#  Preliminary analysis of barriers for involvement of peer support workers in acute care in the Czech Republic

This text has three parts. The first part summarizes the observations from the seminar, attended by Norwegian experts Marit Borg, Bengt Eirik Karlsson and Monika Landsverk, and active peer support workers and health care managers from the Czech Republic. The second part then brings basic knowledge of literature research. The conclusion contains a summary and formulates practical measures for the effective involvement of peer support workers in the acute inpatient psychiatric care setting.

## Seminar 22. 11. 2019

**The added value of involving peer support workers in the acute ward team**

The seminar participants identified a number of areas in which the involvement of a peer support workers can add value. They were based on their own experience and research studies.

Peers have the potential to be close to patients, based on comparable experience. This is also reflected in the use of nonexpert language. The peer support workers can easily become a trusted patient guides in a particular facility from admission to follow-up services.

If the peer support workers remain in contact with patients after they are discharged, they are the ideal guides for this period. They can direct patients to self-help groups and available community services based on their own experience. The position of peer support workers allows time to get to know and understand the patient well. Peers can then offer other professionals a high level of insight. Peer support workers also have an influence within the helping team, helping to break down stereotypes, opening up hopeful perspectives and disrupting the hierarchical division of professionals - patients.

**Notes on introducing the role of peer support worker to the acute ward team**

When implementing a peer role in a hospital environment, it is important, as in community services, to provide support to both the peers and the team in which the peer position will be created. Also important are organizational measures that will help in the beginning of implementation and allow the peer to work in the ward in the long term.

*Support to peer support workers*

The basic support element for peers should be a quality initial training of at least 5 days, in which peer support workers will learn to consciously work with their own story. There was no clear agreement among the seminar participants on the extent to which further education and training should be specific to the issue of coping with crisis situations such as de-escalation techniques. Practical coping with crisis situations and increased chances of team recognition are the arguments for including these techniques in education. On the other hand, the question arises as to whether peer support workers should have a different role from other team professionals and whether they need specialized professional training to perform this role. The possibility of regular supervision and support of peers in their active psycho-hygiene will probably be important.

*Support to the medical team*

The team to which the peer support worker will be recruited should receive initial training on the importance and role of the peer support worker. It was said at the seminar that this training could take place jointly for the medical team and future peer support workers. However, the subsequent methodical support and supervision during the role-introduction process was also mentioned as essential.

*Organizational measures*

The whole process of implementing peer support workers should include a financial subsidy. In order to place the peer on the acute ward, it is advisable for the medical team to be involved in the process from the outset - to be able to co-create the role of the peer support worker and possibly participate in its selection.

In order to support each other, there should be at least two peers per ward. The medical environment is usually organized hierarchically and with an emphasis on treatment effectiveness in terms of symptom relief. Maintaining the role of peers who retain their unique view and language cannot be taken for granted.

**Barriers / challenges**

At the system level, it was mentioned that peer support workers are not listed in the Health Services Act or in the catalogue of occupations. Although they have been able to solve this in some psychiatric hospitals, it has been a problem in the long run. Thus, the work of a peer support workers is not reimbursed by health insurance companies, and the peers themselves are not sufficiently remunerated.

The acceptance of a peer support worker in team is perceived as key to success. Accepting both the importance of his/her role and the particular person in the position as a colleague. This can be particularly difficult if the peer support worker was known as a patient the team had looked after in the past. At the beginning there may be natural distrust - time is needed to prove that the presence of a peer in the ward is working and makes sense. It has also been mentioned that even a peer support worker can go through a crisis and need professional help, which can affect his/her position in the team.

The acceptance of the peer support worker by the patients themselves is also not self-evident. Awareness of this role is still relatively low, and some patients may refuse to work with a peer support worker for various reasons. One of the things that could help in this is the targeted dissemination of clear information about peer support workers and their contribution to recovery.

**Educational needs and support**

As already mentioned, there was no full agreement among the participants on exactly what training for peer support workers should look like. Certified education (completed with an exam) could help to increase the prestige of the role of a peer.

In terms of practical support, the need for supervision, joint training with health professionals, and the importance of a peer support worker guide in introducing peers to the wards were identified.

There are approximately 100 paid peer support workers in the Czech Republic. In order to maintain their position, find and enforce their appropriate formal position in the social and health system, but also for mutual support, regular national meetings should take place and professional peers associations should be established in the future.

**Language**

The issue of language the peer support worker speaks or should speak has been highlighted at the seminar. It was mentioned that the peer should be an interpreter and mediator in communication between clients and staff. The language of peer support workers - humour, slang - may be what brings them closer to patients. Adopting the jargon of professionals, according to some, may indicate a weakening of the specific role of peers.

