close to an ethos or a way I think about it is, in terms of whatever you want to call public service or community, and that sort of ethic rather than that as being, you know, public services for public servants that, you know, broadly people want to be able to help, people find it quite frustrating not to be able to help. And if you can have those sort of like more open processes rather than something which is closer to our consultative or that sort of managerial model, I think it's actually relatively easy to bring those pieces together.

As long as, and I think this is a clincher, you're able to offer a relatively neutral open space, which is kind and forgiving because everyone has baggage, if that makes sense. Nearly everyone is sort of wired based on their past experiences and whether they're in organisations, whether they're in the community or otherwise. They are a lot of times, whether it's fair or not, it's very hard not to bring those experiences with us. I'm a big believer that, as much as individuals have trauma, organisations also have trauma. In Irish context, there's a whole history to this which may not apply in the UK, but we certainly have that.

So, this is one of the ways in which what we did was slightly different, and I might try and come back to it in the advice segment as well, which is relatively uniquely in Ireland, we have a statutory service that was designed from the ground up by peers with a relative blank slate. And that doesn't happen that much. What tends to happen is well-meaning people in organisations have a rough idea of the direction they want to go and then they check in with people as to that. And that's great and I'm not against it. However, that's not what we have.

So at this point we had the asset of we had a well-meaning cafe owner. Who's more than willing to, before the project existed or even had much political traction, if you get what I mean, was willing to let us use the space. So we moved the health services' mental health forum to the cafe. And there's a point here about environment. This is, so Kevin, Kevin will give out to me. It's not that.., it's an upscale cafe. It's a non-institutional environment and in daytime it's just doing absolutely normal, selling sandwiches. And I think that that makes a huge difference because I

think that the environments, the environments bring conditions and have psychological effects that we don't always even notice ourselves, but are immediately obvious if you're not from there and you walk in.

So in this case, because somewhere was, and is, completely normal daytime, we then went in in the evenings and quite literally just sort of like workshop and dramatise how we thought we would run a space. We'd basically just role swap and things like that. We'd have healthcare staff pretend they were in crisis. We have people who were, you know, experience of acute services pretend to be a cafe staff. And we sort of kept doing that. And it was actually great fun for everyone because that's quite light- hearted.

And there's a point here of role identification. We all get terribly identified by our roles. We're caught up by them, possessed by them. So in that sense, the design piece is quite different. The delivery piece was also quite different. And there's a logistical point here in terms of pre-projects planning because we were able to have peers resourced at pre-project stage, rather than bringing them in downstream, which is actually challenging for organisations for reasons which I think we all understand. But in our case, we were able to have peers involved and even compensated at all stages of the project lifecycle. From design, on the recruitment, you know, that entire piece, yeah, which allows us to just to do something slightly different.

In the same sense one of the ways in which what we do was different to what conventionally happens here in statutory services, is the project had,

due to because we've included the stakeholders who I've mentioned previously, we have multi-stakeholder governments on the project. And there's a number of advantages of being able to bring in those different stakeholders in a formalised sense. That I think for more silo-based working, you aren't able to get those advantages, whether in terms of perspective, whether in terms of the pro-bono skills, expertise.

And the point I might return to, in terms of being able to bring in assets, tangible and intangible, to an organisation broadly. And I think that that boundary piece is something which approaches like co-production can do, which other approaches might struggle with, if that makes sense.

So we built not an acute hospital, if that makes sense, but we built a reception zone in a completely ordinary cafe. A phrase which I'd usually use is that one has high quality care in an ordinary environment and here I might like drop back to, I think it was Rachel, institutional demedicalisation because I think that the environment goes a long way towards delivering those aims.

Eilidh 29:28:

Yeah and what kind of impact Thom have you seen the cafe have on the community but also within the wider mental health system?

Thom 29:42:

Well, there's a quote which was attributed to Chairman Mao. I'm not sure if it's true, which is, he was asked about the French Revolution, what the

impact was, he said it was too early to tell. But I can certainly say that no sooner had national policy that there should be crisis cafes being printed that we were effectively delivering. While I can't say that we take credit for the policy shift in the country since then, which has delivered a number of property equipment models across the country. I do think it was helpful towards achieving those aims. So, that's a piece of impact there. In terms of the direct impact at the recent peer reviewed study, which I can provide.

