

Background paper:

Designing Peer-led Mental Health & Addiction Services for the Southern District

This is a background paper for workshops to be held around the Southern district in November 2022. We will be looking at **pages 17 – 19** of this document as a starter for our discussions.

If you are able to, it would be helpful (but not essential) to review these pages before the workshop.

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The purpose of this discussion paper

In 2021 there was a major review of the mental health and addiction system in the Southern District. This resulted in a report called **Time for Change- Te Hurihanga**.

As part of implementing Time for Change Te Whatu Ora (Health New Zealand) is going to develop some peer-led services in Southern. To do so, we need to design a **“model of care” for peer-led services**. A “model of care” is a way of describing what type of services we need, and how they should work.

In November 2022 there will be workshops across Southern to design peer-led services. **This paper has been written to help people to prepare for the workshops**. If you would like any further information about the workshops, or have questions about the paper, please contact Gemma Griffin (gemma.griffin@southerndhb.govt.nz, 027 562 3400).

It is critically important that peers are involved in collaboratively designing peer-led services. **This paper has been written for peers, by peers**. While our focus is on supporting peer involvement, we welcome the voices and contributions of everyone who has an interest in developing peer-led services in Southern.

This paper has three parts. **Part one** provides background information about Time for Change and key national documents. **Part two** provides information on important terms and definitions, and evidence about peer services. **Part three** is about designing peer-led services for Southern. **Our workshops will be based on the questions in part three**.

“Recovery can be infectious. Simply seeing a person living in recovery – when they have travelled a road similar to your own – can be life-changing.”¹

Part 1: Background

What does Time for Change say about peer services?

Time for Change made a range of comments and recommendations about peer services.

¹ National Committee for Addiction Treatment and Matua Raki. *Growing dedicated peer and consumer roles in addiction services*. <https://www.lattice.co.nz/documents/aod-brochure.pdf>

It was acknowledged that:

- If people had **access to more options**, including peer support, they might be more likely to be supported at home and not need inpatient care.^{2 3}
- There are **gaps in crisis respite** services, including peer-led crisis options.⁴
- There was strong support to develop **peer-led community day services** (day programmes).⁵

It was suggested that:

Workforce

- The mental health and addiction system should **harness the skills of the entire workforce**, including peer workers.⁶
- There is a **need for more peer support workers**,⁷ including youth peer workers.⁸
- The peer workforce should be considered when designing crisis respite facilities.⁹
- There should be **investment in the growth and development of NGOs** to deliver a broader range of services, including peer support¹⁰
- There has been very **little progress on developing the peer workforce**.¹¹
- Te Whatu Ora needs to put in place **organisational and system supports** for the peer workforce, especially if they are employed in non-peer organisations.¹²

Services

- That people should have **more choice about services**, including peer support services.¹³
- Peer support could be provided **when people are waiting in Emergency Department** services.¹⁴

Recommendations were made that:

- **Strong consumer advisory networks** should be created¹⁵
- A plan should be developed to **grow, develop and support the peer workforce**¹⁶

² Synergia (2021). *Time for Change Te Hurihanga. A review of the mental health and addiction system.* <https://www.southernhealth.nz/sites/default/files/2021-08/SDHB%20MHA%20Review%20Report%20Synergia.pdf>, P33

³ Synergia (2021), P31

⁴ Synergia (2021), P32

⁵ Synergia (2021), P33

⁶ Synergia (2021), P7

⁷ Synergia (2021), P32

⁸ Synergia (2021), P46

⁹ Synergia (2021), P33

¹⁰ Synergia (2021), P20

¹¹ Synergia (2021), P61

¹² Synergia (2021), P66

¹³ Synergia (2021), P23

¹⁴ Synergia (2021), P53

¹⁵ Synergia (2021), P12

¹⁶ Synergia (2021), P14

- There needs to be investment in developing **Kaupapa Māori peer workers**.¹⁷
- A **peer-led crisis/wellbeing café model** should be implemented in a range of sites.¹⁸

We are currently implementing the last recommendation by collaboratively designing a model of care for peer-led services.

“I believe and know that working with an experienced [peer support worker] where the person who walks alongside has the knowledge, empathy and their own experience is extremely beneficial in the journey for mental wellbeing.” - Person who responded to Time for Change consultation¹⁹

What do current national documents say about peer services?

