NHS
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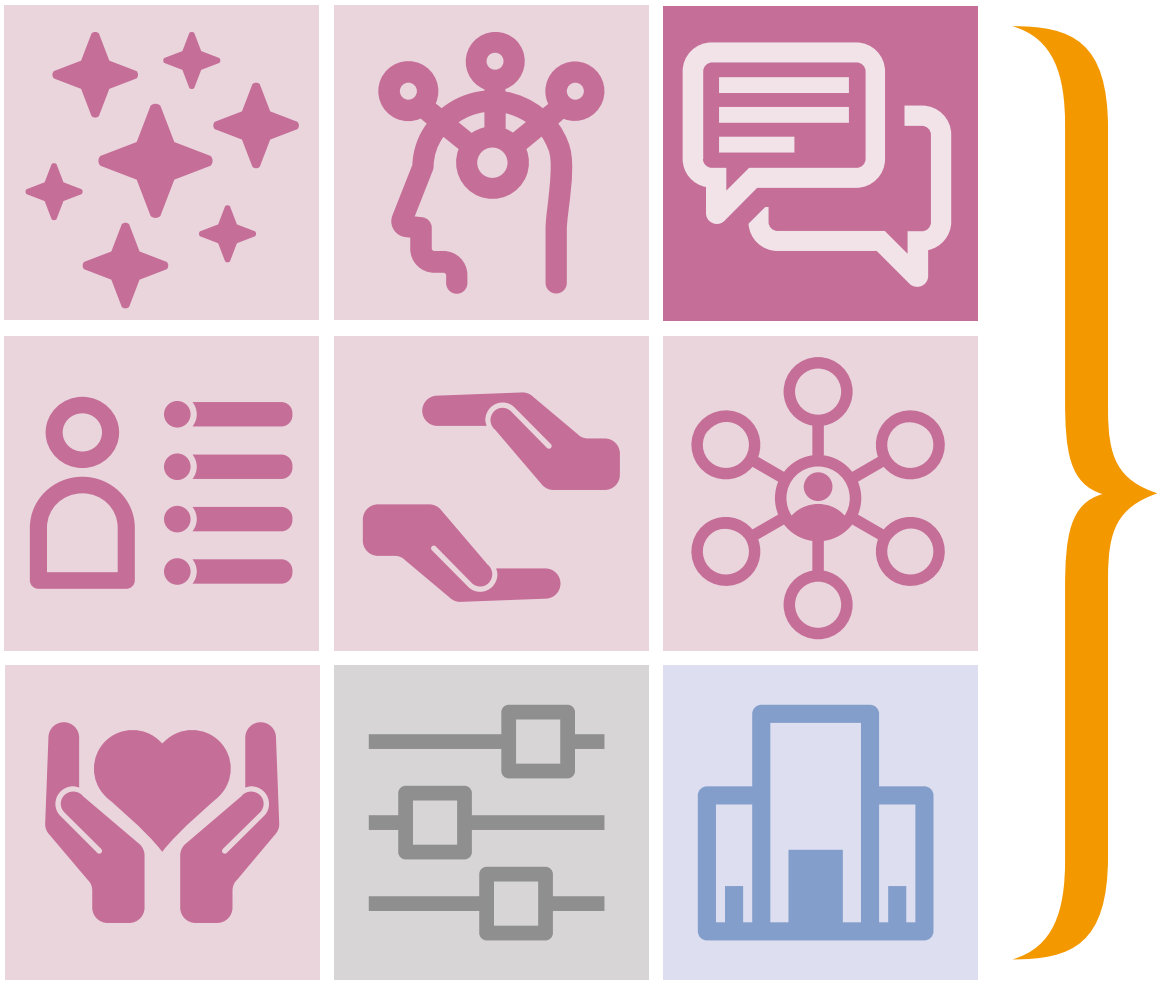
The Competence Framework for Mental Health Peer Support Workers



Part 1: Supporting document

Developing people for health and healthcare

www.hee.nhs.uk

Developed by:

- National Collaborating Centre for Mental Health
- UCLPartners
- Care City
- Health Education England
- PPL Consulting

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1. Introduction

This document sits alongside The Competence Framework for Mental Health Peer Support Workers – Full Listing of the Competences (referred to as 'the Competence Framework for MH PSWs'). It includes the story of peer support and its evolution from a 'grass roots' social movement to the present time. Today, we know that people who bring their own experience of mental health difficulties to supporting other people facing similar challenges have a unique and important contribution to make in statutory services.[1,2] While the relational basis of the work remains at its core, we also know that peer support work continues to develop and is not static, and that it will keep changing and progressing.

In developing the framework itself and this supporting document, the project team have tried to reflect the wide diversity of opinion about the nature of the MH PSW role. They have aimed to produce a framework that does justice to what some people refer to as 'the magic' of peer support, at the same time as making clear the expectations of MH PSWs and the organisations for which they work. It is intended to apply to MH PSWs working in mental health services, but may be helpful to other settings in which PSWs have a contribution to make.

1.1. The Competence Framework for Mental Health Peer Support Workers

The Competence Framework for MH PSWs follows the format of other competence frameworks in mental health, which are widely used to support commissioning, training and development in the NHS. Unlike any other role, however, the work that MH PSWs do is underpinned by their own lived experience of mental health difficulties and an ability to use these experiences in a way that supports others. To do this well is a sophisticated and unique skill, but it shares with other roles the need for the right knowledge, abilities, values and other attributes. The framework tries to set these out in a way that stays true to the relational aspects of the MH PSW role. At the same time, the framework tries to make clear the expectations of the role and the responsibilities of employers for the training, support and personal development of MH PSWs working in their organisations. The framework also includes additional skills, which some MH PSWs may wish to develop to improve the support they can offer to individuals and to groups.

