Rethink
Mental
Illness.

Peer Support Workers: Exploring Rethink Mental Illness's Practice

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Executive Summary

About this report

This report documents the findings of a "Learning and Insights" project that was undertaken to explore the experience of paid Peer Support Workers (PSWs) at Rethink Mental Illness. **PSWs are "...people who have lived experience of mental health challenges themselves. They use these experiences and empathy to support other people and their families receiving mental health services."** (Health Education England, 2023).

Value and contribution of peer support workers

In summary, the findings presented in this report demonstrate that PSWs are significantly contributing to our services. The role itself is structured in such a way that PSWs are providing really practical, direct support that is helping people to pursue, and take steps towards, their own recovery. They are also able to take the time and space needed to really get to know and understand the people they're supporting.

In line with the existing evidence base, by explicitly drawing on lived experience PSWs are able to: inspire hope and motivation that recovery is possible; advocate for the support that people need; have the right words to say; understand, and not be afraid of, mental distress; bring a different level of empathy and compassion to the role; and develop qualitatively different relationships with the people they support. This relationship, in turn, has the effect that people can feel increasingly heard, understood and less isolated, and receive truly person-centred support. PSWs are also playing an integral role with regards to shaping Rethink Mental Illness services by offering their ideas and making observations about how current service delivery may be being received by service users.

The PSW role in practice

The majority of people involved in this review were positive about their experience of either undertaking their PSW role or managing PSWs. However, a lot is being learnt about the uniqueness of the role and what this means for Rethink's practice. As one of the survey respondents said: "Services with peers on board must understand and manage the complexities that come along with people working and living with mental illness."

1. Recruitment and induction:

Very often, the PSW role was someone's first role in the mental health sector. Being mindful about this in the recruitment process, both in terms of where the role is advertised and the interview process itself, was felt to be important.

2. Knowledge, skills and experience:

In addition to lived experience, there are range of qualities and skills that staff feel are important in these roles including:

- Being open minded, kind and compassionate
- Being patient, sympathetic and empathetic
- Being adaptable, self-aware and reflective
- Being fairly resilient and having an element of self-confidence
- Having good communication and interpersonal skills
- Having good organisational skills and the ability to work as a team
- Able to work independently, remain calm and have an element of life experience to bring to the role.

3. Management, supervision and support:

The majority of PSWs feel well supported in their role, especially when they are part of a team with other PSWs (*this aligns with existing literature). However, people felt that PSWs' internal support networks could be extended. Managers themselves are very thoughtful about how to balance their traditional supervisory role with a more supportive, "hands on" role, which is having an impact on managers' time and capacity.

4. Training and development:

Staff are positive about the peer support training PSWs receive, however, a number of additional training needs were identified. There is also felt to be a gap in the progression and development opportunities for these roles.

5. Boundaries of the role:

The difference between PSWs and other roles (e.g. Wellbeing Practitioners) was articulated by managers in terms of their duties, with PSWs not usually responding to initial referrals or getting involved in case or risk management decisions. Whilst the majority of PSWs are comfortable with the range of duties associated with their role, a couple of people questioned the appropriateness of their role in solely crisis-based services as well as working on a mental health phoneline.

"Definitely always making it about them, not about yourself... It's not a competition... It's not imposing anything from your side..." (PSW)

6. Feeling valued:

The majority of PSWs feel valued by Rethink Mental Illness and external partners, and services are actively taking steps to ensure this is the case. However, the level of seniority, salary and perception of the role are leading some to feel undervalued.

7. Drawing on lived experience:

Interviewees were clear about when and how it was appropriate to share their lived experience, and the majority did not feel under pressure to share on every occasion.

8. What makes someone a peer:

Interviewees were thoughtful about what makes someone a peer (including factors such as mental health diagnosis, age, cultural background, personal interests etc) and deliberate choices are being made about matching PSWs with service users (where this is possible). A discussion arose, however, about how central someone's mental health diagnosis should be in this decision making process.

Ideas for Improvement

- Review the advertising routes and interview process for PSWs
- Provide a more holistic training offer for PSWs (not just on peer support)
- Improve the support routes for PSWs and their managers
- Review the development and progression opportunities available for PSWs
- Develop a more consistent approach across services that employ PSWs
- Respect the value of the peer support relationship when it comes to the end of someone's support with a PSW.

Conclusion and recommendations

This review provides some important insights into the significant value that PSWs are felt to be contributing to a range of our service. It documents the passion that many service managers have for embedding and supporting PSWs within their services and it draws attention to the uniqueness of the role. It also identifies a number of recommendations that relate to: service development; recruitment; training and development; management and support; and policy and influencing.

1 Introduction

1.1 About this report

This report documents the findings of a "Learning and Insights" project that was undertaken to explore the experience of paid Peer Support Workers (PSWs) at Rethink Mental Illness. It begins by contextualising this work within the broader mental health context, as well as the existing literature base. It moves on to outline the main objectives of the project and how it was undertaken, before presenting a full set of findings and recommendations.

> "Peer support workers are people who have lived experience of mental health challenges themselves. They use these experiences and empathy to support other people and their families receiving mental health services."
>
> (Health Education England, 2023)

1.2 Context

In 2019, the 'NHS Mental Health Implementation Plan 2019/20 to 2023/24' commited to growing and supporting the peer support workforce within both inpatient and community-led settings. The role is seen to be an essential part of the mental health workforce, increasing people's access to multi-disciplinary teams, which is expected to improve the effectiveness and experience of care.

"By increasing access to multi-disciplinary staff groups such as peer support workers . . . it is expected that both the effectiveness and experience of care will be improved."
(NHS England, 2019: 34)

Specifically, there is a target to increase the recruitment of peer support workers from 170 in year 1 to 2780 in year 5 and it is seen to be particularly relevant to the integrated community model for people with SMI (NHS England, 2019:15 & 29).

Currently, Rethink Mental Illness itself employs over 20 PSWs across a variety of services such as Warwickshire Employment, CSF Wiltshire and Derbyshire Recovery.

1.3 Existing literature

There is a growing evidence base regarding the value and uniqueness of paid PSWs. Words such as 'hope', 'motivation', 'inspiration', 'empathy', 'trust' and 'understanding' are often used to describe what PSWs can bring to someone's support and recovery (see for example Wyder et al, 2020; Vigue et al, 2022; Milton, 2017; Repper, 2022). As a result, the relationship that PSWs are able to establish with the people they support has been found to be qualitatively different, given the nature of understanding and trust that can be built with someone as a result of their lived experience.

Other positive outcomes that have been documented as a result of having peer support built into service delivery include: a reduction in inpatient stays (and the associated cost savings); better engagement with care; and higher levels of hopefulness for recovery (see for example Gagne, 2018; The Health Foundation, 2013).

There is also a growing evidence base regarding the experiences of those undertaking PSW roles, which is highlighting a range of implications related to issues such as: training and development; supervision; employee wellbeing (of both PSWs and their managers); organisational policies and procedures; and team structures and dynamics (see Milton, 2017; Repper, 2022; Otte, 2020: Wyder et al, 2020; Gagne, 2018). This, in turn, is contributing to the sector's understanding of what constitutes 'good practice' in terms of supporting and embedding PSWs within services.

In addition, the literature explores a range of issues that relate to the day-to-day delivery of peer support (e.g. setting appropriate boundaries; when and how to share one's lived experience etc) and it raises some important questions for practitioners to reflect on, such as 'what makes someone a peer'.

> "...PSWs viewed self-disclosure of their lived experience as important to establishing trust, as well as reducing shame and isolation"
>
> (Wyder et al, 2020:5).

> "Peer support programmes can be successful when mental health professionals are educated about the benefits of peer support and recovery, issues of confidentiality and boundaries are addressed, the role of the peer support is clearly defined, and adequate supervision and support mechanisms are structured into the programme."
>
> (Kemp and Henderson, 2012:339)

1.4 The Learning and Insights project

The aim of the "Learning and Insights" project was threefold:

1 To give staff a chance to pause and reflect on the value and contribution of PSWs within Rethink Mental Illness services;

2 To reflect on Rethink Mental Illness's practice with regards to recruiting, embedding and supporting PSWs;

3 To explore how some of the themes and topics in the literature are playing out with Rethink Mental Illness's particular context[1]; and

4 To consider how things could be improved or adapted moving forwards.

To achieve these aims, between February and May 2023 the Evidence and Impact team undertook a series of semi-structured interviews with a selection of Rethink Mental Illness PSWs (x4), managers of PSWs (x8) and service users (x3) who had knowingly received support from a PSW (see Appendix 1, 2 and 3 for interview guides). An online survey (see Appendix 4) was also distributed to all PSWs within the organisation to give the maximum number of staff the opportunity to feed into the project. In total, 16 PSWs responded to the survey.