## Peer workers in acute inpatient care – research findings

The benefits of engaging peer support workers for clients have been examined repeatedly (Davidson et al, 2012, Repper and Carter, 2011). The results include: reduction in hospital admissions, increased empowerment, social support and social functioning, empathy, acceptance, hope and stigma reduction. Although randomized controlled trials indicate a rather mild effect in their conclusions, while qualitative research is considerably more optimistic, the benefits of peer support workers can be considered as proven. The findings from the Czech Republic also correspond to this (*Report on the Benefits of Involving Peer Support Workers*, CMHCD: 2015).

The effects of peer support have been the subject of research interest mainly in community services, but there are also studies from acute psychiatric wards. The observed effect is comparable across different environments in which the peers operate. And the application of peers is really wide – from programs run by purely peer agencies, through various forms of cooperation with service providers, to direct involvement and employment in professional teams. These are mostly paid jobs.

As an example of acute inpatient care findings, Rooney et al (2016) writes about human attitude, practical support, establishing relationships, emotional support, hope and the perceived impact on recovery. Acute care patients in the Smith et al. (2017) appreciated peer understanding and viewed them as role models for their recovery. This research report also points out that the provision of acute care is often a source of potential traumatization for patients, and thus the presence of peers in this environment may be more important. Bluebird (2008) connects the introduction of peer positions in acute wards with an effort to radically reduce the use of seclusion and restraints.

In addition to benefits for service users, there is evidence of a positive impact on the recovery of peer support workers themselves (Moran et al, 2012).

In parallel, there is also the direction of research which examines in more detail the difficulties related to involvement of peer support workers. Moran et al (2013) systematically elaborated on this topic and identified a number of major challenges. Specifically, in the traditional mental health services, the following issues have arisen: prejudices of co-workers, minimal recovery-orientation, conflict with supervisors, and the absence of other peers in the organization or service. Another group of problems was related to working skills and the role of peer support workers. These were: (1) Insufficient skills to work with one's own story (how much to open, when, on which occasions), (2) uncertainties in job responsibilities, (3) insufficient skills in rehabilitation work with clients such as establishing relationships, agreement on the objectives of cooperation and use of resources, (4) and also the problems related with having „peer worker label“ and identity issues. Some peers also mentioned the negative impact of workload on their health.

Simpson et al (2018) also notice problems with peer identity. They write about a dual identity (liminal identity), with this position being associated with a number of dilemmas and contradictions (service user and team member for colleagues, friend and at the same time professional for clients). They see this dual role as both an advantage and a special burden that requires specific external support for peer workers.

Shery Mead, founder of the *Intentional Peer Support* approach, warns (Mead et al, 2006) that peer workers can slip into the use of medical language to fit into a professional team. Thus, the peer worker does not actually provide full peer support. Concerns that peer support principles should not be lost when engaging peers in professional services are also shared by Basset et al (2010).

## Conclusions

Peer support has a proven effect in a variety of settings, including acute inpatient conditions. However, in order to establish and maintain peer roles in this environment, it is important to be aware of the specificities of the environment and the associated risks. People in critical situations in their lives get into acute care, and they do not always come here voluntarily. If restraints are used, the risk of traumatization is even higher (*Restraints in Psychiatry Summary Report*, MH CR: 2019). Acute inpatient care is a hierarchically organized environment focused on the effective management of situations. The aim is to ensure safety and effective treatment in terms of symptom relief. Focusing on recovery may not be a priority for the assisting team. The boundaries between professionals and patients stand out clearly.

The involvement of peer support workers in this environment can be extremely positive, but it also has specific demands and challenges for peer support workers and the entire acute ward team. Below, we summarize the key potential problems and associated risks, together with appropriate measures to minimize them.

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|  | **Problem / barrier** | **Risks** | **Measures** |
| 1 | Peer support worker is not a full member of the team | Increased workload for a peer support workerDifficult communication in the whole team | Pay support and attention to the entire team and team processesTargeted and long-term support of peer support workers in the form of education, intervention, supervision |
| 2 | Unclear job description | Confusion in the roleThe peer support worker receives tasks that do not allow to utilize his / her strengths | Adapt job description to ward needs and peer support worker's strengths |
| 3 | Insufficient competence of peer support workers | Increased workload for a peer support workerLimited possibilities to help ward patients | Initial and follow-up training of peer support workers to a sufficient extent and of the highest possible quality |
| 4 | Health problems of peer support workers as a result of the burden (presence of their own negative treatment experiences) | Increased morbidityA burden for peer support workers and the entire team | Adjust the workload to the resilience of the peer support workersProvide continuous internal and external support to peer support workers |
| 5 | A peer support worker will adopt medical language and identity | While peer support workers work in the ward, the potential of peer support is not fully exploited | Integrate how to learn to work with language into peer support worker trainingReflect the use of medical language – advantages and disadvantagesReflect the development of the role of peer support workers in the wardAlways introduce at least two peer support worker positions per ward |
| 6 | Peer support worker is not listed in the National Occupational System as a profession | Problematic official placement of peer support workers within the institutionPotentially lower financial remuneration | Promote official recognition of the profession of peer support worker |

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