Klinik für Psychiatrie und Psychotherapie
Arbeitsgruppe Sozialpsychiatrie und partizipative Forschung

# Peer Involvement and Mental Health Reform – a Reflection

**MENTAL HEALTH AND MEANINGFUL LIFE**
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# Peer Support

The development of recovery-oriented services requires a strong lived experience practitioner workforce. Byrne, Happell & Reid-Sear, 2016

„Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain. " Mead, 2003

# Mental health reform

UN-CRPD → Rights based mental health services

→ Human rights, Choice of treatment, No compulsion, User-orientation,

→ Individual recovery

→ Meaningful life, Social inclusion, Citizenship

→ Destigmatization

- MH policy supporting peer support: E.g. Canada, New Zealand, US,
- Peer support in many treatment guidelines (e.g. NICE; S 3)

# Evidence on PSW

Systematic review on peer interventions to promote overall health for individuals with severe longterm, 18 studys:

→ Peer-navigator interventions and selfmanagement best results

(Cabassa et al. 2017).

Syst. Review for the Cochrane Collaboration, PSW for SMI, 11 RCT`s.

→ Significant positive effects on use of emergency services and more met needs, but still heterogen

(Pitt`s et al. 2013)

Syst. Review and metaanalyse on PSW for SMI

→ Evidenz for a reduction on hospitalization and symptome reduction; recovery oriented outcome measures

(Lloyd-Evans et al. 2014)

# PSW`s view on working in clinical settings

Review of 18 studys on the PS experience and challenges working in clinical settings (Vandervalle et al 2016):

- Peer experience stigma and discrimination by MHS
- Different expectations on their role and pressure to explain
- In multidisciplinary teams, members consider the peers as treated as equal – PSW`s don`t feel that way
- Rigid organisational structures, little will to change
- 92 Services surveyed: other profession define the PSW role and manage their work and supervise

  → Risk of cooptation especially high in clinical settings (Alberta & Ploski, 2015)

→ Critical mass of PSW`s

→ Provide an own service

→ Are involved in service related decisions in the team

# RCT Hamburg: Preparation and implementation

| | |
|---|---|
| Consistent sufficient peer education | → 1 year course Experienced Involvement (EX-IN) |
| Implementing whole teams | → At least two peer support worker and one care giver peer |
| Adequate role specific supervision | → EX-IN Hamburg |
| Clear work and role description | → independent support on the transition of in- and outpatient service, max. 6month |
| Preperation of non-peer staff | → Preparation workshops for non peer staff, contact person |


1. Daniels A. et al. Pillars of peer support: advancing the role of peer support specialists in promoting recovery. The Journal of mental health training, education and practice 2012; 2:60-69
2. Moran G, Russinova Z, Gidugu V, Gagne C. Challenges Experienced by Paid Peer Providers in Mental Health Recovery. Community Ment Health J 2013; 49:281-291
3. Kemp V, Henderson AR. Challenges faced by mental health peer support workers: peer support from the peer supporter's point of view. Psychiatr Rehabil J 2012; 35:337–340.

# Primary outcome: Self efficacy GSE

| **Primary outcome** | | | | | **Between group differences** | | |
|---|---|---|---|---|---|---|---|
| **GSE (10-40)** | Mean (SD) | | | | Intervention group - Control group | | |
| **Analyses/Time** | Intervention group (n=114) | n | Control group (n=102) | n | Adjusted Mean (95% CI) | P-value | d |
| **Intention to treat** | N=216 | | | | | | |
| Pre 0 month | 22.3 (5.16) | 114 | 22.7 (5.73) | 102 | | | |
| Post 6 month | 25.2 (6.46) | 81 | 24.3 (7.90) | 56 | 1.77 (0.02 to 3.53) | .047 | 0.3 |
| Follow-up 12 month | 26.0 (6.72) | 74 | 23.8 (7.13) | 54 | | | |
| **Per protocol** | N=188 | | | | | | |
| Pre 0 month | 22.2 (5.38) | 86 | 22.9 (5.87) | 102 | >3 Sitzungen | | |
| Post 6 month | 25.3 (6.25) | 79 | 24.1 (6.66) | 56 | 2.02 (0.47 to 3.56) | .021 | 0.4 |
| Follow-up 12 month | 26.3 (6.59) | 72 | 24.0 (6.70) | 54 | | | |

Primary outcome: MMRM of the intention to treat analyses and the per protocol analyses; values on self-efficacy GSE; Mean, Standard Deviation SD, adjusted mean difference, confidence interval; p-value

Mahlke CI, Priebe S., Heumann K, Daubmann A, Wegscheider K, Bock T. Effectiveness of one-to-one peer support for patients with severe mental illness – a randomised controlled trial. European Psychiatry, 2017; 42:103-110

Best Practices

# The Development and Implementation of "No Force First" as a Best Practice

Lori Ashcraft, Ph.D.
Michelle Bloss, M.Ed.
William A. Anthony, Ph.D.

