

**EMBEDDING PEER SUPPORT INTO SERVICE DESIGN
AND DELIVERY:
CROSS-SECTORAL LESSONS FROM IRELAND**



ESSC 2024 ANTWERP, BELGIUM, 26-28 JUNE 2024

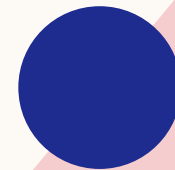


ACTION RESEARCH SAMPLE (N=90)

Mental Health

International Protection Applicant (IPA) Health

Traveller/Roma Health



May 2022 – May 2024

AGENDA

1. Michale Ryan – Mental Health, Case Study

**2. Niamh Lally – The Why & Where of Peer
Worker Roles**

**3. Lynne Cahill – How to Support the Needs
of Peer Workers**

**GROUP QUESTIONS/
OBSERVATIONS**

AFTER EACH SECTION

FOR 5 MINS



HSE
Mental Health
Engagement
& Recovery



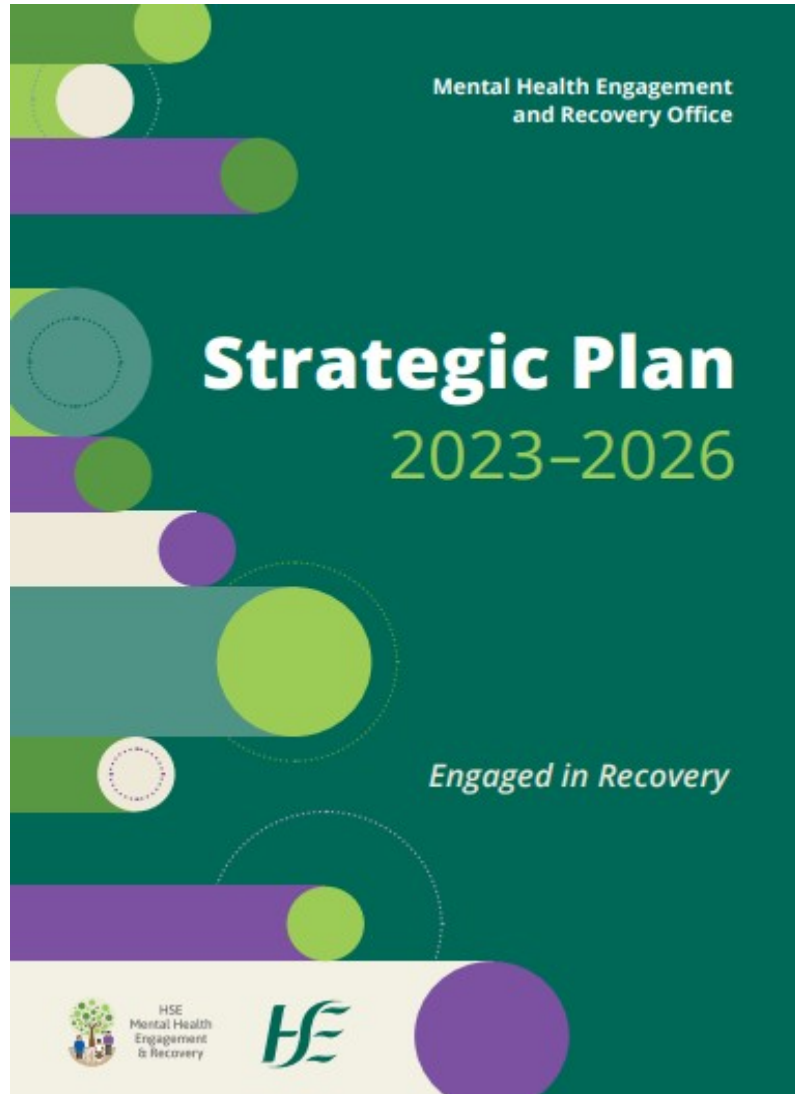
1. MICHAEL RYAN,

**OFFICE OF MENTAL
HEALTH ENGAGEMENT &
RECOVERY**





Engaged in Recovery



STRATEGIC OBJECTIVES

1. To co-produce an enhanced good practice model for meaningful engagement in mental health services.
2. To co-produce structures and systems that will ensure recovery education is embedded within mental health services.
3. To support and enhance the role of peer and family support working in mental health services.
4. To lead and support the implementation of recommendations from 'Sharing the Vision'.
5. To embed a sustainable model for Individualised Placement Support (IPS).

