





**Greater Manchester  
Mental Health**  
NHS Foundation Trust

# Background



Improving Lives

# The NHS Five Year Forward View (October 2014)

- *We will do more to support people to manage their own health – staying healthy, making informed choices of treatment, managing conditions and avoiding complications. With the help of voluntary sector partners, we will invest significantly in evidence-based approaches such as group-based education for people with specific conditions and self-management educational courses, as well as encouraging independent peer-to-peer communities to emerge.*
- *We will encourage community volunteering. Volunteers are crucial in both health and social care, but the NHS can go further, accrediting volunteers and devising ways to help them become part of the extended NHS family – not as substitutes for but as partners with our skilled employed staff.*



## DoH, NHS England and Public Health England (May 2016)

*“All NHS settings, with strategic leadership from NHS England, should develop more high-quality, inclusive opportunities for volunteering, particularly for young people and those from disadvantaged communities. All NHS settings, not just trusts, should also comply with the second and third recommendations made by the Lampard Review on volunteer recruitment, training, management and supervision. This should include consideration of whether to apply for accreditation under the Investing in Volunteers scheme.”*



# Greater Manchester Mental Health Strategy



# National Drug Strategy 2017

- *“Peer support is an essential component of effective recovery and should be easily accessible before, during and after formal structured treatment.”*
- *“Evidence for the efficacy of mutual aid is well-documented and peer support is highly valued; both can increase and sustain the gains achieved by formal treatment.”*





So how did it all start for  
us....



# September 2018 - 1<sup>st</sup> Annual GMMH Peer Mentor Conference.



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# The Motivators....

- ❑ Recovery – For the individual (wellbeing, meaningful occupation)
  - For a network of people (mutual support)
  - As an aspiration (visible positive change)
- ❑ To include Lived Experience – practically and emotionally, in the way we support people
- ❑ Lower funding levels – less staff
- ❑ To develop a realistic pathway (employability, Apprenticeships)



# Our draft project plan....

<p style="text-align: center;"><u><b>Our Plans:</b></u></p> <p>To introduce peer mentors across all 4 inpatient wards. Agreed that will start with Keats ward before looking at Eagleton, MacColl and Chaucer. Place an advert on Trust internet site. Agreed informal 'interview' style.</p>	<p style="text-align: center;"><u><b>Our Assets and Enablers:</b></u></p> <p>Job descriptions ready / draft prepared by trust. Trust post 'Peer Mentor' Co-ordinator that we can approach for advice support. Trust course already set up – 'step up' course first and then the full course. Can learn from other teams that have already implemented peer mentors. Enthusiastic staff teams – supportive of service user engagement. Buy in and support from Senior Management. Set up as part of project from Matron's Leadership Diploma. No financial cost – but high impact change. Trust service user strategy so change fits with wider Trust priorities.</p>
<p style="text-align: center;"><u><b>Our Barriers</b></u></p> <p>Not used in inpatient services before – change to workforce. May be concerns from staff e.g in relation to confidentiality. Changing culture – how different teams will cope with the change. Practical issues – e.g with ID badges/ access to Trust email. Time resource heavy. Recruiting the right individuals.</p>	<p style="text-align: center;"><u><b>Solutions &amp; Steps – what, who, when?</b></u></p> <p>Brain storm the peer mentor role in inpts – what does this look like. Information – need to spread the word... twitter / team and community meetings / noticeboards Get a local induction pack together – what do they need. Identify who's going to be leading / supporting the PM's when in post. Add to our Operational Policy. Set up peer support-supervision group. Think about referral pathways. Think about training – delivering and for then to attend for their development. Think about how we advertise/recruit.</p>



# What can we learn from Peer mentors on national scale?



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- For the first time there is evidence of the impact of Peer Mentoring in the UK:
  - **“Peer support cuts readmission to mental health crisis services and in-patient beds” (Lancet, 2018).**
- Research participants under crisis team for at least a week
- Offered 10 sessions and completed a recovery workbook including: goal setting; making plans to re-establish community links and support networks; using recent crisis to identify early warning signs and formulate action plan to avoid relapse; planning strategies to maintain well being.
- Readmission to acute care within 1 year was significantly lower in the intervention group than in the control group (i.e. self help intervention without peer support)
- Time to re-admission was significantly lower
- Overall satisfaction with mental health care was greater
- Significant difference in self rated recovery

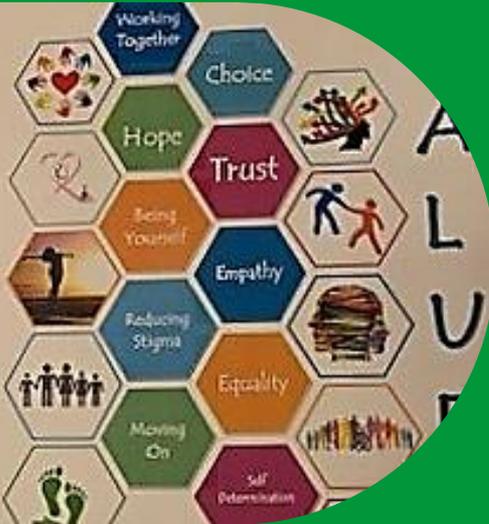
# Our Values



Worked together with our peer mentors during the forum meeting to develop our values...

These 10 values are what we felt were essential and non-negotiable principles within peer support...

- Being Yourself
- Reducing Stigma
- Choice
- Working together
- Empathy
- Self determination
- Equality
- Trust
- Hope
- Moving on



**Principles of Peer Support:**

This charter sets out the expectations based on what service users feel are essential and non-negotiable principles within peer support provided across our service. It is crucial that staff, service users and peer mentors work together to put these principles into practice.