**The mental health field continues to be concerned about the use of seclusion and of mechanical and chemical restraints in treatment settings. Recovery Innovations, Inc. (RI), a nonprofit corporation that operates a range of recovery-oriented programs, successfully eliminated use of seclusion and nonchemical restraints in a crisis center. This success was the impetus behind implementation and**

to service delivery. The potential of service recipients was not being tapped. The belief that severe mental illnesses had poor prognoses and that service recipients were "treatment resistant" no longer explained or excused the organization's results.

This mindset provided fertile ground for the growing body of information about the possibility of recovery that had begun to emerge on the national level at this time (1). As RI

(3). The NFF policy states that force of any kind, including chemical restraints, is used only as a last resort, even when people may appear to be a danger to themselves or others. As outlined in the box on page 416, the policy mandates expansion of the repertoire of staff members' responses to crisis situations in any program and requires that force of any kind be relegated to the bottom of the list of possible responses. Although some of

# Peer support in acute settings



- NFF policy
- Use of compulsion defined as failed treatment
- Ongoing program to avoid any compulsion
  - Training for MHS: Effective deeskalationmethods
  - Debriefing with patients and a critical staff reflection
  - Documentation and feedback for ongoing development
- Peer support, active outreach, home treatment
- Redefinition from riskmanagement to shared risk

2 Year observation:
- 56 of 12,346 patients got involuntary treatment (0.45%)
- No isolation or seclusion

# Developing a global peer support training and intervention

U Using

P Peer

S Support

I in

D Delevoping

E Empowering Mental Health

S Services

*The UPSIDES consortium*

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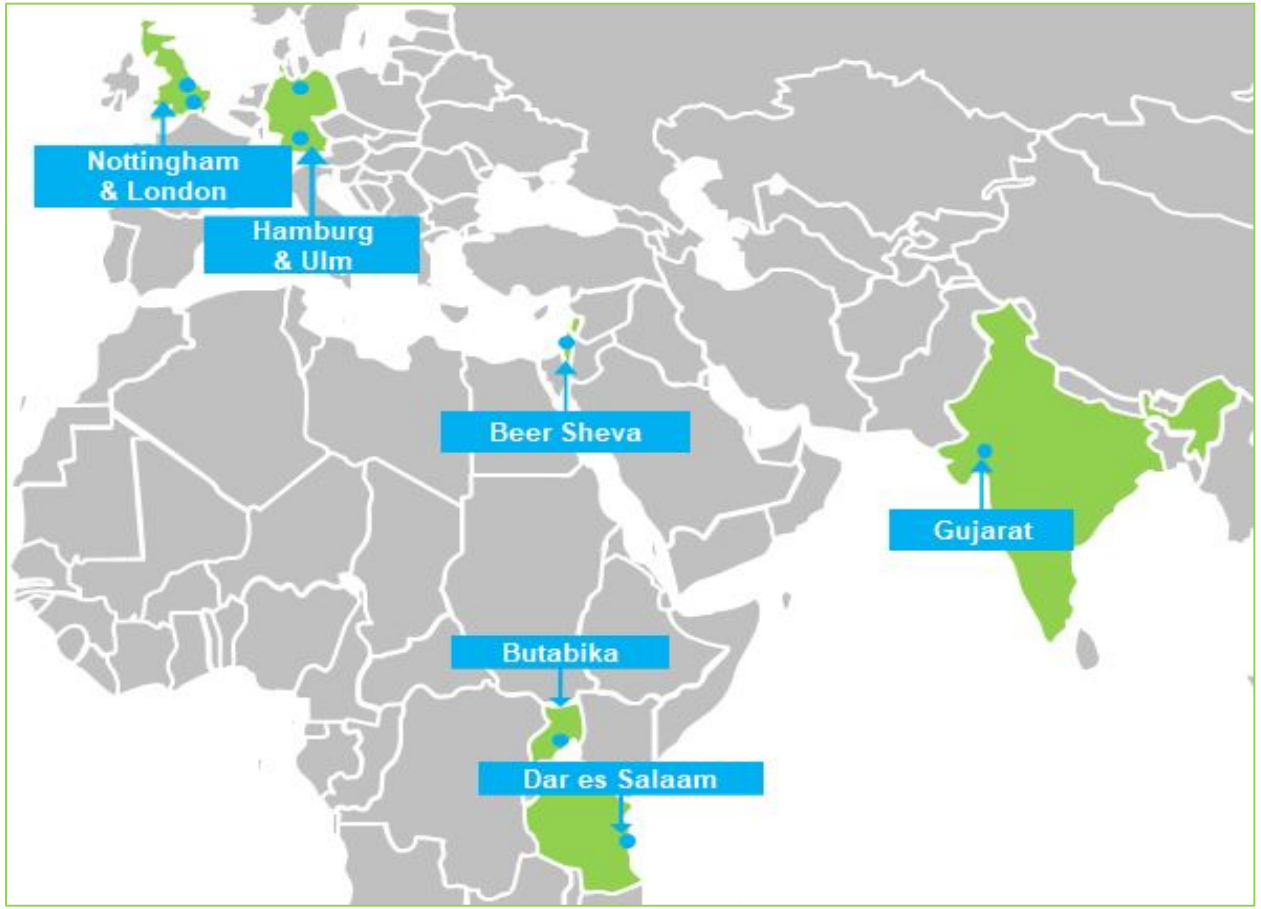
# The UPSIDES project