Peer-led services are one type of peer service. In this section we consider what national documents say about peer services.

Key document	Key points for peer-led services
<p><u>He Ara Oranga</u> The report of the 2018 Government Inquiry into Mental Health and Addiction (“The Mental Health Inquiry”).</p>	<ul style="list-style-type: none"> • The Inquiry panel heard “loud and clear calls for more peer support workers”.²⁰ • The Inquiry panel described a “vision for mental health and addiction services, with people at the centre....using a mix of peer, cultural, support and clinical workforces”.²¹ • The panel received feedback that most mainstream services do not fully include peer support workers in all parts of service provision, including designing services.²² • Peer support workers described being undervalued, poorly paid and provided with limited training and career options.

¹⁷ Synergia (2021), P65

¹⁸ Synergia (2021), P14

¹⁹ Synergia (2021), P100

²⁰ Government Inquiry into Mental Health and Addiction. (2018) *He Ara Oranga – Report of the Government Inquiry into Mental Health and Addiction*. <https://mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf>

P10

²¹ Government Inquiry into Mental Health and Addiction, (2018) P12

²² Government Inquiry into Mental Health and Addiction (2018), P60

<p><u>Kia Manawanui Aotearoa</u> A document from Manatū Hauora (Ministry of Health), about the long-term actions that are needed to transform mental health and wellbeing in Aotearoa.</p>	<ul style="list-style-type: none"> • There needs to be “a strong focus on growing the peer workforce and peer-led services that bring unique perspectives and understanding.”²³ • The peer workforce is a “core component of our transformed approach.”²⁴ • Kia Manawanui has a short-term action to “prioritise the growth and development of peer workforces and enable opportunities for peer support roles to grow across focus areas.”²⁵ • Kia Manawanui has a long-term action to “grow new peer workforces to support new service model development.”²⁶
<p><u>He Ara Āwhina</u> A document from Te Hīringa Mahara (Mental Health and Wellbeing Commission). This document is about monitoring the mental health and addiction system. It can be read with He Ara Oranga wellbeing outcomes framework, which is about monitoring the wellbeing of everyone in Aotearoa.</p>	<ul style="list-style-type: none"> • People should be able to access peers to walk alongside them in their journey. • Communities need to be supported to develop their own responses. • Funding models need to value peers. • The system needs to consider evidence from a range of worldviews, including the peer worldview.

Part 2: Definitions and evidence

Who is a peer?

In this document, a peer means **someone who has experienced mental health challenges and/or addiction.**

In peer support services the person accessing the service and the peer support worker may both be referred to as peers.

²³ Manatū Hauora. (2021) *Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing*. <https://www.health.govt.nz/publication/kia-manawanui-aotearoa-long-term-pathway-mental-wellbeing> P28

²⁴ Manatū Hauora (2021), P52

²⁵ Manatū Hauora. (2021), P40

²⁶ Manatū Hauora. (2021), P40

What is peer support?

There are many ways of defining peer support.

In this document, peer support:

- Involves a **support relationship** where two (or more) people **give and receive** help²⁷
- Is based on key principles including **respect, shared responsibility, mutuality and choice** ^{28 29}
- **Is not based on psychiatric diagnoses/labels**³⁰
- Involves **sharing experiences** (lived experience/experiential knowledge) in order to support each other.³¹
- Can involve **sharing information, social and/or emotional support** ^{32 33}
- Can involve **feeling connected** to someone, because you feel that they are like you/have had similar experiences³⁴
- Can provide an opportunity to try out new behaviours and **to move beyond labels like disability, diagnosis and trauma**³⁵
- Can focus on **bringing about positive changes**, that you have decided you would like for your own life. ³⁶
- Can support you to **understand your own recovery**.
- Can be provided individually or in groups, in person or online, by formal services or by community members. ³⁷

*“For people who are searching for hope it can be as simple as
“seeing is believing”.”³⁸*

²⁷ Mead, S. *Defining Peer Support*.