1.5 Study limitations

Whilst there has been an attempt to include the perspective of service users, only three participants were interviewed. As such, this project is heavily biased towards the perspective of PSWs and their managers, some of whom had been in post for under 6 months and were working within a new service. The perspective of staff working alongside PSWs (who may not directly line manage a PSW) was not included either. In terms of evidence sources, there is no outcome data included in this report, which is another potentially useful evidence source to explore the added value of the support being provided by PSWs. Finally, since starting the work, we have launched a new 'pay and reward' scheme, which may have altered some of the feedback provided specifically around pay and conditions.

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1   This was felt to be important given that a large proportion of the existing literature is focused on PSWs who are working within more clinical settings.

2 Findings

This section outlines the main findings of the Learning and Insights review under the following topics:

- The value and contribution of PSWs within Rethink Mental Illness services
- The PSW role in practice
- Ideas for improvement

2.1 The value and contribution of PSWs within our services

In summary . . .

- PSWs are felt to be significantly contributing, and adding value, to our services.
- PSWs are providing direct support that is supporting people in their recovery. They are there to "walk the journey" and "be by that person's side".
- PSWs often have the time needed to really get to know and build a relationship with the person they are supporting, which enables them to provide truly person-centred care.
- Having lived experience to draw on has a range of benefits, which enables PSWs to:
  - Inspire hope and motivation that recovery is possible
  - Help advocate for the right support
  - Have the right words to say
  - Understand, and not be afraid of, mental distress
  - Bring a depth of empathy and compassion that's not possible without lived experience
  - Develop trusting relationships with service users that makes them feel heard, understood and less isolated, and leads to different types of conversation being had
  - Help shape and influence Rethink Mental Illness services.

Throughout the interviews, it was clear that PSWs are felt to be significantly contributing, and adding value, to Rethink Mental Illness services.

"The value of having peer workers to me is . . . it's invaluable . . . you can't put a price on it." (PSW Manager)

"Without them, I don't think that we'd be able to offer the service that we've been asked to deliver. I fully believe that." (PSW Manager)

"I think peer support is very, very valuable in somebody's recovery." (PSW Manager)

To some extent, this value is based on the structure and responsibilities associated with the role. For example, interviewees gave examples of the type of direct support that PSWs are providing, including:

• Accompanying people to appointments;

• Accompanying people to their place of work;

• Signposting people to, or supporting them to access, community-based support;

• Supporting people to utilise public transport and become increasingly independent;

• Signposting people to additional support;

• Supporting people to access and/or return to work;

• Engaging in informal conversations; and

• Sharing their own experiences and coping strategies.

As one interviewee summarised, PSWs are

"there to walk the journey with people who are in recovery . . . being by that person's side in helping them achieve the goals they want to achieve . . ." (PSW Manager).

In other words, PSWs are often supporting people as they move through their recovery, which will very often include a range of interventions and services. In many ways this reflects the wider literature base, where it has been noted that the emphasis for PSWs is less on clinical diagnoses and symptoms as "refocusing attention . . . on other aspects of residents' lives" (Wyder et al, 2020).
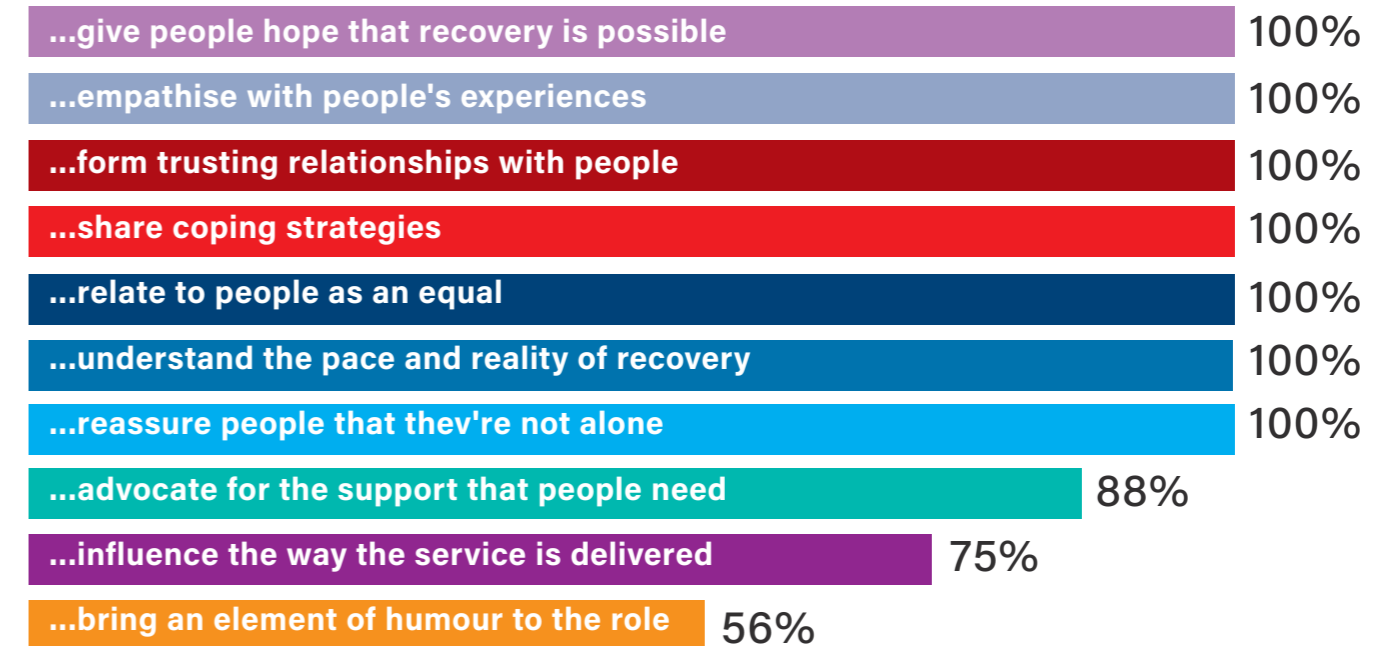
In comparison to other roles within Rethink Mental Illness (e.g. Wellbeing Practitioners), it was noted that PSWs are not usually responsible for receiving initial referrals, managing caseloads (and all that accompanies this e.g. risk management) or managing external partners[2]. As a result, it was felt that PSWs often have more time to really get to know, and build a relationship with, the people they're supporting, thus enhancing their ability to provide truly person-centred support. "I feel my role allows me to work with each citizen on an individual basis . . ." (Survey respondent)

"[PSWs] can create a bespoke service . . . depending on what's needed for the particular client or citizen."(PSW Manager)

"[PSWs] can drop in and drop out of support whenever it's needed. . . it means they are more flexible in their role to be able to work with a lot of different people. The wellbeing coaches use sort of coaching style techniques to support people . . . whereas the PSWs are more led by whatever it is that that person may want to do." (PSW Manager)

Whilst the structure and responsibilities associated the PSW role are important, it was clear that the ability to share and draw on one's own lived experience of mental illness, as well as the mental health system, is where the real value is found.

Having lived experience of mental health challenges enables me to...

...give people hope that recovery is possible	100%
...empathise with people's experiences	100%
...form trusting relationships with people	100%
...share coping strategies	100%
...relate to people as an equal	100%
...understand the pace and reality of recovery	100%
...reassure people that they're not alone	100%
...advocate for the support that people need	88%
...influence the way the service is delivered	75%
...bring an element of humour to the role	56%

Percentage (%) of survey respondents who agreed with each statement

Throughout the interviews and the survey, there were numerous reasons why having lived experience was felt to add value to the support and contribution that PSWs are able to provide. The graph above shows the percentage of survey respondents who agreed with a range of reasons why having lived experience of mental health challenges is felt to be beneficial, all of which resonate with the wider literature base.

In particular, the following themes emerged:

• Inspiring hope and motivation

• Being able to advocate for the right support

• Having the right words to say

• Understanding mental distress

• Bringing a depth of empathy and compassion

• Developing trusting relationships

• Shaping service delivery.

2   However, in one case, a PSW described undertaking these responsibilities within their PSW role.

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"At the time [of receiving support from a PSW] I was still feeling quite hopeless, so seeing someone who had their own difficulties. . . it gave me hope to get better."
(Service User)

2.1.1   Inspiring hope and motivation

Having lived experience to draw on was felt to give people hope and improve their motivation by demonstrating that recovery is possible.

"It just helps that person shift their beliefs. . . and inspire hope, because 'here's somebody who I could emulate' . . .that in and of itself can have a big impact on motivation." (Manager of PSW)

"I said to her, last year I was sat in a GPs office weeping, not knowing what to do, feeling like everything was overwhelming. . . and yet I'm proof that it can get better. . ." (PSW)

2.1.2   Being able to advocate for the right support

At times, PSWs are advocating for people to access the right support. For example, a PSW had drawn on their lived experience in order to advocate effectively for someone who was experiencing withdrawal effects of medication and sleeplessness, which they themselves had experienced.