Eilidh 30:34:

Yeah, we can share that. We can share that with folks, yeah.

Thom 30:38:

So I'm always a bit nervous about talking about these things because I sometimes think that, especially abroad, sometimes think a lot of people would be like, oh, we did all this 20 years ago, if that makes sense. But I'm not sure if we did.

The piece of impact which I'm most curious about is actually in terms of the integration of lived experience piece. I'm probably not going to talk for the institution, for Community Healthcare West here today, I'll be talking closer to from my own perspective. If that makes sense? But I'm a bit of a champion in terms of the lived experience piece because, and I apologise very much if this sounds uncharitable, but I sometimes think that it's actually missed thought as to what its purpose is. And I think that this misthinking means it is understood as a nice to have rather than a

need to have. And I earnestly ask that colleagues on the other side of the aisle try to address this piece, which specifically is on the, I think there's two broad roles to bringing in lived experience.

One is around equity and representation, and that's absolutely great, but the bit I'm much more interested in is the piece around efficiency. And system functionality. Well we talked a little bit about impact and I guess what you're saying is, well, how how do we measure the impact? You said it's too early to sort of know the impact. You can see that there's some influence growing. I'll do a very short tangent there, which is in terms of impact and measurement, yeah, because I've gotten a few conversations about this because I think organisations have their own internal logics and you know, there's KPIs, ideas and whatever else. But in terms of if we're saying, you know, measuring success, you have a couple of problems.

One is what I think is called 'Good Hearts' law. You can have a number and it can be a good metric. Or it can be a target, but once it's both the target and the metric, it ceases to be a good metric. Or it ceases to be a good target. And this is a hard problem in terms of organisations. Also, you may have a much better situation in the UK, but in Ireland in terms of outcomes metrics, I think it's actually quite a thorny area because I don't see how our supply chain, there is a lot of SLA-based outputs-based metrics. And there are a whole load of SKPIS for all the rest of it. But my slightly uncomfortable joke on this is, there seems to be a whole outlook that we're in a car or a bus. There seems to be a whole load of dials which show how fast we're going and how much petrol we're using. There

doesn't seem to be a very clear idea of where we're going and how much closer we are to getting there that is shared across groups.

So if I push the point slightly, and this goes into co-production and commissioning, unless outcomes metrics are co-produced, they now, users and professionals, how can we properly think that they represent reality? You have a much better situation than we do here. But I've brought this up at various levels here and I'm not particularly satisfied with where we are as a country, if that makes sense.

Eilidh 34:24:

Yeah, I think when we talk about impact as well, I guess I was curious to know just the tangible difference you see when you're within the cafe, when it's happening around you, you know, the impact that that has. But yeah, I appreciate what you're saying on that there, Thom, about how we report on that.

And you talked a little bit about this before, about the sort of conditions and the things that we need when we're bringing people together, you know, the elements of co-production and what it takes to collaborate on something like this. Which is quite different, you know, the model that you have here is, the way that you've worked together isn't that common within the mental health sector.

What advice would you give to people who are looking to do something similar within their own communities?

Thom 35:22:

I'll do the organisation side, then I might try and come back to the community side. I'd actually ask sort of an awkward question or two at the start because I think people sort of jump into things knowing it's a good idea and move from there. And sometimes, sometimes I think there's a potential for failure in that approach. So on the nice to have versus need to have. Yeah. A certain project or broader piece of work. I think it would be helpful if people ask themselves the question: "Why can't this work without co-production? Why can't this work without peer?"

And if you can't answer that question then, again, this is just very useful, even in terms of explaining to other people why it's necessary. Yeah, So users especially often see gaping flaws which might not be as visible from a 10,000 feet view because they're the ones hitting the door, if that makes sense? Yeah. So in terms of efficiencies, in terms of service touch points, in terms of all of these things. There's also often a very large problem, which is what I think in the corporate world is called dog breeding, which is if people don't use the services that they run, then there's a disconnect.

