



Social Psychiatry Today – No Future Without Participation?

Participation – Involvement – Co-Production
Forms of collaboration between experts through experience and
experts through training

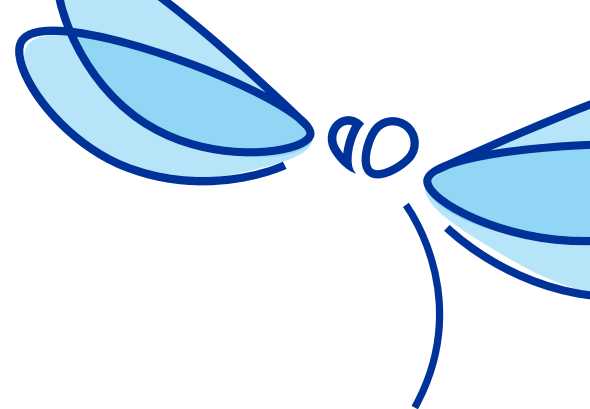
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Introduction

- What is your name?
- Where do you come from?
- Which organization do you work for?
- Are you already working with PLE?
- What tasks do PLE have in your organization?



What to do to start implementation of PLE in MH institutions?



- Get approval
- Think strategically
- Don't just start at the bottom
- You don't have to change the world
– start small and do it well
- Begin with co-production

What to do?

Problem

Resistance from traditional models and fear of losing status

Hierarchical, risk focussed systems – stigma of lived experience roles

Lack of understanding about how to introduce change

What to do?

- Well established and growing evidence base for specific lived experience approaches
 - Clear best practice and examples of successful implementation
- Services/systems under pressure – we know that in times of economic insecurity, attitudes often harden, making this work even more difficult

Preparing the teams

(Repper, J.: Peer Support Workers: A Practical Guide to Implementation)

- preparation of the teams in which the PLE is to be placed is essential.
- part of a broader, recovery-focused, transformation of services
- training in recovery-focused practice and a commitment to making the service more recovery-focused.
- consider the nature and role of peer support and how it differs from other roles in the team
- meet and hear the stories of peer workers and m.h. practitioners from other teams where successfully introduced

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- honestly discuss hopes, fears and concerns
 - consider the different sorts of expertise within the team
 - review peer worker job descriptions and person specifications to ensure that they embody the core principles of peer support
 - develop a sense of collective ownership by coming together to think about the relative roles and responsibilities of peer workers and other team members in their own particular context
 - provide reassurance from senior managers that there is a commitment to these developments from the top and that they will respond to questions and concerns.

What would be important points for a training to prepare for your situation?

- 20 minutes time

Implementation Workshop Munich

Brainstorm:

- What do I associate with the term EX-IN recovery support?
- What are my expectations, wishes, fears, etc.

Recovery

- Clinical recovery
- Individual recovery
- Recovery in mental health

What are recovery companions/peer worker?

- Use of experience as core competence

Impact on the organisation

Mini Project

Reflection of roles and approaches

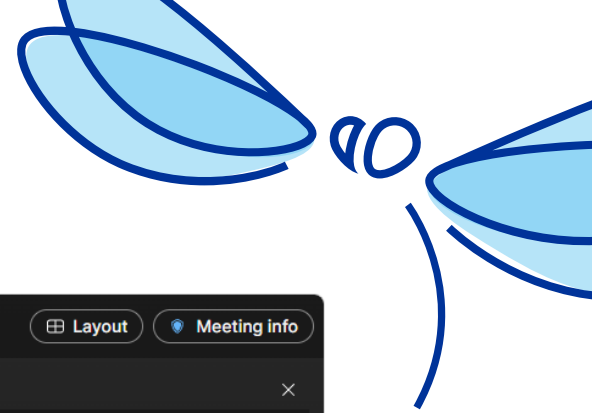
- Self disclosure
 - Professional distance – professional proximity
- Between the chairs
- The core role of a mental health professional is based on their professional expertise and this shapes their relationships.
- However, the core role of a peer support worker is based on their lived experience of mental health challenges and this informs a different kind of relationship.

Rolefinding

On the chair of the colleagues?
On the chair of the clients?
On both chairs?

SPIRAL

What the biggest fears or doubts about peer involvement in your organization? (5 Words)



Workshop Preparation for MH staff

Layout Meeting info

Referat 24

Waiting for others to join...