- Is a multicentre research project

- A global network including 8 study sites:
  - Ulm University (Germany)
  - University of Nottingham (UK)
  - Butabika National Referral Hospital (Uganda)
  - London School of Hygiene and Tropical Medicine (UK)
  - Ifakara Health Institut (Tanzania)
  - Ben-Gurion University of the Negev (Israel)
  - Centre for Mental Health Law and Policy (India)
  - University Medical Center Hamburg-Eppendorf (Germany)

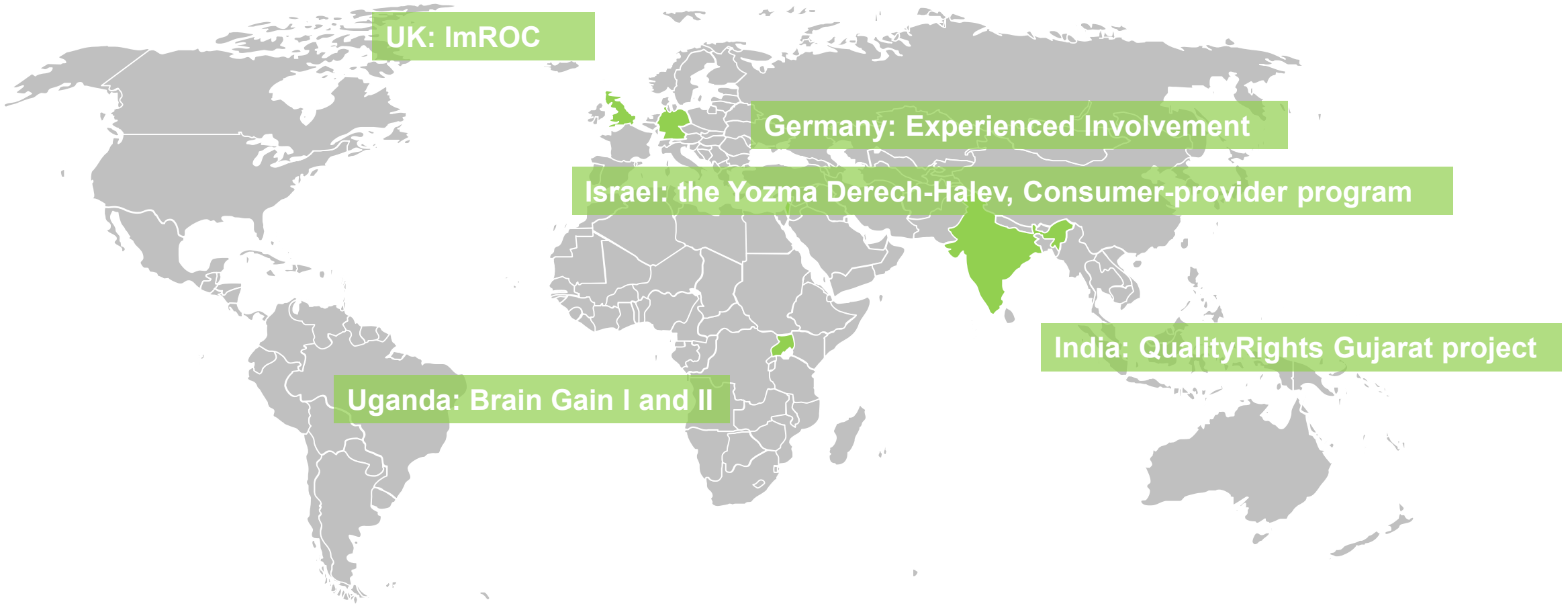



**With the aim:**

To replicate and scale-up peer support interventions for people with complex mental health needs, generating evidence of sustainable best practice in high-, middle- and low-resource settings.