ENABLERS

- | | |
|--|---|
| 1. Organisational Commitment:
to secure and advocate for good governance, funding and resources to support the recovery approach | 2. Communications:
to facilitate information flows regarding engagement and the recovery approach |
| 3. Data and Evidence:
to collect data and evidence about the effectiveness of the recovery approach | 4. Capacity:
to build multi-stakeholder capacity to engage with and put into practice the recovery approach |



UNDERSTANDING LIVED EXPERIENCE

- Lived experience is living with a MH challenge that had a disruptive impact on your life either personally in one's own life or as a family member, carer or supporter. Lived Experience also incorporates the experience of using services and achieving Recovery...
- Lived experience is a form of expertise and a new set of knowledge....
- *Lived experience yields distinct knowledge that is different to knowledge gained in professional or academic contexts. This can sit alongside and complement academic or occupational expertise generated through study or work.*
- [McPin-10for10-Lived-Experience-Resource.pdf](#)





UNDERSTANDING LIVED EXPERIENCE

- Continuum...mild depression/anxiety....to acute psychosis...
- *Fear, confusion, shame, despair*
- *People treating you differently....*
- *Breakdown of relationships...*
- *Simple things becoming impossible*
- *Loss of confidence...loss of hope...isolation loneliness*
- *hospitalisation*
- *Breakdown of basic life structures- poverty, unemployment, homelessness*

No Island is a man....





UNDERSTANDING RECOVERY

- Recovery is not cure...
- But recovery is possible for all regardless of kind, severity, or length of MH challenges one experiences
- It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of **new meaning and purpose in one's life** as one grows beyond the catastrophic effects of mental illness'. (Anthony, 1993)





APPLICATIONS OF LIVED EXPERIENCE

- ***Lived experience has a service improvement and therapeutic benefit to services and for those who use services...***
- Peer Support (service user & family)
- Peer connectors
- Lived experience Led services
- Recovery Education services/Colleges
- Lived Experience managers
- Lived experience advisors
- Peer researchers/ evaluators (PPI)





FOR REFLECTION 10 MINS

- *What applications of lived experience do we need..?*
- *Paid or voluntary..*
- *Is this the service, service users need from us..*
- *What can make it better...*
- *Is it accessible enough..*
- *What are the gaps...*
- *What additional supports are needed*
- *Are there parts of it that should be lived experience led..*
- ...