So this happens quite frequently. I see it happen a lot in NGOs, I see it happen to a certain extent in statutory services. Because you will never have the perspective and your brain physiologically will not be able to understand the perspective because you do not, quote unquote, "eat the dog food that your factory makes." You could use that sort of restaurant

analogy or something better. It's just, I think it's called dog food, if that makes sense.

So that's one of the pieces which I think structurally has caused a need for lived experience to be reintroduced into organisations because that disjunct increased in size and this then actually becomes a management information system's problem because you know, the hands can't feel what the objects are touching. And this yeah, I've seen quite a bit of this.

Another part is, and this is sort of, you know, we will all have our egos or whatever else, which is I think it's much more useful to, no one will like this, but rather than just straight, you know, how can we improve? Asking where are we failing? And this is a bit like, any complaint is one of the most interesting pieces of information you can get, because it's highlighting very clearly points of failure and every complaint has a ratio for how many other people didn't quite get around to complaining. And I say in Ireland because Irish people like to complain in private but will never complain in public, if that makes sense.

So, in terms of taking it back to the more community side, if I was coming from a community activist side, going from that complaint piece, and this is just something we have hugely here. So if you're on the community activist side, I think it's much closer to the one needs to come bearing gifts, one needs to have mobilised resources and moved towards saying we want to do something and this is how much we can bring to bear.

As opposed to trying to approach, which I think is sort of cultured into people, sort of needs-based approach where we go, oh, there's a huge

gap here and it's critical and we need resources. Because I think that, A. People are very used to hearing that. B. It puts a brain into a scarcity mindset, and C. It's actually quite demoralising for the person.

The same as, if you as an individual, have to try and perform a need in order to access services. Which was actually one of the main things that came up in our workshops, in terms of accessing crisis care, that people have been in conditions of acute stress where like we actually have to perform acute distress in order to meet criteria which have been set by someone who has no experience of distress, and they can't even understand how distressing that is.

Eilidh 39:56:

Yeah. No, that makes sense Thom. So it's about, I guess, yeah, for communities having their strengths and bringing strengths and coming forward with that instead of a needs, what do you need? It's what do you have, what can you bring? And you build, you build on that.

Yeah, Thank you. That's a really, really interesting conversation, Thom. And I'm sure we had plenty of questions coming in throughout that. So thank you.

Next, I would like to welcome all of our contributors back onto the screen and to also welcome Holly from the Scottish Recovery Network team who will be leading on this Q&A section.

So Holly, you've been working to gather some questions for this part, so do you have one to kick us off?

Holly 40:50:

I've got a few questions we've got. I've been looking through the chat, we've got lots of real gratitude for our contributors and I think people have found the presentation Rachel did and the conversation you've had with Thom really inspiring.

And I think what's been really interesting is seeing the kind of, the different examples that you've brought. So the example of DBI and really Thom that focus on how the service is being developed within Galway and that process and really, and some of the key questions, which I thought were brilliant was, you know, why, why not peer? And why not co-production? And so I think that really stood out.

And so I've got a couple of questions. I think the first one would be more for Rachel and that would be, and Thom please do pick up as well. But the first one was around what are some of your thoughts and experience around supporting peers working within crisis services? And kind of what does that look like?

Rachel 41:55:

I mean, I get asked this quite a lot, I think, whether it's a crisis service, a non-crisis service, I don't think it's any different than how we support anyone of us in a supporting role. You know, we've got people who we

employ because they've got the skills and the strength and experiences that we're looking for that we know that can really benefit who will access the support. And then they're employed, and we've got a duty to support them, their development, their training, their wellbeing and all of that.

So I think it's just about us having a very individual approach to each staff member that we have, regardless of whether they're in a peer role or not. And support them to kind of be self-aware of their wellbeing at work, how work is impacting. We've got lots of wellbeing tools. We use a workplace wellness action plan, WRAP, and things like that. You know, there's lots of different tools that can really support people to feel good and well at work.

I mean, I think, in crisis and distress, it's fast-paced work, it's back-to back. You're there, you're sitting with people, you're alongside people who are sharing their experiences and what have you, you know, and we understand vicarious trauma and all of that. So they're fully trained in understanding that and how to recognise if they are feeling impacted in any way to reach out, we debrief and there's a lot of reflective practice that takes place, whether that's one-to-one or whether that is in a group. Groups are very favoured across DBI of staff coming together, not just from one part of Scotland, the whole of Scotland, try and gather them as much as possible to be able to share and support each other. Whether it's the good, the bad or the ugly that we're sharing as well.