<https://docs.google.com/document/d/1WG3ulnF6vthAwFZpJxE9rkx6lJzYSX7VX4HprV5EkfY/edit>

²⁸ Mead, above footnote 27

²⁹ National Voices. *Peer support models*. <https://www.nationalvoices.org.uk/peer-support-hub/peer-support-models-explained>

³⁰ Mead, above footnote 27

³¹ National Voices, above footnote 29

³² National Voices, above footnote 29

³³ Fortuna, K L., Solomon, P. & Rivera, J. (2022). An Update of Peer Support/Peer Provided Services Underlying Processes, Benefits and Critical Ingredients. *Psychiatric Quarterly*. 93, 571-586

<https://link.springer.com/article/10.1007/s11126-022-09971-w>

³⁴ Mead, above footnote 27

³⁵ Mead, above footnote 27

³⁶ Fortuna et al, above footnote 33

³⁷ National Voices, above footnote 29

³⁸ National Committee for Addiction Treatment and Matua Raki. *Growing dedicated peer and consumer roles in addiction services*. <https://www.lattice.co.nz/documents/aod-brochure.pdf>

Intentional Peer Support

There are a number of philosophies of peer support.

The most commonly used philosophy in Aotearoa New Zealand is probably Intentional Peer Support.³⁹

Intentional Peer Support is based on three principles:

- From **helping to learning together**
- From **individual to relationship**
- From **fear to hope & possibility**

And four tasks:

- **Connection**
- **Worldview**
- **Mutuality**
- **Moving towards** (focusing on what we want to move towards, rather than focusing on what we want to move away from).

Intentional Peer Support is based on the idea that relationships can be transformative. Through peer support we experience a relationship with a peer, but we can also learn ways of being and relating that we can then apply to all of our relationships. In this way, **Intentional Peer Support aims to transform all of our relationships, and achieve social change.**

At the end of the day, IPS is really about building stronger, healthier, interconnected communities⁴⁰

What types of peer support programmes are there?

Peer support can be delivered in many ways,⁴¹ including:

Telephone peer support	Phone support, such as the 1737 peer phone line. Could also include peer support workers within emergency/crisis phone lines.
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³⁹ For more about Intentional Peer Support see <https://www.intentionalpeersupport.org>

⁴⁰ <https://www.intentionalpeersupport.org/what-is-ips/?v=b8a74b2fbcbb>

⁴¹ This table incorporates content from National voices.

Individual face-to-face peer support	Support between two people, face-to-face.
Peer mentoring	Mentoring generally involves one peer who has more experience in recovery, coaching another peer. ⁴² Some people believe that mentoring/coaching fits within peer support, other people believe it doesn't because it involves one person giving "expert help" rather than mutually helping each other.
Peer support workers within multidisciplinary teams	Peer support workers within wider teams, often clinical teams. This can include crisis teams and co-response teams. ⁴³
Support groups	Groups are sometimes focused on a topic (eg, being LGBTQ+) or an experience (experiencing anxiety). Groups may be very structured, or not. ⁴⁴
Educational groups (potentially co-led with professionals)	Groups focused on receiving information, rather than sharing experience. These may be co-led by peer support workers and clinicians. ⁴⁵
Online peer support	Peer support offered over the internet, including email and apps. Can be individual support or group support (eg, social media groups).

Does peer support work?

*Supports and services [need to] adapt to evidence, innovation, and best practise from clinical, mātauranga Māori and peer worldviews.
– He Ara Āwhina⁴⁶*

⁴² Recovery Community Services Program. (2009) *What are Peer Recovery Support Services?*

<https://store.samhsa.gov/sites/default/files/d7/priv/sma09-4454.pdf>

⁴³ A co-response team responds to selected emergency calls. The team normally involves a police officer, a mental health nurse, and an ambulance officer.

⁴⁴ Some support groups also include educational content

⁴⁵ Some educational groups also include support content

⁴⁶ Te Hīringa Mahara – Mental Health and Wellbeing Commission (2022). He Ara Āwhina.

<https://www.mhwc.govt.nz/our-work/assessing-and-monitoring-the-mental-health-and-addiction-system/>

It is standard when designing new services to consider the research about them.

The research about peer support is still developing. **Peer support is a difficult area to research** because:

- There is a lot of **variation in the training** of peer support workers, as well as what they do in different services
- Services can be considered “unstructured” because they are so **individualised**. This can make them difficult to study.
- There is a **lack of outcome measures** (ways of measuring progress)⁴⁷

This section considers some of the available research about peer support, but it is important to understand that academic research is not the only way to demonstrate that peer support works. **Our own experiences of how peer support has worked for us are important too.**

Impact of peer support for service users

In 2004 there was an important article⁴⁸ that considered published research about peer support from 1980 onwards. Earlier this year, the author of that 2004 article published a follow-up article, which analysed a number of large systematic reviews⁴⁹⁵⁰ ⁵¹ ⁵² ⁵³ that had been published since 2004.

