

In conversation with...

## **Penumbra South Angus Peer Support Service**

### **The role of peer support in early intervention**

#### **Information**

This short 'In conversation with..' film focuses on peer-led support as an early intervention approach to helping people stay mentally well and what these types of services can look like in practice.

Jim McEvoy, Peer Support Mental Health and Wellbeing Worker and Steve Hardie from Penumbra's successful South Angus Peer Support Service, talk to our Projects Coordinator Eilidh Hollow, sharing their experiences of operating out of five GP surgeries and providing over 100 peer-led appointments a week.

#### **Eilidh 00:05**

Steve and Jim, you're from South Angus Peer Support Service or Peer Service. I think just to kick us off, it would be great if you could tell us a little bit about the service, just to set the scene a little bit. So what is it and how is it delivered?

#### **Steve 00:25**

Sure. So we are currently commissioned by the Angus Health and Social Care Partnership to deliver two peer support services in South Angus. The

contract is actually for the whole of Angus, but it's split between two providers and so Penumbra provide the support in the South of Angus.

So we have an adult peer support service that is open to anyone 16 plus living in South Angus and we have a young person's peer support service which is open to any young person 11 to 15 attending secondary school in South Angus. So we have a Peer Worker assigned to each GP practice in the South of Angus, which I think is five in total, and we've got six Peer Workers. And then we've got four secondary schools and we've got two Peer Workers that kind of go between the four secondary schools.

So essentially what it is, the Service Commission to deliver two types of support. So one is one-to-one support, which is designed to be sort of short-term intervention, so usually between three and four appointments and they also offer group support as well. So we would typically across both services run a block of workshops once a quarter, so four times a year, looking to bring relatively small groups of supported people together, usually no more than 12, probably averaging six to eight in reality. And they're sort of discussion and activity-based workshops designed to get, you know, support with people, more knowledge and understanding around their mental health and some of the issues that they're dealing with.

The one- to-one support that we offer is very person-centred, so it's very led by the person that's sat in the chair but, I suppose what underpins it all, is that peer element and that sort of shared understanding. So our Peers will use, you know, their own lived experience as well as kind of the

training and knowledge that they've got, and they've developed over the years to kind of support people towards sort of a meaningful interaction for them.

That might look like, and Jim will tell you, he's a member of staff in the service, but that could be people just looking to feel heard initially. So look at the sort of just chat through kind of what they're feeling, what's going on for them. For others it could be actually like I want to work through this particular issue so it could be anxiety for example. So it could be working through self-management tools and resources, going through coaching them, techniques, and things like that. I suppose what it looks like person to person is going to be different every single time and it's going to be sort of what is meaningful for that person.

Is there anything you would like to add to that Jim?

### **Jim 03:11**

No, it's exactly that. Quite often folk are going to feel a bit more comfortable talking to somebody who is not a clinician to begin with, especially if you've never dealt with clinicians before, because clinicians tend to be an awful lot of questionnaires and not much opportunity for you to talk if you like. A lot of folks find it really helpful just to open up, as Steve said, feel as if they've been heard and then we can start to look about how we can work on that. Work on what it is they need to work on. So yeah.

What I really loved about peer when I was in recovery, I mean, we use peer as a sort of new idea, but I mean, I went through my recovery a long, long time ago and I had mentors and sponsors and people who were pretty much Peer Workers. And what they never ever tried to do to me, they never ever tried to diagnose me. They'd never ever tried to medicate me. They never ever tried to take me on a medicalised, a medical model of recovery. What they did was help me find my own path forward. And helped me discover that rather than impose it on me. And that's what I like about peer. We can also coach, help folk navigate later on if they have to go further with clinicians. We can help them navigate that process a bit, make them feel more comfortable about going. So yeah.

#### **Eilidh 04:57**

And what does your role look like Jim in practice as a Peer Worker within the service?

#### **Jim 05:04**

It's quite varied. I'm in Monifeith at the health centre at the moment and sometimes here the area is a wee bit more affluent. So quite often we'll get people turning up where it's more of a situational problem. We can help them, we can help them regulate how they're feeling, their emotion a bit, and then we can help them problem-solve after that and look at that. A lot of young people or younger people presenting with anxiety, a lot of people self-diagnosing, looking for ADHD assessments and things and we can help them discover a wee bit. Is it really that or are you

ignoring past trauma or something, something along those lines, do we need to do that?