"I've been through withdrawal from antidepressants before, so I know what that's like. . . So we went into this GP appointment and I was able to advocate for her. . . I understood what the problems were." (PSW)

2.1.3   Having the right words to say

Throughout the interviews, PSWs gave examples of how they often just knew the right thing to say to someone to help them in their recovery. For example, one PSW talked about openly acknowledging with someone that things can just be really hard sometimes and that the best thing to do can be to give into those feelings rather than fight them. Knowing to say this to someone was directly drawn from what they'd learnt on their own recovery journey.

"The minute you say 'yeah, it must be crap', you see that relief [in someone] cause it's validation as to why they're struggling and that that's ok. . . Sometimes, I know myself that I will sit and take a day and just let the emotion fall through. And if you fall apart at that time, you know that you're gonna pick yourself up again. . ." (PSW)

In another interview, a PSW found themselves saying to someone "there's nothing wrong with you". At the time of the interview, the researcher reflected on how powerful those words were likely to have been because, from the researcher's own lived experience, they knew how one can become subsumed with thinking 'I am the problem', which can, at times, perpetuate a problem. The PSW agreed with this based on their own recovery.

"When you're not well, you believe that there's something fundamentally wrong with you. That it's a weakness in you. That it's a problem with you. But in my experience, 90% of the time it's due to what's going on for you. What's going on around you. . . So I can say 'It's no wonder you're feeling anxious when X Y or Z is happening. It's no wonder you're feeling depressed when this, this and this is happening. . .' (PSW)

The theme of 'knowing what to say' was also touched upon by a manager of PSWs.

"I've learned a lot and. . . pretty much know the right thing to say, but I might not think of something that somebody with lived experience might think of saying. . ." (PSW Manager).

2.1.4   Understanding mental distress

Another theme that emerged was about knowing what to expect and not "being easily spooked" or judgemental when it comes to witnessing mental distress. Two interviews really touched on this theme – the first was a service user who talked about some professionals being very quick to "press the panic button" and interpret their behaviour as "aggressive". The interviewee described this experience as "traumatic" to the point that they didn't want to go back to the doctors. It was only through being supported by a Rethink Mental Illness member of staff, who had their own lived experience, that this changed.

". . .[the doctor was] hitting the panic button like I was aggressive when I wasn't being aggressive, you know. . . I don't want to go through that trauma again. . . But Rethink Mental Illness. . .They'd come to the doctor's with me. . . If I haven't have had that, I wouldn't have gone again. I wouldn't have taken my medication. I wouldn't have got to where I am now." (Service User)

In another interview, a PSW talked about understanding that people may use very bad language or become very angry, but they knew not to take any of this personally or to be overly worried by it. This was drawn directly from their own lived experience, as well as their experience of caring for a relative who had Bipolar Disorder.

"I have lots of practise being with someone who's in a bad way mentally and trying to support them. . . I know when this person is 'effing this' and 'effing that', and all of that, and they may be being quite alarming to look at, I know it's not personal." (PSW)

2.1.5 Empathy and compassion

Interviewees talked about the level of empathy and compassion that PSWs bring to the role given the depth of understanding that they have with regards to what someone may be experiencing.

"I generally actually care because I know how they feel. . ." (PSW)

> ". . .if you actually understand what it's like to have psychosis or. . . any other condition, then your tank of compassion is deeper." (PSW Manager)

As a result, it was felt that PSWs are less prone to "compassion fatigue" and "burnout" compared to other professionals.

> "I think the bottom line is that 'I get it'. . . I know what it's like to be in that deep, dark place. . ." (PSW)

2.1.6 Developing trusting relationships

Managers, PSWs and service users all talked about the nature of the supportive relationship that can be established by PSWs being different when compared to the relationship with other members of staff. In particular, the relationship was described as "more personal", "more direct" and "more equal", and the interaction was often described as a "conversation" as opposed to a 'session' or 'appointment'.

Service users also talked about "feeling more comfortable" to share the extent of their experiences with PSWs given 1) the two-way nature of the relationship, 2) the ability for PSWs to model that it is ok to share one's experience and 3) the level of understanding that a PSW was able to bring to the conversation. The impact of this was often that service users felt heard, understood and less isolated in their experience.

> "It means you can relate to someone who has a different kind of understanding. . .it's deeper. . . you feel that you're not alone. . . They're more approachable." (Service user)

"It feels more like a conversation [with the PSW], whereas I don't know anything about the Care Coordinator or their personal life. . . it felt easier talking to [the PSW] than a lot of other people. . .I don't really have people to talk to about this stuff, who've been through this kind of thing. . ." (Service User)

"Clinicians don't know how it really feels. . . or they may not be at liberty to say. . . as such, it's a different kind of conversation. . . The problem with sharing with [others] is that. . . people often underestimate the severity of feelings that I have." (Service user)

". . .until you've had that gut wrenching feeling of thinking, feeling like there's no way out, you're not really gonna understand what the difference is. . .I feel that talking to people about their lived experience, it helps. . . not only does it make them feel safe, it makes them realise that they're not alone in the world and that other people experience it. . ." (PSW)

Some of the managers felt that the level of trust that was established enabled PSWs to gain, at times, a deeper insight into someone's support needs and it enabled them to break through some of the barriers that other staff may experience. It was also felt that the peer support relationship can, in some ways, begin to break down some of the stigma associated with self-stigma and sharing.

"I would anticipate that PSWs are told different things from the Wellbeing Practitioners because they have a more direct relationship with people." (PSW Manager)

> "For a lot of service users we support, there's always this thing where 'you don't understand what I'm going through. You've never been through this and you can't help me with what I'm experiencing'. A PSW can essentially say 'I do understand where you're coming from... That relationship that they can then build allows them to better understand how they can support them." (PSW Manager)

"I will freely tell people what current anti-anxiety or depression tablet I'm on. . . Or when I tried to take my own life because, if I have stigma, how can we break down other people's stigma?" (PSW Manager).

2.1.7 Shaping service delivery

PSWs are not only contributing to the direct support that is being provided to service users, they are also drawing on their lived experience to influence the shape and direction of Rethink Mental Illness services. As one of the survey respondent's explained, "I have a true understanding of being a patient and how someone is viewed by professionals when you have a diagnosis", and it was clear that this understanding was being drawn upon in order to influence services.

"Having people who are able to say 'this has happened to me in the past and it was a terrible experience, so maybe don't use that language'. . Or. . . 'hang on a minute, when I was a service user or being supported, someone said that to me and it actually put me down a lot'. . . so you think 'oh, hang on a minute, I can see that now.'" (PSW Manager)

"I consult [the PSW] on everything. . .we've just reproduced our leaflet, and [the PSW] has contributed to that because they're able to say to me 'as a service user, this would work for me' or 'let's tweak that word because I don't like that. . .that would offend me.'"(PSW Manager)

For managers, having the lived experience perspective influencing their services was particularly welcomed and celebrated, and for some PSWs, it was felt to be a particular benefit of undertaking a PSW role.

> "[Being a PSW is] a great way to influence the system. To influence the way things are for people." (PSW)

## 2.2 The Peer Support Worker role in practice

In summary. . .

- For many respondents, the PSW role was their first role in the mental health sector.

- Managers questioned whether Rethink Mental Illness needs to review where and how PSW roles are being advertised and whether the formality of the interview process could be adapted for these roles.

- Managers noted how important it is to be clear about the purpose of embedding PSWs within services before recruiting, ensuring that they're not being seen as "the solution to a systemic issue such as a lack of funding" or simply because "it's the 'in' thing."

- In addition to lived experience, there are a range of qualities and skills that people feel PSWs require in order to be effective in their role such as: being open minded; kind and compassionate; an active listener; and resilient to deal with an, at times, challenging role.

- The majority of PSWs are positive about their induction, they feel well supported in their role and they feel comfortable with the range of activities and duties associated with their role. The only findings contrary to this were in relation to PSWs resourcing a mental health phoneline, and a couple of interviewees felt improvements could be made with regards to the induction into the organisation as a whole.

- Being based within a team of other PSWs often led PSWs to feel more supported.

- Managers talked about adopting a very supportive management style when it comes managing PSWs, ensuring that they remain approachable at all times and that they invest time in really getting to know their staff so that they can be attuned to their wellbeing. It was noted that this takes additional time and capacity.

- Participants were very positive about the training that is provided regarding peer support, however, a range of additional training needs were identified such as: mental health first aid; understanding suicide and self-harm; understanding the mental health system; and understanding the Mental Health Act.

- Further thought is needed with regards to the progression and development opportunities for PSWs.

- The majority of PSWs feel valued in their role and managers are actively taking steps to ensure that this is the case. However, for some, the level of seniority, salary and overall perception of the role made them feel under-valued.

- PSWs were very clear about when, and when not, to disclose their lived experience when supporting someone, ensuring that it is always of benefit to the service user. There was little evidence that PSWs feel under pressure to disclose their lived experience to everyone all of the time.

- Where possible, services are being thoughtful about matching PSWs with service users based on a range of factors. There was some debate with regards to how important someone's mental health diagnosis should be in this decision-making process.