⁴⁷ U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long Term Care Policy (2015). *An assessment of innovative models of peer support services in behavioral health to reduce preventable acute hospitalisation and readmissions*. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/150741/PeerSupServ.pdf

⁴⁸ Solomon, J. (2004) Peer support/peer provided services underlying processes, benefits and critical ingredients. *Psychiatric Rehabilitation Journal*. Spring, 27(4):392–401 1.

⁴⁹ Chinman M, George P, Dougherty RH, Daniels AS, Ghose SS, Swift A, Delphin-Rittmon ME. Peer support services for individuals with serious mental illnesses: Assessing the evidence. *Psychiatr Serv*. 2014;65(4):429–41. <https://doi.org/10.1176/appi.ps.201300244>

⁵⁰ Davidson L, Bellamy C, Guy K, Miller R. Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatr*. 2012;11(2):123–8. <https://doi.org/10.1016/j.wpsyc.2012.05.009>

⁵¹ Fuhr D, Salisbury TT, DeSilva M, Auf N, Van Gmneken N, Rahman A, Patel V. Effectiveness of peer-delivered interventions for severe mental illness and depression on clinical and psychosocial outcomes. A systematic review and meta-analysis. *Soc Psychiatry Psychiatr Epidemiol*. 2014;49:1691–702 <https://pubmed.ncbi.nlm.nih.gov/24632847/>

⁵² Lloyd-Evans B, Mayo-Wilson E, Harrison B, Istead H, Brown E, Pilling S, Kendall, T. A systematic review and meta-analysis of randomized controlled trials of peer support for people with severe mental illness. *BMC Psychiatr*. 2014;14:39. <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-14-39>

⁵³ Repper J, Carter T. A review of the literature on peer support in mental health services. *J Ment Health*. 2011;20:382–411. <https://pubmed.ncbi.nlm.nih.gov/21770786/>

The researchers commented on the difficulties studying peer support, and identified the following *promising* positive outcomes⁵⁴:

Increased:

- self-esteem and efficacy
- sense of control
- empowerment
- hope
- belief in bringing about change in our lives
- sense of belonging
- social support
- engagement in self-management, services, treatment and community
- social functioning
- quality of life
- life satisfaction

Decreased:

- hospitalisations
- self-stigma
- psychotic symptoms
- depression
- substance use
- feelings of social isolation.

Impact of peer support for peer support workers

Peer support is an equal, mutual relationship, so it is also important to consider the outcomes for peer support workers. For the peer delivering the service, positive impacts can include:

- peer support work assists us with our **own recovery**
- increased **satisfaction** from using our own life experience to make a positive difference
- Increased knowledge about our **own mental health**
- Positive impacts on our sense of **identity**, self and personal recovery
- **Reduced relapse** and re-admission rates
- Positive impacts of **employment**
- Increased **confidence** and self-esteem - personal growth
- Increased **empowerment**
- Less **self-stigmatisation**
- Learning **new skills**

⁵⁴ The researchers noted that people who engage in peer support will not receive all of these outcomes, but that each had a chance for some benefit. They also said there was a lack of consistency across all of the studies they considered.

- Improved **financial position**^{55 56 57 58 59}

What makes peer support most effective?

It has been suggested that peer support is **most effective** when it is:

- **strengths-based** (when it recognises people's resources and potential)
- **driven by what people want and need**
- **designed and delivered by peers**, not by professionals
- based on a culture of **reciprocity** and **sharing experiences as equals**.⁶⁰

Other peer services

As well as peer support, **peer organisations can provide other services** including:

- advocacy (for individuals, and systemic advocacy to improve the mental health and addiction system)
- policy advice
- consulting
- research and evaluation
- supervision
- training and education
- auditing.⁶¹

Who delivers peer services?

Individuals and organisations provide peer services.

Peer organisations can be **community-driven**, and sit outside of the formal mental health and addiction system.

⁵⁵ Johnson, S., Lamb, D., Marston, L., Osborn, D., Mason, O., Henderson, C., Ambler, G., Milton, A., Davidson, M. Et al. (2018) Peer-supported self-management for people discharged from a mental health crisis team: a randomised controlled trial. *The Lancet*. 392:409-418

⁵⁶ Kaine, C. (2018). *Towards Professionalisation. Exploration of best practice models in mental health peer work to inform the establishment of a national professional organisation*. Literature Review. Private Mental Health Consumer Carer Network (Australia).