Invite people

Copy meeting link

Slido

Home

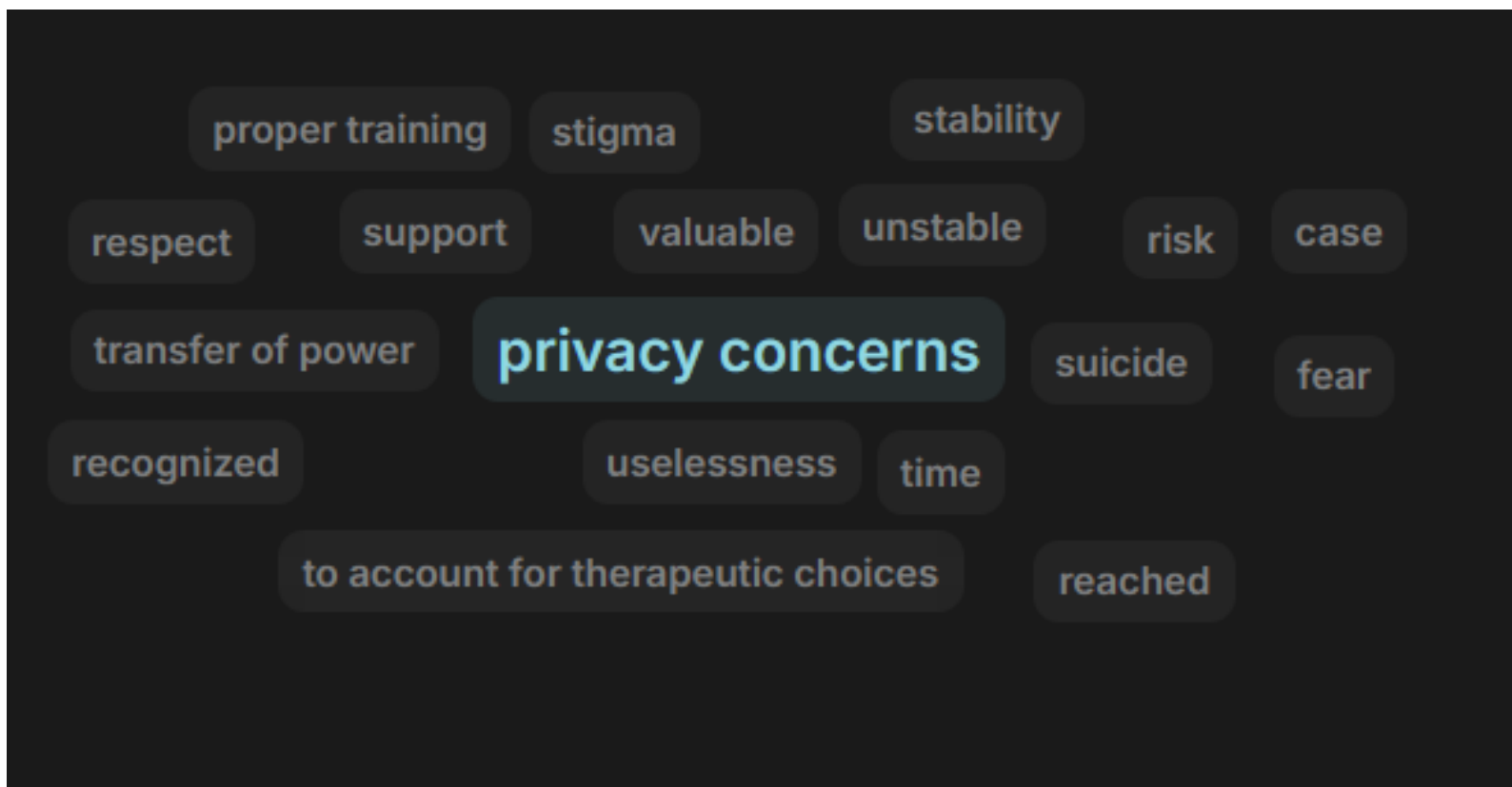
Word cloud

Waiting for votes

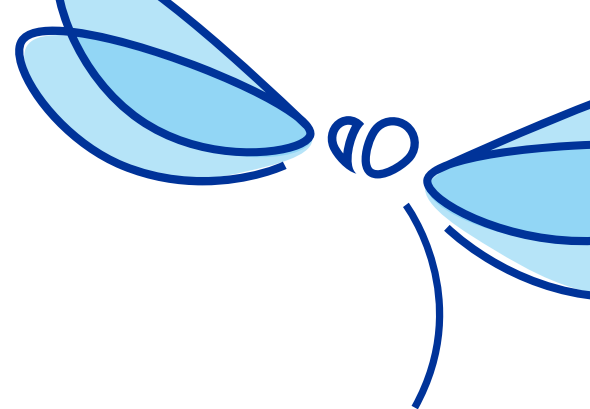
What are your biggest fears or doubts when you think about peer involvement in your organization?