Throughout the Learning and Insights project, the interviews explored a range of topics that are pertinent to understanding the experience and management of the PSW role in practice. In particular, the following topics were explored:

- Recruitment and induction

- Knowledge, skills and experience

- Management, supervision and support

- Training and development

- Boundaries of the role

- Feeling valued in the role

- When and how to draw on lived experience

- What makes someone a peer

2.2.1 Recruitment and induction

For the majority (75%) of PSWs involved in this review, this was their first paid role within the mental health sector. 10 survey respondents had been actively looking for a role in the sector, 5 of whom had heard about the role directly from Rethink Mental Illness.
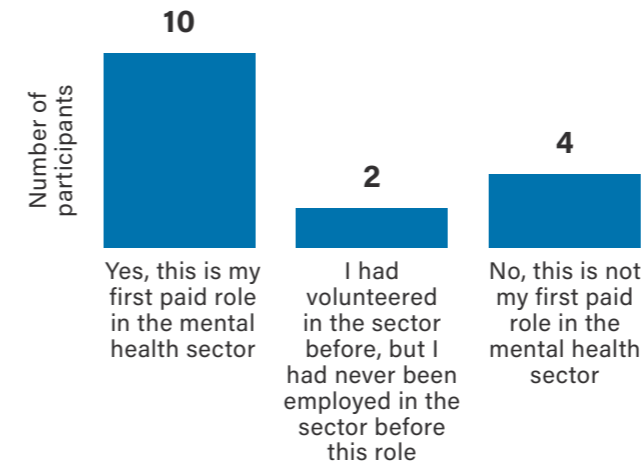
PSWs were motivated to undertake the role for a variety of reasons; the top three reasons being: 1) wanting to use their experience to help others, 2) wanting to give something back to the mental health sector and 3) wanting a suitable role following a period of unemployment and/or mental health challenges. As one interviewee explained, "it was a way of working in a field I wanted to work in but from where I was [in terms of recovery]" (PSW).

Whilst some managers had found it easy to recruit PSWs, others had struggled to get enough applicants or applicants did not have the lived experience needed for the role. Given this, and the fact that this was very often someone's first role in the mental health sector, one manager questioned whether or not we are advertising in the right places for these roles.

"We got a lot of applications from people who did not have lived experience. . . they did not understand what a PSW was. . . we need to find new ways of engaging with a potential workforce. . . maybe we need to market our vacancies to people who never thought they would do this before?"
 (PSW Manager)

Another manager wondered whether the stigma surrounding mental health was potentially inhibiting some people from applying given the automatic disclosure of mental health challenges as a PSW and the concerns they may have about the level of support they would receive in the role.

When discussing recruitment, some managers shared their reflections on the interview process itself; specifically, how the interview process needed to be adapted for PSW roles given that people often didn't have previous experience in the mental health sector, and some found the formality of the process off-putting.

"They were very corporately written [interview] questions. It was about your last job and your previous experience but a lot of people don't have that when they're applying for these roles. We just want to know that someone's passionate about this type of work, that they want to use their lived experience to support other people and that they will fit into the organisation." (PSW Manager)

"Why can't we mix it up and just have a conversation with somebody with lived experience. . . We're losing people that we wouldn't normally get. . . we need to look at different ways of recruiting people." (PSW Manager)

In addition to the recruitment process itself, managers all reflected on how important it is for services to have properly considered the purpose of embedding PSWs within a service from the outset. This was particularly pertinent given some managers' concerns that, in response to the national context to increase the PSW workforce, the purpose of employing PSWs may not always be fully thought through and there are dangers of seeing PSW roles as an answer to some of the more systemic workforce and resourcing issues.

"[You need to consider] what the purpose of the role is and what you're trying to achieve with that role prior to recruiting… In [my region], I think people have just gone 'we need some PSWs in mental health 'cause it's the 'in' thing'…" (PSW Manager)

"[Some people] need to stop thinking of the PSWs as the solution to a systemic issue of a lack of funding or poor recruitment or whatever it is… they need to celebrate PSWs as professionals." (PSW Manager)

Within Rethink Mental Illness's particular context, interviewees felt that PSWs could add value to a range of services, with accommodation and prison-based services being explicitly mentioned. In comparison, one manager questioned the appropriateness of PSWs being the main resource within a crisis-based service.

"I think in prison based services. . . peer support would be brilliant. . . and accommodation based services. . . I think a peer supporter has a role everywhere, to be honest." (PSW Manager)

"Some of the cases that come to light, I have to take them on because. . . they need more clinical support rather than bringing them straight to a PSW to deal with." (PSW Manager)

A couple of interviewees also raised some concerns about the appropriateness of PSWs resourcing a mental health phoneline given the sometimes distressing nature of the calls and the lack of any prior triaging that can take place.

"It can be quite tricky with the phone line. . . We could have anything from someone just wanting a bit of a chat because they're lonely to someone telling you that they've drunk loads of alcohol and taken a load of medications, so it can be quite varying extremes which, to someone in a PSW role, which is an entry level role, can be quite daunting." (PSW Manager)

"We're told that it's a helpline and not a crisis line, but already we're starting to get crisis ones in. . . " (PSW)

As such, this raises an important question about whether, or in what circumstances, it is right to resource a mental health phoneline with PSWs, and what training may be required.

When asked specifically about the induction process, PSWs were very positive about their experience, with 88% (n = 14) of survey respondents agreeing that they received a good induction when they started.
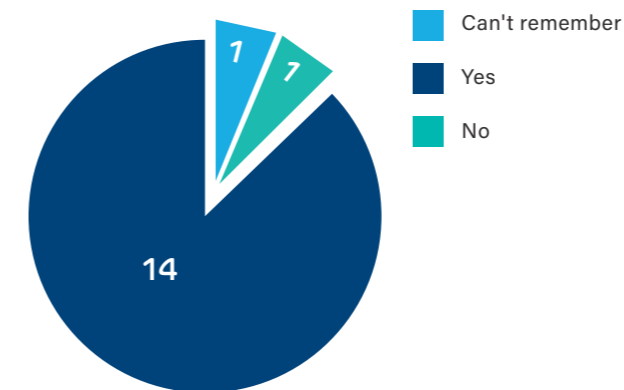
One of the managers talked about explicitly taking time to induct PSWs in a fairly informal way, such as over a cup of coffee, in order to help them feel comfortable in their role and to establish an open relationship from the outset.

A couple of respondents did, however, feel that their induction into the wider organisation, as opposed to their individual team, could have been improved.

"I think it would have been useful to go over all the details of the organisation, how it works, who does what, how they see [our] service working and our roles within that. Instead, it has felt like little bits of information has been trickled through over the space of a few months." (Survey respondent)

"I've had a staff member recently resign and they said to me 'I felt part of this team, but I didn't feel part of Rethink Mental Illness. . .'" (PSW Manager)

2.2.2 Knowledge, skills and experience

During the interviews, both PSWs and managers were asked to reflect on the knowledge, skills and experience they felt were needed to effectively undertake a PSW role. From the responses, it was clear that PSWs needed more than just their lived experience to effectively undertake the role. Instead, interviewees focused on the qualities and skills they felt were needed to fulfil the role including:

Qualities	Skills
• Open minded	• Interpersonal skills
• Kind and compassionate	• Active listening
• Patient	• Organisational skills
• Sympathetic	• Ability to work independently
• Empathetic	• An element of life experience
• Adaptable	• Ability to remain calm
• Self-aware and reflective	• A willingness to learn
• Resilient	• Ability to work as a team
• Self-confident	

These qualities and skills were felt to be particularly important given some of the challenges they were likely to face in the role.

"They need to have good communication skills. So a good listener. Able to be patient. It can be challenging doing the work that we do. . .The people we support are not always grateful and they can be hostile sometimes, so people need to be relatively resilient. . . and they need to have an element of self-confidence to put themselves out there and be tested and challenged. . ." (PSW Manager)

2.2.3 Management, supervision and support

The majority (69%) of PSWs agreed that they are very well supported in their roles, and the remainder felt that they are 'mostly' very well supported in their role.

Mostly

Yes, I am verywell supported in my role
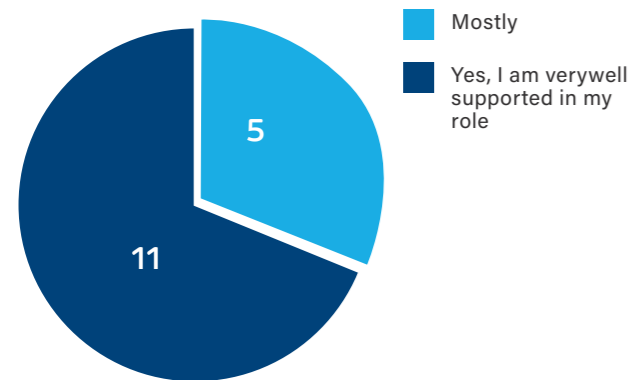
During the interviews, two of the PSWs talked about being able to contact their manager if they needed them and they were receiving help to manage the boundaries of their role. 81% of survey respondents also agreed with the statement 'I feel my own welfare is taken into account when undertaking the role'.