And we'll help, we'll help fill out the next referral, for them, et cetera. So we'll do that. We'll help folk resolve an issue, problem-solve. We'll help them with referrals, we'll help them decide what they think's going on and sometimes feel heard and that what they're going through is quite normal, if you like, it's often a part of a journey of life.

So yeah, if I was in the crisis centre, which I am at weekends, it's more about regulating emotions and helping folk, helping them bring down their distress. And calm people so they can problem-solve, et cetera. So we either distract them or talk them down and then try and help, maybe see them again to try and help them on a journey probably with the last participants (Wellbeing Works), they're pretty useful as a referral source in Dundee.

### **Steve 06:58**

We can give you a bit of context, if that's all right in terms of how the service got to where it is now, which is obviously a commission service. We've just been given another three years of funding from the partnership, which is really, really good. But it goes back to sort of 2016 when we kind of went through a test to change.

So essentially what happened is we as an organisation, we're working in the community anyway, one of our workers sort of identified an opportunity to actually, this sort of might work, having a peer attached to

GP practice. So they kind of chapped the door in a local GP surgery and went would you be up for giving this a go? And they sort of agreed and it went from there. So that's kind of how it started. It started from an idea and there's now sort of a commission service. 2018, two GP practices actually then provided funding for Peer Workers one day a week and that went really well.

So that in 2020 the peer service was then commissioned by Angus Health and Social Care Partnership for four years. And then it was going really, really well. So in 2021, that's when they decided they wanted to replicate it for young people. So the young person's part of the peer support service has been going since 2021. And then, like I said, taking this up to 2024, we've now been given another three years of funding.

So it shows you like how the service is sort of developed from an idea, one Peer Worker one afternoon a week, to now we've got six members of staff attached to every South Angus GP practice. It's been a really, really, you know, positive journey and I suppose some key stats that might be useful to note, so the people we've supported in that time in the adult peer service has been between 60 and 90 years old, but 18- to 25-year-olds most frequently access the service in the south. And actually in the north, which is provided by the other service provider, it's 30 to 39. The number of referrals to both providers since the beginning is over 12,140. So that's between both service providers and that's a rolling number. So actually that number will be higher now than at the time of writing.

The highest reason for referrals; anxiety, low mood, and stress, but other notable reasons are work, stress, bereavement, sleep, relationships, depression, and general mental health.

And I think the other really important thing to highlight here, given, you know, the wait that there can be for mental health support is the response rate. People are contacted within sort of three working days, and they're offered an appointment within 14 and that's across the North and the South. So support with our peer services generally starts really, really fast.

### **Jim 09:55**

The GPs seem to really like it because we work as a wellbeing hub. So we come together as a group, including psychology, drug and alcohol team, et cetera. We come together every day. Somebody attends that. But what peers have been able to do quite a lot at the time is, once folk realised there are tools there and they got a bit of coaching on how to use them and they see that your peer, that they've worked for me and other people, it stops a lot of folk going on to level two cycle. They don't need level two psychology, et cetera. So it's quite a money saver in its own right if you like as well. So yeah, yeah.

### **Eilidh 10:41:**

And these are things that we know, don't we? You know, that if we get in early, if there's a support there at the beginning, that often people don't need to progress into more intensive therapeutic intervention and of

course it saves them money in the long run. But what we care about is that people get the help and support that they need, when they need it.

I'm wondering a little bit about Peer Workers, so how do you think that they enhance the mental health support that's available in South Angus?

### **Jim 11:19**

How? I think it is the possibility that people have often reported they felt heard, like we said before, this seems to be key. As an older worker, I think it's pretty, pretty useful to have some older workers because there's an awful lot of isolation out there and folk are getting referred with things like low mood and anxiety and when we get speaking it's really isolation. It's bereavement, et cetera. They've not been able to, so being able to then signpost them or connect, I prefer we usually connect people directly rather than just signpost them to somebody who can help get them involved in community activity or whatever they need. And that often resolves that issue itself. We'll certainly look at signposting people further on to things like Silver Cloud et cetera if we thought they needed a wee bit extra.

Yeah, the opportunity to discuss as a Peer with other professionals for the hub is a really useful tool as well. Every morning if you need to ask a question, take a bit of advice et cetera.