⁵⁷ McLean, J., Biggs, H., Whitehead, I., Pratt, R., Maxwell, M. (2009). Evaluation of the Delivering for Mental Health Peer Support Worker Pilot Scheme. Research findings No 87/2009. *Social Research – Health and Community Care*. The Scottish Government.

⁵⁸ Repper, J., Aldridge, DB., Gilfoyle, S., Gillard, S., Perkins, R., Rennison, J. (2013) *Peer Support Workers: Theory and Practice*. ImRoc – Implementing Recovery through Organisational Change.

⁵⁹ U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long Term Care Policy (2015). *An assessment of innovative models of peer support services in behavioral health to reduce preventable acute hospitalisation and readmissions*.

https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/150741/PeerSupServ.pdf

⁶⁰ NHS England. *Integrated Personal Commissioning. Community capacity and peer support – summary guide*. https://www.england.nhs.uk/wp-content/uploads/2017/06/516_Community-capacity-and-peer-support_S7.pdf

⁶¹ Te Pou, Midland DHBS & the Northern Regional Alliance. *Service user, consumer and peer workforce. A guide for planners and funders*. Available from <https://www.hqsc.govt.nz/assets/Consumer-hub/Partners-in-Care/Publications-resources/DG042-planners-funders-guide.pdf>

Peer organisations can be **funded through the mental health and addiction system**.

Some peers work within “**mainstream**” (non-peer) organisations.

Some peers work in organisations that are led by peers, and based on peer values. These organisations are called **peer-led**.

Our project is focusing on developing peer-led services.

What is a peer-led service?

Our understanding of a peer-led service is explained below.

We have based our understanding on communication with Manatū Hauora (Ministry of Health) officials, who recently contracted for peer-led services.

A peer-led service:

- Is **staffed and managed by peers**. It has peers at the leadership and management level – preferably **50% at governance level**.
- Includes peer support workers who have had **training in how to understand and build upon their own experiences of mental health issues to support others on their recovery journey**.
- Has a **clear peer support practice** – peer support is both a philosophy and a conscious practice that arises from people with their own lived experience providing support and services to others.
 - Peer work is not so much defined by what is done but by who does it and how it is done. The ‘who’ must be people with lived experience of mental distress and/or addiction and recovery. The ‘how’ is guided by peer values, knowledge and competence.
- Has appropriate **peer support training and workforce policies**.
- Has access to **supervision** for the workforce.
- Aligns with **the Competencies** for the Mental Health and Addiction Consumer, Peer Support and Lived Experience Workforce.
- Operates under values that align to the **peer workforce values** in the Competencies:
 - **Mutuality** – the authentic two-way relationships between people through ‘the kinship of common experience’
 - **Experiential Knowledge** - the learning, knowledge and wisdom that comes from personal lived experience of mental distress or addiction and recovery.
 - **Self Determination** - the right for people to make free choices about their life and to be free from coercion on the basis of their mental distress or addiction

- **Participation** – the right for people to participate in and lead mental health and/or addiction services including in the development or running of services as well as in their own treatment and recovery.
- **Equity** – the right of people who experience mental distress and/or addiction to have fair and equal opportunities to other citizens and to be free of discrimination
- **Recovery and Hope**- the belief that there is always hope and that resiliency and meaningful recovery is possible for everyone.
- **Does not do tasks that are inconsistent with peer workforce values** (for example, monitoring of medication, or participating in seclusion or restraint).

Part 3: Designing peer-led services in Southern

What is a model of care?

We need to design a model of care for peer-led services in Southern.

The term “model of care” can have many meanings.⁶² In this document, we mean that we need to decide:

- **What peer-led services we need** in Southern
- What **values/principles** we would like peer-led services to be based on
- How we would like our peers to **journey** through peer-led services
- **What experience we would like** from peer-led services

It is not possible to design a highly-detailed model of care on every element of a service. It is appropriate that peer services develop organically,⁶³ with participation from their own community of peers.

What values need to underpin peer services?

In the last section, we considered the definition of a peer-led organisation. One requirement was that organisations align with the values in the Consumer, Peer Support and Lived Experience competencies.