Please type your answers into the boxes here

What prejudices and doubts might your colleagues have? (5 words)



Myths about peer Workers



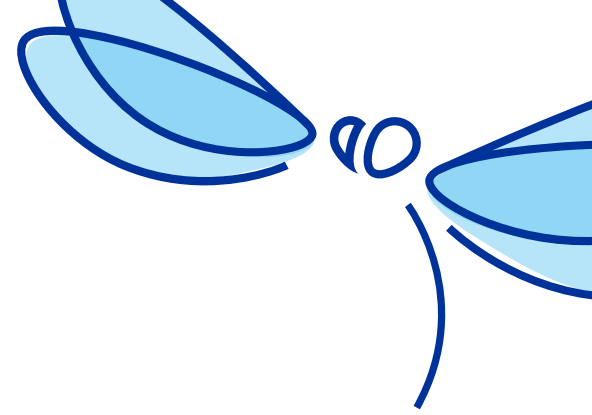
- Peer support is just a way of saving money
- Peers are too fragile, they are likely to 'break down' at work
- Peers will not conform to usual standards of confidentiality
- no difference between peer support workers and other staff who have personal experience of mental health problems
- the presence of peer support workers will make staff worried about 'saying the wrong thing'
- The only way to be sure of getting a job these days is to say you have a mental health problem

Myths

- Peers get to do all the nice things, we have to do the boring admin and medication, handing out meals, making beds etc.
- that traditional staff roles will be made much harder, not easier.
- Peers don't know the difference between friendships and working relationships.
- Peers will be subversive, they will be 'anti-psychiatry' and 'anti-medication'.



Recovery Oriented Services



- ‘A recovery-oriented service as one that supports people to be the *drivers of their own recovery*, focuses on personal meaning rather than symptom reduction, and embeds recovery values across every level of the mental health system’. (*National Framework for Recovery in Mental Health*, HSE Ireland)
- Involvement of PLE



New ways of working individual and service level change

- Shared Decision Making
- Collaborative Care Planning
- Joint Crisis Planning
- Wellness and Recovery planning

Impulses for the Further Development of Psychiatry

- Cultural Change
- Change Agents
- Services:
 - Clients (hope, intensive outreach, recovery)
 - Colleagues: interpreter, professional closeness, self-disclosure, hope
- Management (guidelines, documents...)
- Administration, Politics
 - Use money wisely
 - Planning and Evaluation

Preparation

Prepare the teams

- introduction to the PLE Model
- enlist them as helpers and ask for their insights

Have a structure

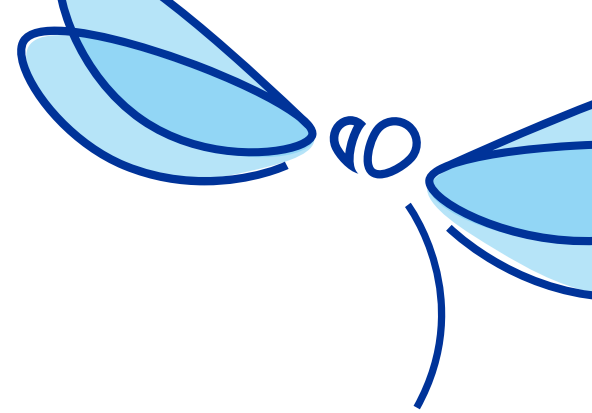
- Clear roles / role descriptions, clarity on organisational processes, mentor / tandem partner

Framework Conditions

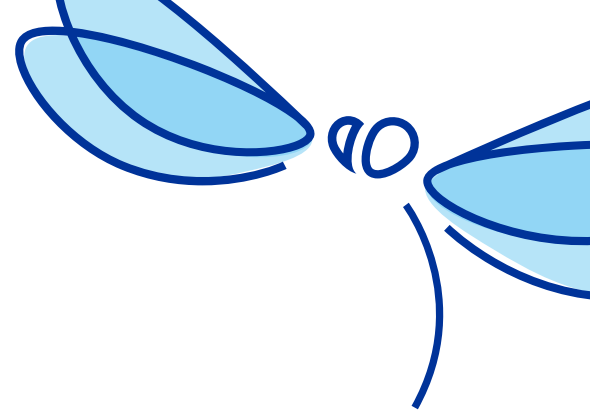
- development opportunities, networking, supervision and training

Lived experience infrastructure

- Visible and meaningful lived experience leadership roles



Key Elements



- A Recovery focused service can only be effective when lived experience is integrated
- This goes beyond individual lived experience roles to:
 - Leadership
 - Co-production as a foundational practice
 - Integration the experiences of people who use services in all that we do
 - Enabling staff to work in empowering and creative ways



Thank you for your attention

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