Two interviewees felt, however, that the level of support they received could be improved. This was due to: the difficulties they'd had getting in contact with their manager; the absence of clinical supervision; and the fact that, at times, they felt their ideas were dismissed.

"I could send texts but I wouldn't get an answer straight away that day. . ." (PSW)

"We've never had supervision where you would take cases to discuss with someone external or someone with clinical knowledge to ensure that people are getting the right support. . . And every time [I offered ideas] it was 'your just a peer support worker.'" (PSW)

Interestingly, both these comments were made by people working in services that had only one PSW in post. In comparison, being part of a team of PSWs appeared to improve the level of support PSWs felt they had access to.

"I felt very fortunate. . . we're much better supported in terms of having a team than a lot of other people who are doing this job. A lot of other people are literally the only PSW in a clinical team and they're having a much harder time from that perspective." (PSW)

"We do have a Teams chat for PSWs. . . and we'll occasionally go out for lunch. . . " (PSW)

From the managers' perspective, managing PSWs required them to "adapt" their management style and/or take on a much more "supportive role" including:

- Providing encouragement and reassurance to those who may lack confidence or "doubt themselves" in the role;

- Remaining approachable at all times so that people feel they can say if things are proving hard;

- Being mindful of the potentially triggering nature of the role and the potential impact this may have on some people;

- Acknowledging and spotting when extra support may be needed; and

- Taking time to really get to know the PSW so that they could: adopt a flexible, person centred approach; have open and honest conversations with the member of staff; and provide bespoke support when needed.

"Give them time to get to know you and you to get to know them because that is the best investment you can do. . . They'll be more open and honest with you. . .[It's about] helping people manage their own wellbeing [and]. . . to treat them as individuals and in the way that's going to suit their needs. . ." (PSW Manager)

"It's really important to be flexible and to make sure the PSW knows there's that flexibility and not to feel that they can't come to you and speak to you and say 'I'm not too good this week'. . ." (PSW Manager)

"It's about. . .understanding that people have their own lived experience so they might be challenged at work emotionally in ways that perhaps some other people might not be." (PSW Manager)

Given these differences, it was clear that the management of PSWs often requires more capacity and can be "mentally and physically exhausting" given the dual responsibilities associated with the management role.

"PSWs. . .need a different kind of support and adaptations. . . We need to make provision for that, and sometimes that involves more of the manager's time than it would for another member of staff. . . You will more than likely need to be a bit more hands on with that member of staff" (PSW Manager)

"The managerial supervision is fine. That's very straightforward. The supervision I struggle with is when people will come to me either in crisis or being triggered. . . I am not a mental health professional in the sense of clinically knowing what to do in those situations and I feel like it's a lot to carry. . ." (PSW Manager)

Whilst most managers recognised the need to balance the more traditional managerial tasks with a more supportive, "hands on" role, one manager touched on the challenges this had raised for them both in terms of their own skill set but also the blurring of boundaries between staff member and service user.

"[As a manager] you start to realise very early on that [PSWs] are much more open in what they say and how they say it and it became challenging for me at times 'cause I thought 'Oh, I'm not sure how to deal with this. . . Where's the boundary of not treating them like a service user because of having an episode, but at the same time acknowledge them as a staff member?" (PSW Manager)

This was a particularly pertinent reflection given that, for one PSW, being seen as "the same sort of level as clients" was a particular source of frustration for them, which reflects a finding that has been found in the broader literature base (see for example Otte et al, 2020).

2.2.4 Training and development

All but one survey respondent[3] said that they had received some form of Peer Support training from either ImROC, With-You or Health Education England. The feedback received from both PSWs and managers was very positive about this training and it was clear that it had formed a significant basis for their practice.

> "The [ImROC] training is definitely something I would recommend." (PSW)

"I'd say largely the experience of IMROC has been really positive. . .It really does steer things in a really sound direction." (PSW Manager)

One service also actively draws on the Sharing Lived Experiences Framework (SLEF) to help shape the PSWs practice given it's guidance around when and how to self-disclose one's lived experience.

However, it was clear that participants felt PSWs have a much broader set of training needs outside the peer support specific training, to ensure that they are comfortable, and able to deal safely, with some of the more challenging situations they may come across.

> "Some of the peer support workers are coming from no experience. If you suddenly get someone on the end of the phone in very dysregulated conversation and threatening all sorts of things, it could be very, very daunting..." (PSW Manager)

"If [a PSW] panicked [when someone was talking about feeling suicidal] and said 'Oh my God. I don't know what to do, but hang on a minute. Let me ring my manager. Blah blah, blah.' Then that would be dangerous. That could make that person go and complete suicide because they'd think 'I thought you understood me. You're supposed to know all about mental illness." (PSW)

In particular, the following training courses were felt to be particularly relevant for PSWs:

- Understanding Self-harm
- Mental Health First Aid training
- Understanding the mental health system and the Mental Health Act
- Suicide awareness
- Understanding different diagnoses and symptoms
- Managing difficult conversations
- Dealing with challenging calls
- Risk management
- Understanding dual diagnosis
- Understanding and dealing with vicarious trauma
- Equality, Diversity and Inclusion training.

Alongside additional training, it is clear that PSWs and managers feel there needs to be more thought given to the progression and development opportunities related to these roles, with only 34% of survey respondents agreeing that there were appropriate development and progression opportunities available for PSWs. In particular, it was felt that we should recognise the ambition and potential that many PSWs have.

"[A PSW role is often the] first step in someone's recovery of learning who they are and where they wanna go. But what next?.. Some people might want to do [peer support] for years, but it's looking at identifying what strengths people have and where they could go from there." (PSW)

> "It would be nice to see lived experience being [in more senior roles]. . . higher up there. . . that would be the dream. . ." (PSW Manager)

2.2.5 Boundaries of the role

In most cases, managers were able to articulate the difference between a PSW and other roles in the team; specifically, it was noted that PSWs do not usually receive initial referrals and they are not involved in case or risk management decisions (*although there was one PSW who spoke about their role in both of these tasks). However, one of the main challenges PSWs spoke about themselves related to "remembering the limitations of my role" and "resisting the fixing and becoming too involved". As such, establishing clear boundaries was felt to be really important.

On the whole, PSWs are comfortable with the range of tasks, activities and duties they are expected to undertake in their role (75% (n = 12) of survey respondents are completely comfortable; 25% (n = 4) are 'mostly' comfortable). However, as previously noted in section 2.2.1 above, a couple of interviewees questioned whether PSWs had the appropriate experience to resource a mental health phoneline.

2.2.6 Feeling valued in the role

During the interviews, to what extent PSWs 'feel' valued, both by Rethink Mental Illness and external partners, was explored given the prominence of this within some of the existing literature. The survey results were fairly positive, with 81% (n = 13) of PSWs feeling valued by our staff, (19% felt that this was 'mostly' the case) and 69% (n = 11) feeling valued by partner organisations.

During the interviews, managers gave examples of how they are actively taking steps to ensure that PSWs feel their contribution is equally valued. For example, one service employs "peer specialists" to acknowledge the level of expertise that people are bringing to the role, and they also work hard to ensure that PSWs are able to fully contribute to team meetings (e.g. using techniques such as Wise Crowds). The same service also takes time to introduce the purpose of the role to external partners. Other services are also taking time to co-produce service materials (e.g. service leaflets) to ensure that PSWs have a voice in how the service operates. However, some PSWs do not feel equally valued based on the level of seniority, salary and overall perception of the role.

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3   This respondent had been in the role for less than 6 months.

"I think the word peer support...you get seen as having mental health problems... you're seen as the same level as the client sort of thing... I think by admitting that you have mental health problems, it has this effect on how people think that you're going be at your job... And if you look at the way it's paid, it's the most poorly paid position in the whole of the services." (PSW)

"I feel Rethink Mental Illness do not provide sufficient support or financial recognition to the job we do." (Survey respondent)

> "I know that a lot of the PSWs feel as if they're bottom of the pile in terms of hierarchy."
> (PSW Manager)

It was clear that some managers also felt uncomfortable with regards to PSWs salary. In one case, it was felt that it would not be possible to "run a household" on the salary, and another manager questioned whether the salary was appropriate given that "what you're getting from somebody who's walked an authentic walk with their mental health might be immeasurable."[4]

When specifically reflecting on how the PSW role is valued by partner organisations, two interviewees reflected on some of the difficulties they had faced. For example, in one case a PSW had been challenged by an external partner having asked what a Section 117 is. The response they received from the partner organisation was "... well, maybe you should read the Mental Health Act. And until you've done that, I don't really think that you should be in this role in this service." A survey respondent also said "sometimes we as PSWs are talked down to, or at, by more professional workers from other sectors."