We need to decide what values we would like Southern peer-led services to be

⁶² No author identified, Models of care, <https://www.otago.ac.nz/wellington/otago023714.pdf>

⁶³ NHS England. *Integrated Personal Commissioning. Community capacity and peer support – summary guide.* https://www.england.nhs.uk/wp-content/uploads/2017/06/516_Community-capacity-and-peer-support_S7.pdf

based on.

The table below outlines proposed values, and shows how they might be experienced by the peer accessing the service, the workforce, and by the service.

A Values-based Model			
Value	Peer accessing service	Peer Support Worker	Service
<p>Participation: valuing people’s right to participate in and lead service delivery and design, including their own treatment.</p>	<p>I lead my own support.</p> <p>I am able to participate in service improvement and design.</p>	<p>I ensure that the people I walk alongside are leading their own support.</p> <p>I am able to identify barriers to accessing services and address these within the services I work for.</p>	<p>Services ensure that people who access services are able to make choices about their own support.</p> <p>Services ensure that they include peers when designing new services and proposing changes to their service.</p>
<p>Self-determination: valuing and supporting people’s right to make their own life choices, free from coercion.</p>	<p>I make my own choices.</p> <p>I don’t feel pressured to make decisions, or to use the service.</p>	<p>I am very mindful that I don’t pressure or influence the decisions of peers accessing our service.</p> <p>If a peer is experiencing coercion from another person or service, I am able to identify this and discuss possible responses the person might choose to make.</p>	<p>Services ensure that informed consent processes are followed.</p> <p>Services discuss the potential for power imbalances between peers during supervision.</p> <p>Services support organisational processes to maintain integrity for Peer Support</p>

			workers in their role.
Equity: the right to be treated fairly with equity and be free from discrimination.	I am provided with the right, individualised support, to help me to access the service I need. I have options for support.	I provide individualised support to the people I walk alongside. I can identify bias and discrimination, and seek supervision if these occur in my practice.	Services are culturally competent, and act proactively to promote equity, ensuring culturally safe services are delivered Services provide training on Te Tiriti o Waitangi, and actively apply the principles in practice.
Mutuality: authenticity in relationships based on common experiences.	I share experiences with my peers	I share experiences with my peers	Services have policies and procedures that reflect peer values and boundaries. Sharing of experiences is valued.
Experiential knowledge: valuing and sharing the expertise and wisdom developed from our personal experiences.	When I share experiences with my peers, I feel that my own experience is valuable.	I learn from the lived experience of my peers. I see the value and wisdom in my own lived experience to create new ways of seeing, thinking and doing within the peer relationship.	Services ensure that lived experience is valued and included throughout the service.
Hope and wellbeing: the belief there is always hope, and that resilience and wellbeing are possible for everyone. ⁶⁴	I feel that the service promotes hope, and that my peer support worker believes resilience and	I believe that resilience and wellbeing are possible for everyone.	Services ensure that all staff receive appropriate peer supervision, so they can

⁶⁴ Te Pou (2021). *Consumer, Peer Support and Lived Experience (CPSLE) Workforce Development Action Plan*. <https://www.tepou.co.nz/resources/consumer-peer-support-and-lived-experience-workforce-development-action-plan>

	<p>wellbeing is possible.</p> <p>I feel hope for my own recovery.</p>	<p>I am able to hold hope for the people I walk alongside.</p>	<p>discuss any situations where they find it difficult to have hope.</p> <p>Services provide support to staff and engage in ways that support their wellbeing.</p>
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Designing our journey

At the workshop, we will design the potential journey through new peer-led services in Southern.

We will do this from the point of view of a peer accessing the service.

Questions we could discuss include:

How will we connect with peer-led services?

For example: Can we access services ourselves? Do we have to prove a need? Is access restricted to people with a diagnostic label?

How will our needs be identified?

For example: Will our support change if our needs change?

Who will decide the focus of the peer support?

For example: Who will make decisions?

Who will be involved in our journey?

For example: How will family/whānau/friends be involved? How will kaupapa Māori services be involved? How will other services/professionals be involved? Should services support us to build on our existing relationships and networks?⁶⁵

⁶⁵ NHS England. *Integrated Personal Commissioning. Community capacity and peer support – summary guide.* https://www.england.nhs.uk/wp-content/uploads/2017/06/516_Community-capacity-and-peer-support_S7.pdf

How will our peer support relationships end?