**Being yourself**  
Peer mentors and those that they support are encouraged to be themselves and everything that makes them an individual. Peer mentors are in a unique position to share their experiences with you focusing on positives and walking beside you shoulder to shoulder on your journey.

**Reducing stigma**  
Peer support helps reduce stigma and enables people to be people and be seen as people, not as a mental health diagnosis or label. Peer mentors are proud that they have survived and learnt from their experiences of distress and are respected by others for using it positively.

**Choice**  
Choice is vital for peer mentor to be service user led. It is important that people can choose whether or not to use peer support. When somebody chooses to use peer support they should choose how the peer support works including choosing which peer mentor they work with, what areas of life they focus the support on, how their peer mentor works with them and where, when and for how long and how often they are supported by a peer mentor.

**Working together**  
Peer support is about sharing and exchanging things that will give each other help and advantage. The relationship between you is reciprocal—of benefit to both of you.

**Empathy**  
Peers are able to offer a supportive relationship based on their own lived experience and shared understanding of mental distress. Having someone who is kind, compassionate and has the ability to understand your emotions and your experiences will help you feel better and stay better.

**Self determination**  
Peer support provides an opportunity for you to decide your own goals and ambitions and take responsibility for yourself and living the life. This process is about you becoming independent and living the life you want to live and achieving your potential.

**Equality**  
Peer support is when people with similar experiences come together as people of equal value to give support to one another. Neither person has more power in the relationship. Your knowledge and experience are valued the same.

**Trust**  
Peer support is founded on trust between peers and ensures that the relationship is safe for both people. Trust should be discussed at the start of the peer mentor relationship and it is acknowledged that, for some people, it can take time to do this and develop a positive relationship that both people benefit from. Clear communication between both people is important and this includes agreeing personal boundaries and limitations on confidentiality.

**Hope**  
Peers role model hope as living examples of how life can change. They hold out real hope for you because they know what is possible and will share your journey to change your life. When someone is truly hopeful for you it becomes much easier to be hopeful for yourself.

**Moving on**  
Being a peer mentor is not an end in itself, but a temporary role in achieving your own goals and aspirations. Peer mentors benefit from developing or re-developing a broad range of skills that can be used in many other settings, including education and employment. The length of time people offer

**What do our peer  
mentors, service users  
and staff tell us...**



“there are more things to do on the ward and the activities are really good”

“I feel comfortable speaking to them”

“because they've been through mental health stuff themselves they understand more and understand my situation where as with other staff you don't know what they've been through so you feel like they don't get it all the time”.

“It makes it easier when other staff are busy because they don't have to worry about alarms or doing meds or paperwork, they are just here to spend time with us”

“You don't get bored”

“I look forward to days they are in, especially like today when I have ward round because they keep me distracted”.

“They can say things in meetings like ward round that you can't say or feel embarrassed to say”

“They are great to work with”

“I feel proud coming in and it gives me structure to my week. When I come in I feel like Louise and not Louise with mental health problems. I would recommend to anyone thinking of doing it”.

“It’s given me confidence in myself”

“I feel valued and when I leave I always leave feeling like I’ve helped someone that day and it’s a nice feeling”.

“I feel like the patients trust me and feel safe to tell me things”.

“I always let the patients know that I am a peer mentor and I think that helps them to know that others have been through it”.

“I don’t always know what to do in some situations but I always feel able to get support from the team. They have made me feel welcome and wanted.

“Can see myself getting into employment in the future”

I think that the insight that the peer mentors have been able to provide myself and the rest of the team into the experience of being in an inpatient setting and the changes we have been able to make from this has been invaluable”.

On completing the peer mentor’s monthly reflection/supervision, it is evident how they promote positive patient care, by listening to the brilliant work they are completing and the positive impact they are having on peoples recovery”.

“Since having peer mentors on the ward I feel patients are offered activities more frequently which means that the nursing team are able to complete things like paperwork more quickly; which subsequently leaves us with more time to spend with service users ourselves”.

“The service is more connected to the people we support”

# Sustaining the role...

- *Monthly supervision on the ward – chance for formal and opportunistic 1:1's / supervision.*
- *Monthly peer mentor forum – sometimes things don't work and that's okay. Change it together.*
- *Developing the role – care planning, discharge planning, ward round support.*
- *Bi-monthly Trust peer supervision.*
- *Regular 'check in' / reach out. Make sure people can have a short time out if needed when on the ward.*
- *Part of the team – invited to training/away days/ team meetings etc.*
- *Keep it flexible.*
- *Keep it on the agenda – e.g talks on World MH day*



Next steps on our  
journey...



## So what now...

- ❖ Expand numbers on the inpatients.
- ❖ Carers Peer Mentor role.
- ❖ Role out to PICU ward.
- ❖ Expand number across Salford – including out into CMHT/EIT/older adult services. The new Community Mental Health Framework (October 2019) sets out the Long Term Plan ambitions with Peer Mentorship central to new multi-disciplinary teams. There is a real

commitment to local people delivering local services within their own communities alongside trained professionals who can offer a range of evidence based psychosocial interventions.

- ❖ Continue developing interventions that they can deliver e.g mapping / workbooks / groups.



**What about you... are  
you ready to take the  
next step...**



If you're already doing it, are you doing it well? Is there anything you could learn / develop / change?

If you're not or your numbers are low – are you ready? Think about the following questions:

- ✓ What roles would be useful in your service?
- ✓ What support does the existing team need to make sure the new role(s) are valued and become embedded into the MDT?
- ✓ What resources do you need? (e.g. human and financial)?
- ✓ Is your environment ready? Is it welcoming and supportive?
- ✓ How are you going to induct, train, supervise? (NB: there is support centrally but we can't look after people on a day to day basis)



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