So I suppose a contribution we are making is a pretty quick response, an early intervention, folk are getting heard. And it's usually within three days. We say a fortnight, but we're usually connected with people within



three days. And the relief in somebody's voice when you phone them to say that I can make an appointment for you. It'll be a wee bit further along, but here's what we can do. And here's some stuff I can send you now that might help. So, yeah. I can imagine for people coming along to the service that's a great relief, you know, to hear that it will be a few days rather than, you know, weeks or months at a time for support.

### **Steve 13:22**

Again to give a bit of context, so we, this is a relatively new approach. It's been going on in the north of Angus for a couple of years. It's new this year to the South. But Jim mentioned kind of the hub approach.

So there is ECS hub, which I think it stands for Enhanced Community Support Mental Health Hub. So basically this is something that's happening across every locality in Angus now and every day like sort of an MDT team of professionals will come together. So you've got, you know, clinical support, you've got community mental health, you've got psychology, psychiatry, you've got third sector as well. So you've got like ourselves, you've got AIDARS just lots of professionals that work in mental health, and they'll come together every day.

So basically really what our partnership have tried to create is like a one-stop referral shop, so people who actually they can self-refer to this hub. Or, you know, professionals can refer into it, but basically everyone will be discussed by a team of professionals, and I suppose the most appropriate support for that person agreed. And then that organisation will go away and make initial contact. Which is really good. And I think like our peers

are there in the South Angus every day. And actually how this relates as opposed to how the peers enhance what we're doing.

And I think what's been really good is when sometimes that the referral reason isn't clear, because people can self-refer sometimes like the reason for referral is just something like mental health. And that doesn't really tell us a lot about what support that person needs, what issues they're facing and what generally happens in those cases our peer team will make contact with those people and have sort of initial discussions.

And our peer team are very good at sort of getting information out of these people. Do you know what I mean? Like really having a meaningful discussion about what's going on. And then our peers can go back to the hub with that information. Actually, I've discovered that they've got this going on and a referral to psychology might be more appropriate or actually they're dealing with lots of complex trauma, they might need assessed by CMHT, you know, and that's something that you know, our peers have brought to the offering in South Angus, it wasn't necessarily there before, you know.

### **Jim 15:52**

Definitely, and it helps the service user, or the supported person feel more comfortable about moving forward once we explain that there's a better support there for you, I think you're right, Steve.

## **Eilidh 16:09**

Yeah, thanks both. So you mentioned that you've got a new set of funding, you're going to be around for the next few years and hopefully further into the future. What would be, what are your plans for the future, but also what would be your dream for peer support in South Angus?

## **Steve 16:30**

I don't know what you would say, Jim, but I think for me, like do you know when you're operating as a commission service, you're sort of block of funding to block of funding to block of funding to block of funding and as much as you are, you know doing the best that you can with the funding that you've got. I suppose you've probably always got an eye on the future and what's ahead.

And I think for me, my dream would be that the service just almost, sounds ridiculous to say, like an infinite amount of funding. But you know, I mean, if we move away from that sort of commission-based thing and actually it's just sort of like a fully funded service that continues because I think it is and has been that valuable to the community of Angus. I think it's something that should be around forever.

## **Jim 17:21**

For me, similar, but I would like to see the three or four appointments are a useful starting place, but for people who might not need to go on to level two psychology or psychiatry or whatever, I would like to see a seamless move into some sort of wellness intervention that we used to

have with the likes of Nova et cetera, or like Wellbeing Works. I would like to see that in South Angus where we can move smoothly into continuing to support somebody develop their wellness, maybe even a WRAP or whatever and help support them through their Wellness Recovery Action Planning and allow folk to engage in stuff like that because we do so much. And then if it's left hanging, there's so that's, that would be my dream. A proper wellness centre, a real wellness centre.

### **Eilidh 18:22**

Yeah, great. Well, thank you both Jim and Steve. It's been really great hearing more about the goings on in Angus.

Filmed as part of Scottish Recovery Network's Peer Connects programme.

### **Get in touch**

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

- 0300 323 9956
- [info@scottishrecovery.net](mailto:info@scottishrecovery.net)
- [www.PeerRecoveryHub.Net](http://www.PeerRecoveryHub.Net)

British Sign Language (BSL) users can contact us directly using

[Contact Scotland BSL](#)



**#PeerConnects #PeerSupportScot**