For example: Is it a mutual decision between the peer support worker and the peer?

What will it be like to work in a peer-led service?

For example: How will peer support workers support each other?

When do services need to be available?

Peer services are an important part of the whole range of health services, from prevention through to crisis services.⁶⁶

Where do services need to be available?

The Southern district covers Otago and Southland.

Funding has been identified to have peer-led services in one or two sites.

We need to consider if there are priority communities to place these services in.

Equity

What is important to consider to make sure that peer-led services are accessible to, and support, Māori and Pasifika?

To ensure peer-led services are accessible to and support Māori and Pasifika, training needs to be provided on Te Tiriti o Waitangi and how to actively apply the articles including tino rangatiratanga, equity, partnership, options and protection of taonga, within practice. Training and development on ways of working with primary models of holistic health such as Te Whare Tapa Wha and Te Wheke and Te Pae Mahutonga to support both peer workers and clinical staff to engage in culturally safe ways.

⁶⁶ Substance Abuse and Mental Health Services Administration (SAMHSA). *Peer Support Services in Crisis Care*. Advisory. SAMHSA Publication No. PEP22-06-04-001
https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP22-06-04-001.pdf

Peer workers will have the ability to provide manaakitanga, karakia, mihi whakatau and pepeha, waiata, and non-Māori peer support workers will create space for Māori to lead in their own way with Māori peer support workers guiding others in their work.

An overall focus on cultural safety and cultural competence which involves recognising the value and place of tikanga and te ao Māori. It is also about making sure the peer support workers and the service they work within are culturally safe and welcoming to Māori in the first instance to ensure early establishment of engagement and trust.

Monitoring and evaluation

How will we know that services are performing well?

It is important to consider how we will know that services are performing well, and that their contract reporting requirements can demonstrate this.

“There can be a tension between non-government [peer] organisations staying true to their values and mission while meeting planner and funders’ needs for accountability. This tension is even greater for peer run initiatives grounded in peer values. Peer run initiatives have reported feeling that funders try to reshape their services and give them the same reporting requirements as mainstream services. This is possibly because planners and funders may not always understand what they are purchasing. Because peer run initiatives differ from mainstream services in some of their values, priorities, methodologies and relationships, mainstream accountability arrangements do not always fit well with them.”⁶⁷

Transformation

Time for Change Te Hurihanga is intended to transform the mental health and addiction system in Southern and is providing an exciting opportunity to design peer-led services.

We know that peer-led services can be transformational in our own recoveries. We also know that increasing the peer workforce can transform the system to be more focused on recovery⁶⁸ and to be truly person-centred.⁶⁹

However, peer support can be about more than helping ourselves transform, or transforming the system.

⁶⁷ Te Pou, Midland DHBS & the Northern Regional Alliance. *Service user, consumer and peer workforce. A guide for planners and funders*. Available from <https://www.hqsc.govt.nz/assets/Consumer-hub/Partners-in-Care/Publications-resources/DG042-planners-funders-guide.pdf>

⁶⁸ Health Workforce Australia. (2014). *Mental Health Peer Workforce Literature Scan*.

⁶⁹ AOD Provider Collective (2014). *Peer Support Themes*. Report prepared for AOD Collaborative Group. Auckland: Julian King & Associates Limited – a member of the Kinnect Group.

“As peer support in mental health proliferates, we must be mindful of our intention: social change. It is not about developing more effective services but rather about creating dialogues that have influence on all of our understandings, conversations and relationships.” – Shery Mead, Creator of Intentional Peer Support

Workshops

Workshops will be held at the following times and places to discuss the questions on page 17 – 19, and a draft workforce plan for the Consumer, Peer Support and Lived Experience workforce.

Ascot Hotel, Invercargill

Monday 7 November, 10.00am (lived experience only) or 1.30pm (community)

The Gate, Cromwell

Tuesday 8 November, 10.00am (lived experience only) or 1.30pm (community)

Oamaru Opera House

Friday 11 November, 10.00am (lived experience only) or 1.30pm (community)

Dunedin, venue to be confirmed

Friday 18 November, 10.00am (community)

Thursday 24 November, 6.00pm (lived experience only)

If you need more information about the workshops please contact Gemma Griffin (gemma.griffin@southerndhb.govt.nz, 027 562 3400).

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