So you know, I think, I don't see it any different and I don't know if that's just because for me it is no different. I've always kind of worked with peer

and you know, it is no different in my experience of working in any, you know, with any other role, to be honest with you. I don't know if that answers the question.

Holly 44:08:

No, it does. And I think you've really picked up on some like tangible things around like the peer network, you know, for those, you know, working within the service and things like reflective practice and debriefs and stuff like that. So thank you, Rachel.

Thom 44:23:

Look, could I just cheekily pick up on that?

Holly 44:27:

Of course, yeah, absolutely.

Thom 44:28:

I won't address that from sort of formal service side, but I'll do it the other way, which is there was, there was a report recently in Ireland which went across sort of like peer integration services, and it was about 60 pages or something. But towards the very end they noticed that if the culture of staff in mental health was more open rather than, shall we say, apologising or medicalising, there might not even be a need for peers.

So I'll explain it as a joke. If I was a physical doctor and I said to you, I've never had a physical problem in my life, you'd go, something's a bit odd

with this guy, if that makes sense. But it's quite routine for people who work in mental health. And in fact, it's actually quite threatening for them to do the opposite, to disclose. So I mean, one of the moments which sort of changed the redirection of my life was my work with mental health services. I actually have dual citizenship on this issue. I can't remember his exact words but they were quite humorous after that, but he quite openly refers to the fact that he had seen things from both perspectives. And this is something which I find is terribly interesting because it's a bit like coming out of all sorts of things like that, you know what I mean? Which is peers can often tell in organisations whether someone is peer, even if they're not labelled as a peer. Yeah, even if they do not disclose.

So I would say, especially in mental health services, the most helpful thing which can be done in order to improve mental health services - I can't speak to the level of staff training and whatever else, I'm not going to go into that - but the most helpful thing that any individual in a mental health service can do is disclose to other people, I will actually just do it personally, about their own mental health journey because I firmly believe there's two kinds of people in the world. There's people who are willing to talk about it and admit it to their issues of emotional distress. And there's people who are unable to admit to those issues.

Holly 46:35:

I think, Thom, it's a very interesting and insightful point and I think we could have a whole webinar on culture. So we'll, we'll move on to the next question. But I really appreciate your insight there and thank you, Rachel.

This is a very specific question actually, Thom, that's come through the chat around whether the roles within the cafe, the community cafe, are paid and/or volunteer?

Thom 47:02:

I'll address that. The model on which we initially setup, because we had deep concerns, because there had been a number of cases where we already had a volunteer care support organisation in the community and we'd already, quote unquote, come to the limit of what we felt we could do with volunteer peer labour. And in another sense, some see some resistance to that because it's never-ending. Yeah. And it's quite different to, you know, the risk of burning out volunteers is very high.

In a number of voluntary organisations, staff who have volunteered or otherwise, the pressure can be much higher. So those of us who were initially trying to bring things together, one of our red lines was that they would be paid. Sort of like half-time, part-time paid. The model which has evolved since then, which I've no objection to, is a mix between the two so that the national model is closer to that, if that makes sense? Yeah. And again, I have no issue with that. What I think is important is that there's clear progression rather than the situation where someone might be, quote unquote, expected to volunteer because I think once expected to volunteer, an organisation has crossed a moral line.

Holly 48:24:

Yeah. Yeah, I hear you. Thank you, Thom. Yeah, I think that's clear. And actually we do have, and I think Thom had mentioned this, was an evaluation and sort of an initial evaluation of the, the service and we'll share that after.

And actually I think there's a brilliant quote that sits at the front of that document, Thom, which I think might be your own quote and we've used it. It really captures the stuff you're talking around. The real kind of foundations of co-production.

And this is a question for both of you. I'm conscious of the time and it would be great to hear from you both around this. So building on kind of what you've spoken around strengths Thom and Rachel, the "why not peer?". How can we make the case for peer bolder?