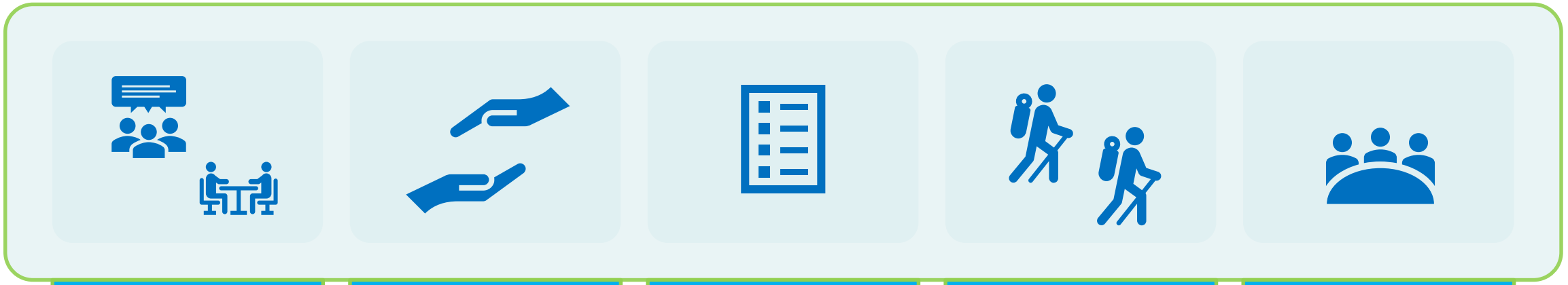
UPSIDES has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 779263.

# Examples of peer support in …



# Conceptual Framework

- Five culture-specific implementation factors



| group vs. individual | extent to which both parties choose to enter the relationship | the ways in which rules govern the relationship | extent to which the parties involved are in the same place in their recovery journey | extent to which the peer support worker works in both directions: users and mental health staff |
|---|---|---|---|---|

# Three Steps

1. … to **analyse the current state** of peer support at each site.
2. … to **develop**, together with local stakeholders, a peer support intervention that fits the current state of **implementation of peer support** in each country, adapting site-specific organisational and cultural aspects as needed.
3. … to **scale-up and to evaluate peer support** for effectiveness and sustainability at each site.

# Development of the UPSIDES intervention & training

The UPSIDES intervention & training are based on

… literature reviews

- on training programms for PSW — *Mahlke et al., in preparation*
- on modfications to Peer Support interventions — *Charles et al., in press*
- on PSW implementation influences — *Ibrahim et al., 2019*

… training manuals from all study partners

- e.g. QualityRights (India), ImRoc (UK), BrainGain (Uganda), Ex-In (Germany) Yozma Derech-Halev (Israel), Healthy Options (Tanzania)

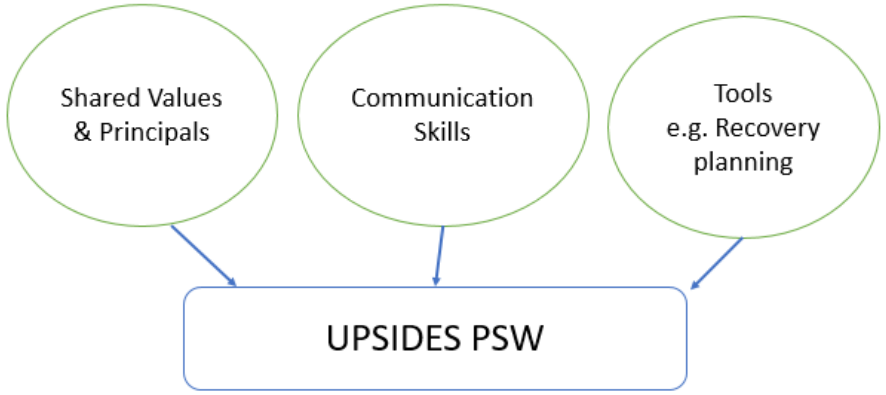
… expert panels and focus groups at all recruiting sites

# Cultural adaptation of the UPSIDES training

- The core training includes 11 modules
- A growing tool box of additional modules
- Length and duration can be amended flexible to the setting

The training provides the PSWs to work on a basis of shared values, Recovery- and community-focused.