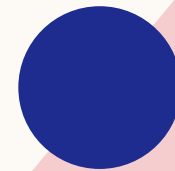
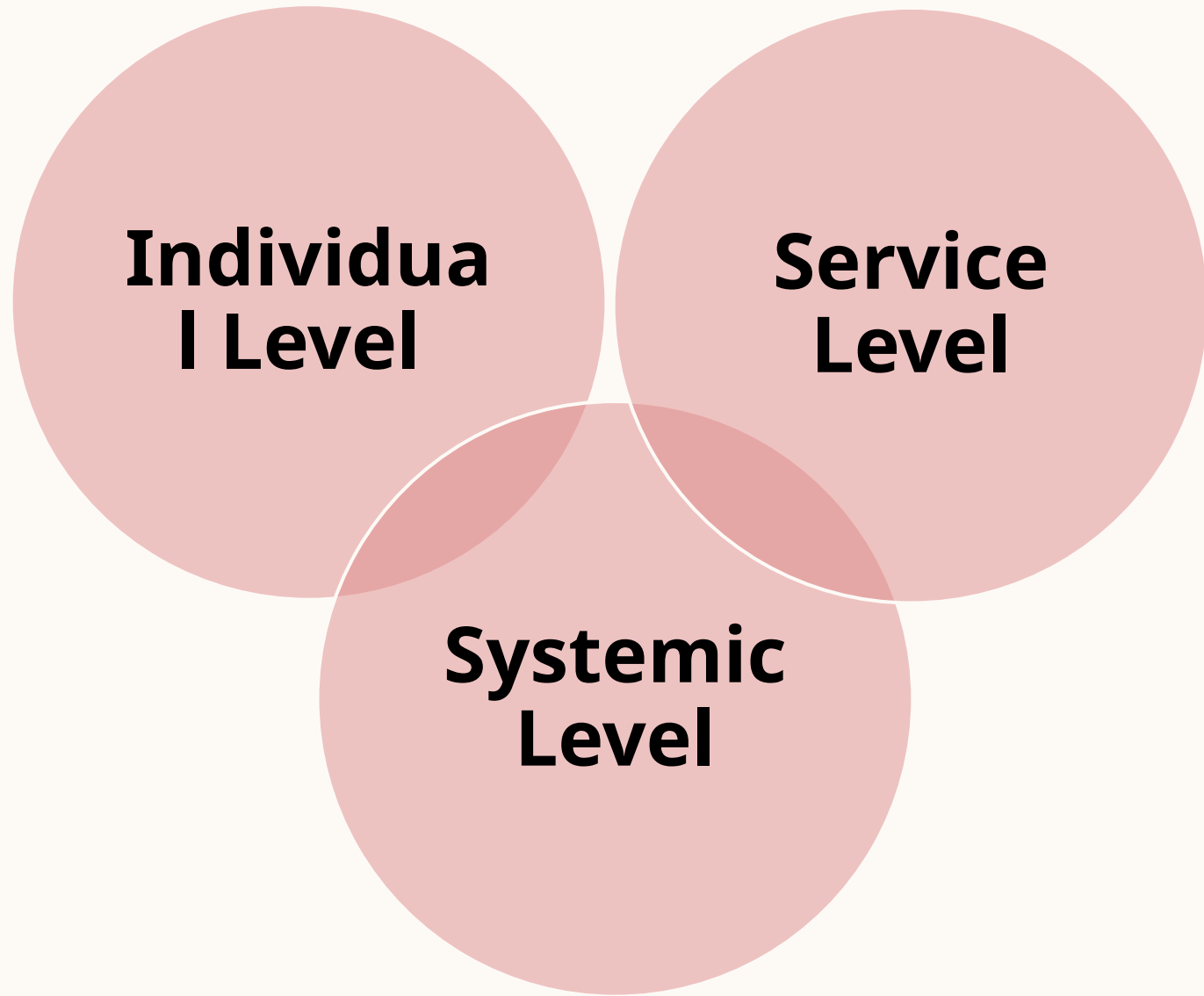


2. NIAMH LALLY, GENIO



WHY?

PEER SUPPORT



*“even though I’ve come to work in these [IP] centres, I was once in these [IP] centres, so there’s also **hope**”*

QUOTES:

Service Level: *Peers are able to help people **to link into services** that other clinicians aren't able to do because we don't speak the language, we don't have the first-hand knowledge of their experiences" (HSE Manager)*

Systemic Level: *It goes a long way to getting you in the door, but I've always felt then **you need to go in behind that with actual Clinicians**" (HSE Manager)*

- 1. Are you clear on your purpose for employing Peer Working?**
- 2. How will you enhance the profile of lived experience?**
- 3. How will lived experience be used in decision-making?**



WHERE?

**GOVERNANCE &
MANAGEMENT**

Of the peer worker role

Within the Health System:
Structures and support VS.
“Bounded by the system”

A hybrid model:
Flexibility and funding VS.
Complexity of governance

Within the community:
Independence, Trust and relationships VS.
Lack of stability and standardisation

“I don’t see them as two siloes. They need to be integrated...” (Peer Worker)

QUOTE

- ***“HSE & Host org policies “...sometimes we’ve been caught up in the middle, and you don’t know where to turn to” (Peer worker)***
- ***Supervisor role ““it’s [job spec, training] coming back to me. It’s in line with Sláintecare [health policy]. It’s in line with all the programmes of work that we must be aligned to from a HSE perspective” (HSE manager)***