2.2.7 When and how to draw on lived experience

All of the PSW interviewees and survey respondents were very clear about what constitutes peer support and they were confident that they knew when it's appropriate, or not, to share their lived experience. In fact, interviewees were very thoughtful about when and how they shared their lived experience, ensuring that: it is always of benefit to the individual they are supporting (not solely themselves); they're not making it a competition; and they're not imposing anything on the people they support.
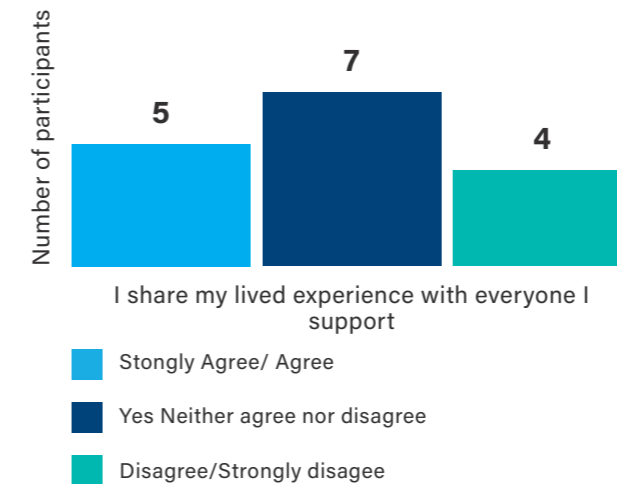
"[When sharing your lived experience] it always has to be of benefit to the other person. So this isn't you having therapy in the moment. This is whatever is right and proper for that person that you're trying to support." (PSW Manager)

> "Definitely always making it about them, not about yourself... It's not a competition, you know, saying 'well I was that bad. I tried to kill myself' type thing. It's not about that.... It's not like imposing anything from your side, it's just about listening to what they have to say as things arise..." (PSW)

In one interview, a PSW manager talked about some PSWs feeling that they had to be ready to share their lived experience at any given moment. However, the manager was very clear that this had never been the expectation.

"I know that a lot of [the PSWs] have said to me that they feel like they have to have their lived experience on tap...which is not what we want... I've said time and time again 'you might feel like that, but please don't think that that's what everybody else is expecting." (PSW Manager)

When this issue was explored in the survey, this did not appear to be a significant problem with only 3 respondents (19%) saying that they'd 'felt under pressure to share their lived experience when they didn't want to' and only 5 respondents saying that they 'share their lived experience with everyone they support' (see figure 9 below).

I share my lived experience with everyone I support

■ Stongly Agree/ Agree

■ Yes Neither agree nor disagree

■ Disagree/Strongly disagee

2.2.8 What makes you a peer?

The question about 'what makes someone a peer' came up organically in a number of the interviews. For example, it came up when talking to managers who were often very considerate about appropriately matching PSWs with service users in the case that there was a team of PSWs.

> "Not all peer experiences are the same, and we need to take that into account... there is some value in trying to match the right PSW with the right person that we're supporting..." (PSW Manager)

When followed up in the survey, 88% of respondents (n = 14) agreed with the statement 'my lived experience enables me to support some people better than others' and 7 respondents agreed that 'there are some people I would not share my lived experience with'. One respondent specifically referred to their age and how this could, at times, make it difficult to support older clients as they could feel 'patronising', whilst another respondent noted that they are "not able to relate to all service users."

Within the literature it is noted that "it is not always enough simply to share experiences related to mental health. Support is often most helpful if both parties have other things in common such as cultural background, religion, age, gender and personal values" (Repper, 2022). Some interviewees agreed with this perspective.

"I don't think you can [be a PSW] straight out of school, even if you've had mental health problems yourself. I still think you need to have had a bit of life experience to see things more broadly... And whilst I know about being unwell, I also know about being someone of mixed heritage and the role that has played in my own mental health... " (PSW)

"We say that it's anyone that they feel they could relate to on any level. That doesn't have to just be their mental health. That could be age, that could be hobby, that could be music taste because ... a person isn't just their mental health diagnosis..." (PSW Manager)

However, one member of staff felt strongly that someone's particular mental health diagnosis was an essential component in order to provide the best possible support.

"You wouldn't get a PSW for strokes who's got lived experience of COPD. So why do we do that with mental health?...I think that the value [of peer support] is somehow being diluted by the fact that we're not being specific when it comes to mental health compared to physical health."(PSW Manager)

"If you've got bipolar, the chances are you may end up with a PSW who's got lived experience of anxiety, which to me doesn't make sense... It's got to be more specific." (PSW Manager)

2.3   Ideas for improvement

In summary...

There were 6 main areas where improvements were identified by respondents including:

- Reviewing where PSW roles are advertised as well as adapting the interview process.
- Providing a variety of training opportunities, not just training in peer support.
- Increasing the internal support networks available for PSWs and their managers.
- Identifying development and progression opportunities for PSWs to ensure the principle of reciprocity features in the peer support role.
- Developing a more consistent approach across services that are employing PSWs both in terms of the training offer as well as the expectations of the role.
- Respecting the value of the peer support relationship by taking care to end someone's support with a PSW sensitively.

Throughout the interviews, ideas for improvement emerged. These related to:

- Reviewing recruitment practices
- Increasing access to a broader set of training
- Improving internal support networks
- Providing development opportunities for PSWs
- Developing a consistent approach across services
- Respecting the value of the peer support relationship

2.3.1   Reviewing recruitment practices

As mentioned in section 2.2.1, it was felt that there may be value in reviewing the advertisement of PSW roles in recognition that it is often someone's first role in the mental health sector and not everyone may understand what is meant by 'peer support'. It was also felt that the interview process itself could be adapted to the focus more on qualities and skills, as opposed to previous experience, and to acknowledge the (often) daunting nature of the interview process itself for some people.

2.3.2   Increasing access to a broader set of training

As noted in section 2.2.4, whilst there was very positive feedback received about the peer support training that PSWs receive (from providers such as ImROC, With-You and Health Education England), it was felt that PSWs would benefit from a broader set of training including courses such as: mental health first aid; understanding suicide and self-harm; and understanding the mental health system. Ensuring more services are aware of the Sharing Lived Experience Framework was also suggested.

2.3.3   Improving internal support networks

On a number of occasions, interviewees talked about the level of support that both PSWs, and managers of PSWs, need in recognition of the uniqueness of their roles and some of the challenges that accompany them as a result. In particular, ensuring that PSWs receive a bespoke induction and are made fully aware of the range of wellbeing support that is available to them outside of the direct line management relationship was felt to be important. Having someone else to go to, outside the line management relationship, was also suggested.

"What if you can't get hold of [your manager]? Could you contact a different manager in a different service. Could it be a mental health first aider? It could be literally anybody. Just someone you could ring and say 'that was tough today'... so you can sound off and get that bit of reassurance." (PSW)

"We're gonna look at whether there's any group supervision that we could offer to the PSW's so that there's something other than just me [as their manager], cause at the minute if I'm not there it's a bit like 'Well, who is it then'?" (PSW Manager)

Enabling PSWs, and managers of PSWs, to connect with others in similar roles across the organisation – particularly if they are not part of a team of PSWs – was also felt to be important in order to share experiences and ideas, release line mangers from being the sole person PSWs can turn to if they need support, and to continue to develop Rethink Mental Illness organisational practices over time.

"I think having an internal support system for PSWs is vital...[And] I think it would be nice for service managers ...to share some of the challenges they face..." (PSW Manager)

One PSW manager specifically reflected on a situation they had experienced, whereby the PSW had not turned up for work and they couldn't get hold of them. The researcher asked the interviewee whether they felt that the right policies and procedures were in place to help them manage that particular safeguarding concern, to which the manager replied "No, I didn't. No." As such, it was felt that there needs to be some additional, organisational guidance developed that outlines how to deal with staff safeguarding issues: "What would have helped me would have been almost some guidance or a policy pack...something easily available to me as a manager of someone with peer workers."

2.3.4 Providing development opportunities for PSWs

As noted in section 2.2.3 above, some interviewees commented on the limited progression and development opportunities specifically for PSWs, and yet a number noted their ambition to 'do more'. As such, some managers wondered whether there could be specific development and progression opportunities created for PSWs as a way to strengthen Rethink Mental Illness's offer and to acknowledge the commitment of people in these roles.

> "I don't think there is any sort of like standard or qualification for PSWs... If they've got some form of qualification behind them, it may give them the confidence to apply for other roles..." (PSW manager)

"It would be nice to see that people can still have lived experience roles in a more senior job... Could we mould the roles to the people that have committed to the organisation and worked really hard? Reward them by creating roles that fit them and their needs and their life and everything else...that would be the dream." (PSW manager)

Interestingly, one of the key principles of peer support is the idea of reciprocity (see for example Health Education England, 2020:5), which, in a voluntary capacity, comes from the two-way, supportive relationship that forms between two peers. During the interviews, however, this concept was never mentioned when PSWs were talking about their supportive role i.e. there was no real discussion about what they were gaining in terms of their own recovery when supporting others. In some respects, the principle of reciprocity was apparent within the role itself, which was often fulfilling someone's desire to 'use their experience to help others' or to 'give something back to the mental health system'. However, in the case of paid peer support where there is an employment contract, the principle of reciprocity can also be found between the PSW and the employer; in which case, being mindful about development (including training) and progression opportunities feels particularly important.