Train – the – Trainer Workshop in Dar es Salaam
Ifakara Health Institute, Tansania



# Conclusion

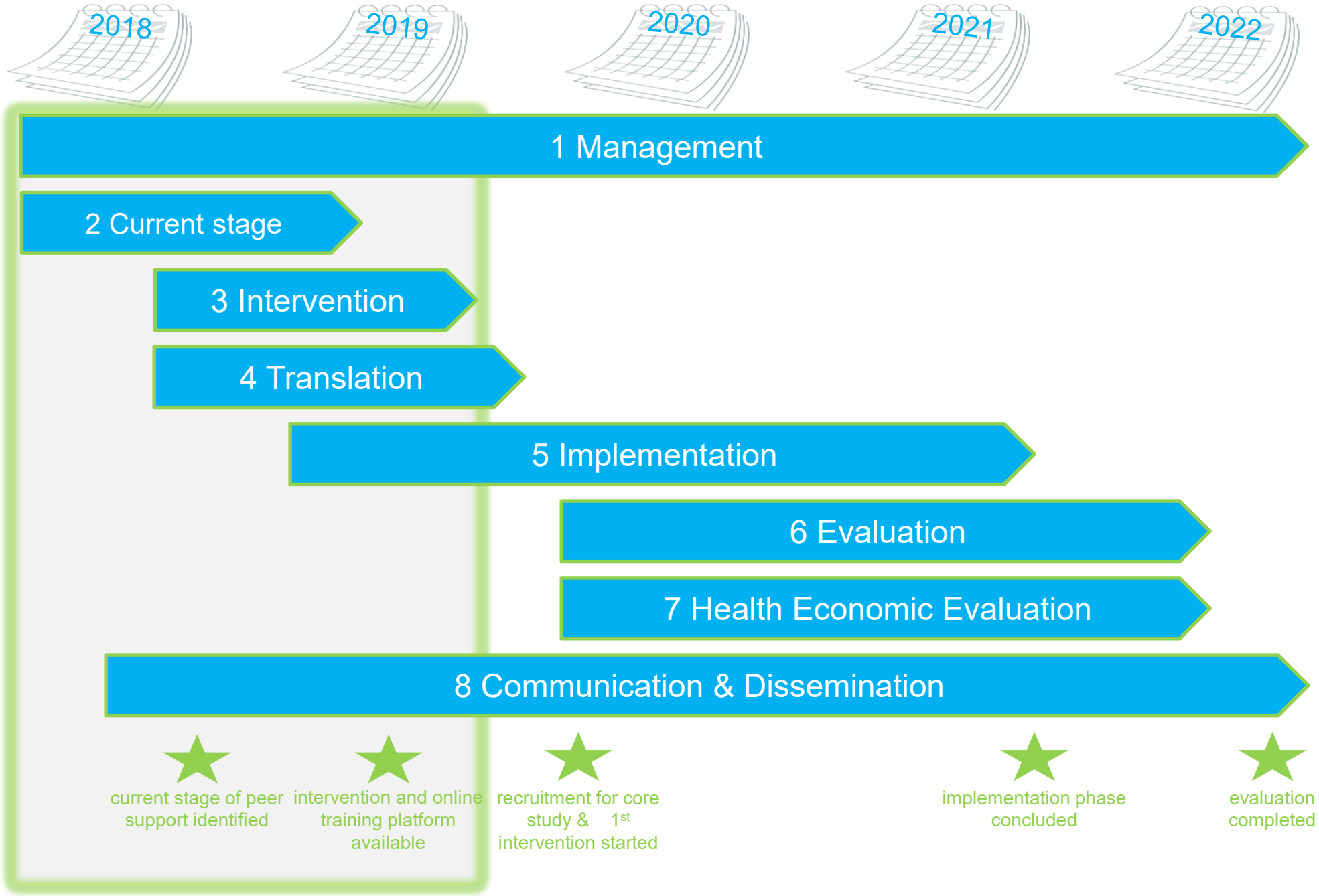
Peer support

- Still an untapped resource in many countries
- Promotes recovery & user-orientation
- Citizenship and social inclusion
- Needs an implementation strategy and willingness of the service to change, not to undermine their effectiveness

→ Rights based mental health services

# The UPSIDES conceptual Framework

Nine fundamental principles of peer support:


2018
2019
2020
2021
2022
1 Management
2 Current stage
3 Intervention
4 Translation
5 Implementation
6 Evaluation
7 Health Economic Evaluation
8 Communication & Dissemination
current stage of peer support identified
intervention and online training platform available
recruitment for core study & 1st intervention started
implementation phase concluded
evaluation completed