THE 'WHERE' WORLD CAFÉ Q – 5 MINS

- Where will the peer worker role be situated in your area? Are the host organisation's?
 - Experienced, understand the peer group
 - Policies in alignment
- Who will?
 - Develop the job spec, supervise peer roles and responsibilities
 - Identify key training needs and ensure training is aligned with peers development
 - Capture impacts of the peer work (ensure uniformity of data)

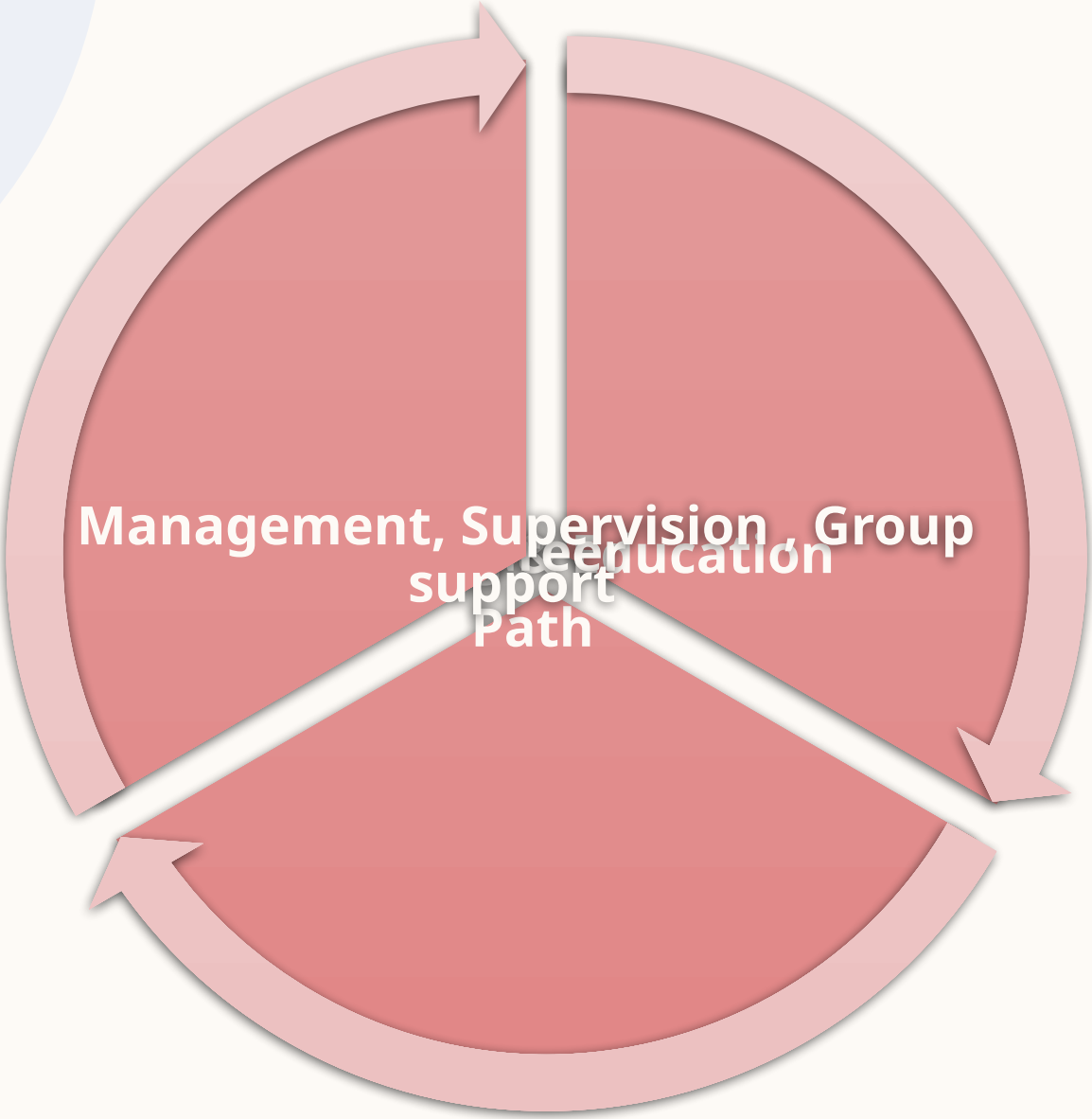
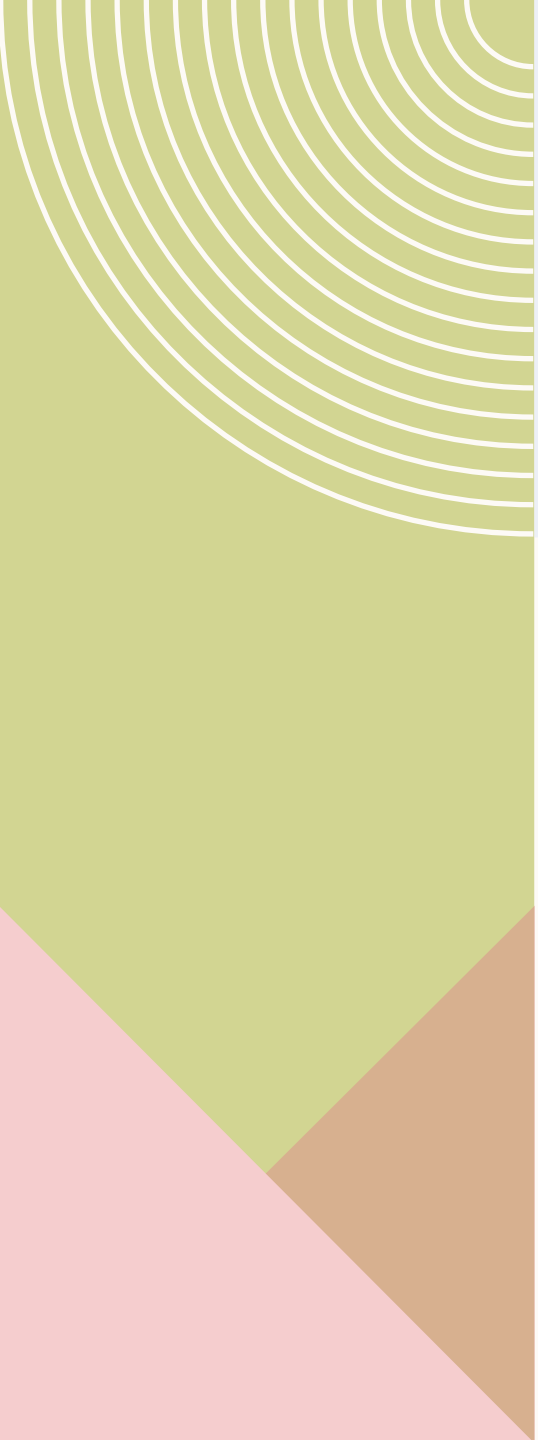


3. LYNNE CAHILL, GENIO



HOW?

**PEER SUPPORT, TRAINING
SUPERVISION,
MENTORING**





QUOTE:

*“because you’re from the community, you live and you work in your community, you’re never off call, you’re always on call
(Peer worker)*

“there is a big discrepancy in terms of the capacities, experience, and knowledge they have” (Peer manager)

“pathways into mainstream employment, not everybody wants to work in a [peer role] for the rest of their lives, some might want to go onto the HSE or to local authorities, or somewhere else in the public sector” (NGO, manager)

THE 'HOW' WORLD CAFÉ – 5 MINS

- **Managing Boundaries**
- **Bespoke training**
- **Communities Of Practice**
- **Progression for peer workers**

PLENARY – 10 MINS

26

Why Peer Support? Are you clear on

- your rationale for lived experience roles?
- what they are & what they are not?

Where will the peer worker role be situated?

Who will develop

- **job spec, supervision, key training needs, impacts**

How can you build capacity and supports for people to succeed in lived experience roles?

- **Co-production of CoP, Supervision, Boundaries, Training & Supports**



THANK YOU

Niamh Lally

niamh.lally@genio.ie

Lynne Cahill

lynne.cahill@genio.ie