2.3.5 Developing a more consistent, organisational approach

One of the themes that emerged during the review related to the need to consider a more consistent organisational approach to the training and management of PSWs. Whilst all but one PSW had attended some peer support training, the particular training they attended depended on what was available locally.

It was also clear that services were using, or even developing, some of their own good practice guides. For example, only one service mentioned drawing on the Sharing Lived Experience Framework and another service mentioned developing a volunteer induction training programme for their (voluntary) peer mentors. There was also a lack of guidance when it came to managing safeguarding issues related to PSWs and no-one mentioned drawing on the Health Education England Competency Framework for PSWs, which was published in 2020. Given this, there was a feeling that it would be beneficial to spend some time developing a more consistent approach across our services.

> "I think there needs to be a lot more 'this is the Rethink Mental Illness way." (PSW Manager)

"I think consistency is paramount. It creates a structure, but at the same time it asserts a better understanding...so PSWs don't get mixed messages from different people... When I look at the PSWs across all my teams, they're all working completely differently and they all do things completely differently... But it would have been great to kind of have the same process... Just to have that consistency across all roles rather than having mixed messages." (PSW Manager)

### 2.3.6 Respecting the value of the peer support relationship

When the service users were asked if anything could be improved, two out of the three noted that the support relationship ended "abruptly", which they had found difficult. This questions whether there may need to be more respect placed on the value and importance of the PSW relationship.

> "It just suddenly stopped due to [the PSWs] role changing... that can be quite detrimental... if you've already started with someone, it should have been continued..." (Service User)

"The only is that it was a shock when [the peer support] came to an end very abruptly, which coincided with my support from [another member of staff] stopping too... There seemed to have been no communication between [the two members of staff] about this...it came as news to [the other member of staff] about [my PSW] ending my sessions." (Service User)
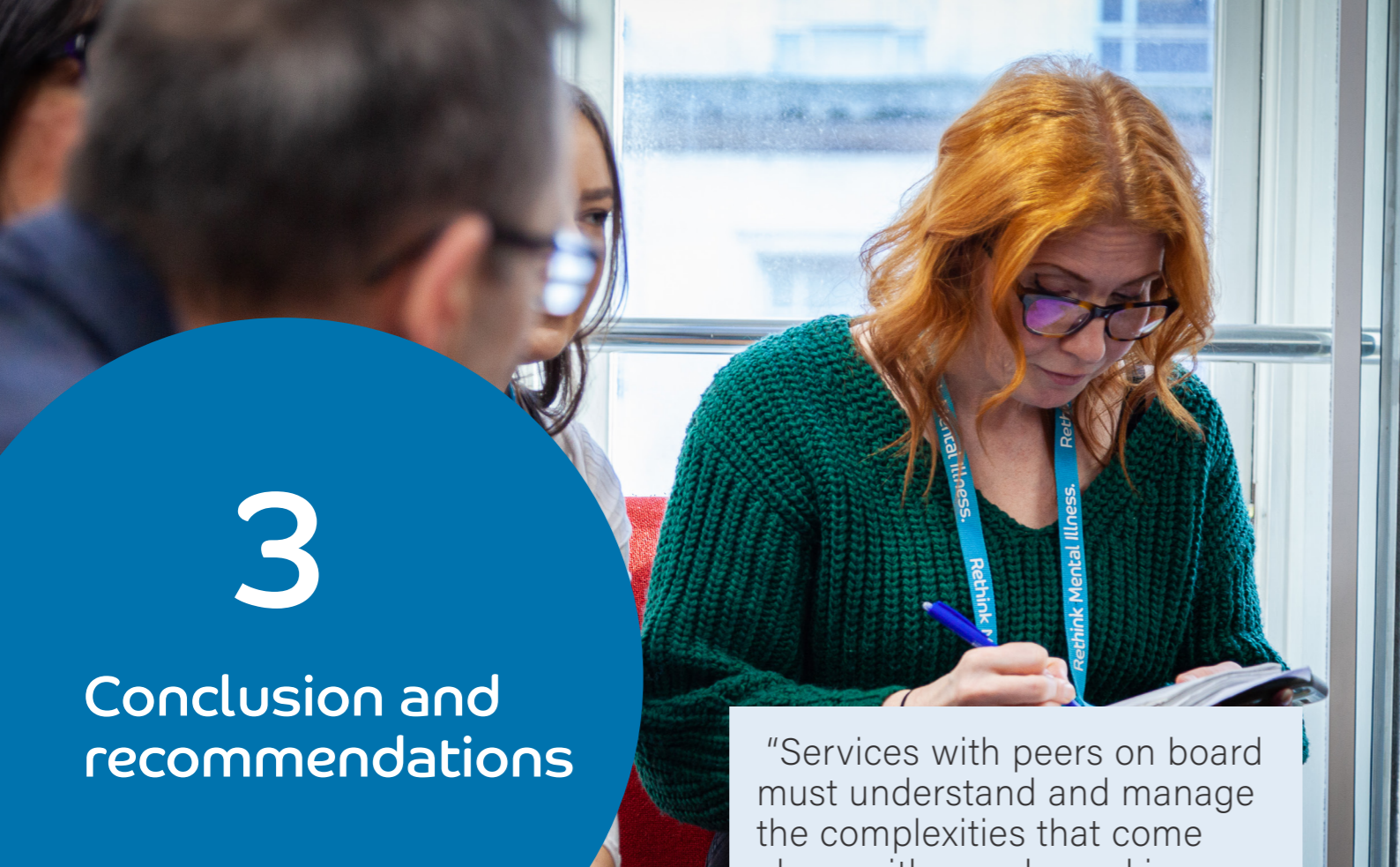
3

Conclusion and recommendations

"Services with peers on board must understand and manage the complexities that come along with people working and living with mental illness."
(Survey respondent)

3.1 Conclusion

Overall, this review has provided some important insights into the significant value that PSWs are felt to be contributing to a range of Rethink Mental Illness services. It has documented the passion that many service managers have for embedding and supporting PSWs within their services and it has drawn attention both to the uniqueness of the role and the implications this has on all stages of the employment journey (from recruitment, training and support, through to progression and development).

In many ways, the findings mirror the range of themes and issues that are discussed in the existing literature, particularly around the value of peer support and the uniqueness of the role. However, it is felt that this review has added to our understanding of this topic by:

1. exploring the experience of PSWs outside of a clinical-based setting;

2. ensuring that our internal values and practices are fit for purpose and supportive of the PSW role;

3. demonstrating the value that PSWs are having not only on those they directly support, but on service development;

4. focusing in on the managers perspective and the implications of managing PSW roles specifically; and

5. acknowledging the role that Rethink Mental Illness (as the employer) has in ensuring that the principle of reciprocity, which is fundamental in peer support, continues to feature in a paid peer support role (e.g. in terms of training, development and progression).

3.2 Recommendations

Throughout the findings, a number of important questions have been raised, and ideas proposed, which have led to the following set of recommendations.

3.2.1   Service Development

- The benefits of including PSWs within new service models should be actively considered given the added value that PSWs can bring to a service. However, the purpose of involving PSWs should be properly considered on each occasion.

- There is value in having more than one PSW within a service both to increase their internal support network and to increase the diversity of PSWs available to support service users.

- Services that do not currently employ PSWs may benefit from considering how PSWs could be adding value to the current service offer.

- Services that employ PSWs should ensure that managers have the required time and capacity to adopt a very supportive management style. For example, this may mean that managers will only ever have a maximum number of PSWs to line manage at any one time (*what this number would be needs to be discussed) and some managers may identify additional training needs.

- An appropriate training and development budget should be allocated to services that employ PSWs to ensure the principle of reciprocity is fully adhered to. This should always include some form of peer support training (e.g. ImROC).

- Rethink Mental Illness should look at how it can standardise processes and ensure that all services are working in accordance with an agreed set of 'best practice' guides and/or frameworks (e.g. SLEF) to ensure an element of consistency around the implementation and development of the PSW role across the charity. This should include guidance around managing any safeguarding issues that may arise.

- We should take some time to review the Health Education England Competence Framework for Mental Health Peer Support Workers (2020) to explore if/how it applies to Rethink's context and practice.

- Ensure that organisational policies (e.g. the code of conduct) are fit for purpose and are suited to the PSW role (e.g. around disclosure).

3.2.2 Recruitment and selection

- Review how and where PSW roles are advertised, ensuring that what is meant by 'lived experience' is extremely clear in the advert. This could include directly targeting IPS services (both Rethink Mental Illness and external).