Rachel 49:14:

I think we're quite humble in the voluntary third sector and all that. I think we are also caught up in loops of commissioning and funding and all of that and I think making sure that there's importance of having time to be out and shouting about things needs to happen more. I think there was talk about impact as well. And again, you know, measuring of impact and not just outputs and numbers and things like that definitely needs to be enhanced and supported as well.

And, you know, again, I think when we look at peer and where that sits, you know, and the delivery of support in communities and all of that, it's generally, again, there's a lot of firefighting and maybe not enough

resource and time and that. So I think it is about organisations pulling together maybe. More, more collaborative approaches to being able to kind of, you know, spread not just the awareness, but the importance of what we know peer can help people achieve in all areas. So yes, I think yeah, that's just a general answer. Sorry.

Holly 50:35:

No, no, it hits the mark Rachel, and I think you've made a really good point around just really celebrating and being able to understand and articulate the impact of the peer relationship and why it's different and how it's powerful. And yeah, so thank you for sharing that. Thom, what do you think? How can we make a case for peer bolder?

Thom 51:00:

Oh yeah, no, I think it's partially the same. But one, I think if co-production is not there in commissioning and decommissioning then we're just tinkering at the edges. So the actual question is how to do that? Yeah. Something I'm very interested in. The second part is, unless your outcome metrics which are shared across organisations are co-produced, how can anyone in good faith claim that they are valid? I don't think you actually can.

And this is something which is, like this is absolutely understandable to an absolutely everyday person, and yet most of our systems and processes don't seem to have incorporated this insight. If it's in terms of decommissioning especially. I think if you were able to marshal sufficient

people through, sort of like, systems, saying that it's participant-sponsored or otherwise, you could, and this part I find interesting about it, you could get incredibly robust data on how efficient services were at a fraction of the cost of hiring consultants to do assessments and whatever else. You get something close to a census random assessment, you'd go, this is your catchment area, you have £100, you are now going to distribute your £100 as if you are a commissioner across the services in your area according to how good you think they are.

Yeah, you could run that for very little money. You would come out with hard data on service delivery that was disintermediated from consultants that didn't have conflict of interest, all of that piece, because I think that the problem is, especially if you're commissioning a piece to do an evaluation, there's, you know, there's an inherent conflict of interest and people tell people what they want to hear. And the more levels of management you have, the more levels of telling people what they want to hear and trying to make sure that they don't hear the things that they don't want to hear.

All the rest of these organisational problems happen. But I think you need to go directly to people, and you need to give them a simple method, which any normal person could understand, by which they're able to ascribe value. Yeah. And I think you can do supply chain management very easily with, frankly, you could do it with small kids and people's bake sale, and they would fully understand. They would have no problems understand it. And you would have a much better evidence base than anything I see done in, even if someone hires in a common

mathematician. I'm very sorry but these things are all made up. Yeah, yeah. People support evidence based as if it makes everything go away.

Holly 53:39:

Yeah, thank you Thom.

Thom 53:42:

I find it very odd. I think some of this is because I come to this as an outsider. The other one in terms of making it bolder is you go, well, do you have lived experience or, I like the phrase "lived expertise", because I find it more useful because I think there's a Venn diagram. It's just people who have experience.

But in order to actually be able to do things and function as a lived expert, there's a whole lot of domain-specific knowledge and tacit knowledge and whatever else that you need. Otherwise, you're kind of brought along, if that makes sense. It's quite a narrow intersection.

Holly 54:20:

Thank you Thom. Yeah, I'm going to have to pause us, I'm so sorry. We could go on and on. We've got two minutes to go. But I really appreciate you sharing Thom and I think you've really recentred us in, actually, like a really fundamental approach and way of thinking and really brought in the conversation about commissioning and decommissioning. So I really appreciate that.

So I'm going to pass back to Eilidh. Appreciate your input both and yeah, thank you. Eilidh over to you.

Eilidh 54:49:

Yeah, thanks Holly. And I guess with the final few minutes, I just also wanted to thank both our contributors today, Thom and Rachel. It's been really brilliant hearing from you both and this discussion we've just had as well has been really insightful. So thank you both for, for joining us and thanks to Holly for facilitating that there. And lastly, thank you to our attendees as well for joining us.

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