- Review the interview process for PSWs to ensure that people are able to demonstrate the required qualities and skills needed to fulfil the role, whilst giving people the best possible chance to demonstrate these (*this may include adapting the more traditional interview process).

3.2.3 Training and development

- Ensure that all new PSWs attend some form of peer support training, as this forms a significant basis for their practice

- Ensure that PSWs have access to a wide range of courses, over time, which will enhance their knowledge base in the mental health field and equip them to deal with the range of responsibilities and duties they may have (e.g. resourcing a mental health phoneline). This recommendation is in-keeping with section 2 of the Health Education England Competence Framework ("Knowledge for peer support workers").

- Develop one or more 'progression and development routes' specifically for PSWs; this is likely to be based on the individual's needs and aspirations. Connecting with the work by Melanie Ball and Syena Skinner may be worth exploring here, as well as the apprenticeship for Peer Workers.

3.2.4 Management and support

- Review the internal support networks available for PSWs and managers of PSWs. This may include identifying an alternative contact for PSWs outside of the line management relationship or considering the value of restorative supervision.

- Share best practice amongst managers about how to balance the more traditional management responsibilities with adopting a more supportive management role, whilst not undervaluing or discriminating against people with lived experience.

- Find ways to share best practice and develop a community of PSWs within Rethink Mental Illness (e.g. making the most of Workplace and the Knowledge Hub).

- Find ways to include PSWs in co-producing services given their ability to draw both on their own lived experience as well as their knowledge and understanding of Rethink Mental Illness as an organisation.

3.2.5 Policy and influencing

- Reflect on the findings of this review to explore Rethink Mental Illness's position on the national drive to increase the PSW workforce. In particular, it may be useful to draw attention to the findings that suggest 1) the purpose of including PSWs should be clear at all times and 2) the employer has a role in ensuring that the principle of reciprocity is built into the employment relationship.

- Consider if and when additional research or evaluation may be warranted to build on the findings of this review. This may include: including unheard perspectives (e.g. staff who work alongside PSWs but do not have line management responsibilities and/or staff who have lived experience but are not a PSW); reviewing service users outcomes data; or increasing the amount of feedback received from service users who are supported by one or more PSWs.

Appendices

Appendix 1: Peer Support Workers Interview Guide

1. Would you mind by starting to tell me a bit about your role at Rethink Mental Ilness

2. Can I ask what first attracted you to the role?

   a. Where did you see the role advertised?
   b. What had you been doing before this role? Ever worked in a PSW role before?

3. Peer Support Workers have their own lived experience of mental illness, so we're interested to understand how you find yourself drawing on this in your role.

   a. When might you disclose something about your own lived experience?
   b. Do you have any examples of where you feel you've done this successfully?
   c. What impact do you feel this has on the support you can provide?
   d. Are there any particular challenges you have faced regarding disclosure?
   e. Do you find yourself using your lived experience when engaging with other team members at all or when considering how the service is provided?

4. In addition to your lived experience, what other skills/knowledge/experience do you find yourself drawing on to undertake your role?

5. Thinking about your experience of working at Rethink Mental Illness, would you say you are well supported in your role?

   a. How was the induction?
   b. Experience of day to day management and supervision?
   c. How well do you feel you've been supported to integrate into the team?
   d. Do you feel you are supported to look after your own wellbeing?
   e. Have you received any training to support you in your role?

6. Is there anything you think Rethink Mental Illness could do to improve your experience as a PSW?

   a. Anything in regards to the induction process?
   b. Management, supervision and support?
   c. Training and development opportunities?

7. What would you say to someone else who is considering becoming a PSW?

   a. Benefits? Challenges?
   b. Anything they should bear in mind?

8. On reflection, what do you feel characterises "good" when it comes to undertaking a PSW role?

9. Before we wrap up, is there anything else you'd like to say today, either about Rethink Mental Illness's practice or the contribution of PSWs to Rethink's work more generally, which you don't feel you've had a chance to say or reflect on today?

1. Would you mind by starting to tell me a bit about your role at Rethink Mental Illness.

2. So can you tell me a bit about the PSW roles that you have within your service.

3. Thinking about the recruitment and management of these roles, what has been your experience in this respect?

   a. Easy to recruit for?
   b. Skills, knowledge, attitudes, values, experience that you look for/think are particularly important in these roles?
   c. Any particular issues or needs to consider related to the induction of PSWs?
   d. Any particular issues or needs to consider when managing PSWs?
   e. Any particular training or development needs to be aware of?
   f. Any particular issues to consider when embedding and integrating PSWs into a team?
   g. Any reflections on how organisational policies currently support the recruitment and integration of PSWs within Rethink Mental Illness services?
   h. Any particular challenges you've faced upon managing PSW roles?

4. Overall, what would you say to a manager who is considering recruiting for, and integrating, PSWs within their service for the first time?

   a. Would you encourage them to do so?
   b. Do you think PSWs would/could be appropriate in all service types?
   c. In what circumstances, or under what conditions, would you consider PSWs as an appropriate role?
   d. What advice would you give them?
   e. What do you feel is needed to make this a success?

5. Is there anything you think Rethink Mental Illness could do to improve the recruitment, integration or management of PSWs?

6. Before we wrap up, is there anything else you'd like to say today, either about Rethink Mental Illness's practice or the contribution of PSWs to our work more generally, which you don't feel you've had a chance to say or reflect on today?

1. Would you mind by starting to tell me a little about your involvement with Rethink Mental Illness.

2. When did you start receiving support from a Peer Support Worker?

3. How has this individual supported you?

4. How would you describe or compare this support to other support you've received for your mental health?

5. Is there anything you think Rethink Mental Illness could do to improve the support you've received from a Peer Support Worker?

6. Before we wrap up, is there anything else you'd like to say today, either about Rethink Mental Illness's practice or the contribution of PSWs to our work more generally, which you don't feel you've had a chance to say or reflect on today?

1. Approximately how long have you been employed in your Peer Support role?

2. What type of service do you work in?

3. Are you the only Peer Support Worker in the team or are there other Peer Support Workers in the team?

4. How did you initially hear about the role?

5. What initially attracted you to the role of Peer Support Worker? (Please tick all that apply)
   - I wanted to use my experience to help others
   - I wanted to give something back to the mental health sector
   - It was a way to start working in the mental health sector without any previous experience
   - It was a part-time role
   - I had always wanted to work for Rethink Mental Illness and this was an opportunity for me to do so
   - It was a good first step back into the workplace following a period of unemployment/bad mental health

6. Was this your first role in the mental health sector?

7. Thinking about your role, to what extent do you agree with the following statements?

   Having lived experience of mental health challenges enables me to...
   - ...give people hope that recovery is possible
   - ...empathise with people's experiences
   - ...advocate for the support that people need
   - ...bring an element of humour to the role
   - ...form trusting relationships with people
   - ...reassure people that they're not alone
   - ...understand the pace and reality of recovery
   - ...relate to people as an equal
   - ...share coping strategies
   - ...influence the way the service is delivered

8. Any there any other implications, or benefits, that you feel having lived experience of mental health challenges means for the support you can provide to people?

9. Are you comfortable with all the tasks, activities and duties that you're asked to undertake in your role?

10. When thinking about your Peer Support role, to what extent do you agree or disagree with the following statements:
    - I know when it's appropriate, or not appropriate, to share my lived experience
    - I have felt under pressure to share my lived experience when I don't really want to
    - I share my lived experience with everyone I support

- My lived experience enables me to support some people better than others
- There are some people I would not share my lived experience with
- Sharing my lived experience can raise some of my own triggers
- The expectations of my role are clear
- I feel isolated in my role
- I feel my own welfare is taken into account when undertaking the role

11. Are there any particular challenges you've experienced whilst undertaking your Peer Support role? If so, please outline them below.

12. Do you feel that other Rethink Mental Illness members of staff value the Peer Support role?

13. Do you feel that other partner organisations value the Peer Support role?

14. Do you feel you received a good induction when you started to work at Rethink Mental Illness?

15. Which of the following training have you received, or would you like to receive, in your Peer Support role?
- ImROC Peer Support training
- With-You Peer Support training
- Health Education England Peer Support training
- Mental Health First Aid
- Understanding different mental health conditions
- Understanding suicide
- Understanding self harm
- Managing difficult conversations
- Understanding the Mental Health System
- Understanding the Mental Health Act

16. Is there are any other training you feel would be useful to you in your Peer Support role?

17. Do you feel there are appropriate development and progression opportunities available for Peer Support Workers?

18. Overall, do you feel well supported in your role?

19. Is there anything you feel could do to improve your experience as a Peer Support Worker at Rethink Mental Illness that you haven't already mentioned?

20. Is there anything else you would like to say about your role as a Peer Support Worker at Rethink Mental Illness that you don't feel you've had a chance to say yet?

Demographics

21. How old are you?

22. What is your gender?

23. To which of these ethnic groups do you belong?

24. Which of the following best describes your sexual orientation

25. In what region do you live?

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