Competence frameworks make the link between evidence and practice and can be a valuable basis for training and an agenda for supervision, as well as a guide for self-monitoring and personal development for people working in the role. We anticipate that the core curriculum (Part 3 of this set of documents), which is based on the Competence Framework for MH PSWs, will also be helpful in the development of training programmes.

The Competence Framework for MH PSWs will help those involved in mental health care services who wish to deepen their understanding of the MH PSW role, and will be useful to team members working with MH PSWs, to their managers and to commissioners. It will support the work of MH PSW supervisors and peer coordinators, and those delivering education and training to them. The framework applies principally to formal paid MH PSW roles in NHS mental health services, but it will also be helpful to organisations in the voluntary community and social enterprise (VCSE) sector that want to offer peer support to people with mental health needs.

More work will be needed to adapt the Competence Framework for MH PSWs for specialist contexts, such as in dementia care or children and young people's services. Direct carer-to-carer support for people caring for an adult experiencing mental health challenges, in which peer support can be very helpful, is included in the framework.

This framework is not a mandate. It aims to be flexible and adaptable, and to steer away from over-professionalising a role which, at its heart, is about human connection and relationships. It outlines core skills for people starting out as MH PSWs and includes additional skills that some may want to acquire, to help them be more effective in providing support to individuals and to groups, or be better able to contribute in specific care environments.

1.2. Why was the framework developed?

Peer support in mental health services has a positive effect on people who receive mental health care,[1] and can help prevent people from having a relapse and being readmitted to hospital.[2] It is not surprising that an expansion in MH PSW roles is part of the NHS ambition to improve mental health services and provide good-quality and timely mental health care for everyone who needs it.

In January 2019, the NHS Long Term Plan detailed a commitment to achieve an ambitious transformation of mental health care in England, with improvement in mental health care services being one of its four priority target areas for investment. The Long Term Plan recognised that mental health services were not meeting current need and were ill-placed to meet an anticipated increase in need.

Health Education England's (HEE) report, Stepping Forward to 2020/21: The Mental Health Workforce Plan for England, describes the longer-term strategy to expand the mental health workforce, including a significant increase in peer support roles. The NHS Mental Health Implementation Plan 2019/20 – 2023/24 gives numbers to this ambition, with a plan to recruit an additional 4,730 MH PSWs to the workforce over five years.

The Competence Framework for MH PSWs has been developed to support this expansion. It aims to provide a clear understanding of how MH PSWs add value to the competences of teams and services. It also aims to protect people working in MH PSW roles from being asked to work in inappropriate ways, either beyond their competence or in a way that doesn't make best use of their skills.

1.3. How was the framework developed?

The framework brings together separate workstreams and inputs from different groups and organisations.

Professors Tony Roth and Steve Pilling at University College London (UCL) have developed a series of competence frameworks for other roles in mental health care services, which can be found on the UCL website. In 2019, they and the National Collaborating Centre for Mental Health (NCCMH) were commissioned by UCLPartners to produce a competence framework for MH PSWs to support an increase in the numbers of PSWs employed by local mental health provider organisations, and an ambition to give the role the same attention to detail and recognition as other roles in these services.

At the same time, HEE's New Roles in Mental Health Implementation Group for Peer Support Workers needed a competence framework for MH PSWs to support the projected expansion in PSW numbers, as part of the national programme to develop new roles and expand others to support the mental health workforce.

UCLPartners and HEE then tasked the NCCMH with ensuring the competence framework could support the national programme. The NCCMH collaborated with Care City and PPL Consulting to develop a competence framework and curriculum for peer support workers in mental health, and the NCCMH brought together an expert reference group (ERG), which included members of the HEE 'New Roles' PSW group as well as other people with experience of mental health difficulties, those receiving and providing peer support in different ways and different settings, and academics, researchers, trainers and clinicians. A full list of contributors to the Competence Framework for MH PSWs is in the 'Developers' section of this document.

Here is an overview of the project timeline, included to show the involvement of different developers and contributors, and the rounds of revision that the documents have gone through in an effort to get them as right as possible. Extensive changes were made to the documents in response to the consultation comments, and all of the comments and the responses/actions of the project team are available in a separate document published on the Competence Framework for MH PSWs website.

The requirement to deliver documentation in the right timescale to support the expansion of MH PSW numbers has placed limits on the consultation and development period. Nonetheless the team co-authoring this work have striven to do justice to the diversity of views about the role and be respectful of different opinions.

Given its various origins, the framework documents are not full examples of co-production, although people with lived experiences of peer support and mental health difficulties have contributed significantly to the work being done by UCLPartners, HEE and the NCCMH.

Timeline for the Competence Framework for MH PSWs

2019	
May	**Initial project kick-off meeting with UCLPartners and NCCMH**
June	**HEE Peer Support Worker New Roles Task and Finish Group meeting**
July	**Competence framework meeting, followed by research of the evidence and drafting of the first draft of the Competence Framework for MH PSWs**
September	**First draft of the Competence Framework for MH PSWs circulated to the ERG**
9th September	**ERG 1 meeting, followed by revision of Parts 1 and 2**
October	**ERG 2 meeting, followed by revision of Parts 1 and 2**
December	**ERG 3 meeting, followed by revision of Parts 1 and 2**
2020	
22 January – 7 February	**ERG/HEE consultation on the Supporting Document and Competence Framework for MH PSWs (Parts 1 and 2)**
21 February – 20 March	**Public consultation on Parts 1 and 2**
21 March – 16 June	**Revision and implementation of consultation feedback/comments**
17 June	**Parts 1 and 2 circulated to ERG members**
30 June	**ERG 4 virtual meeting, with new Chair Mary Ryan, to discuss the consultation feedback and review the revised Parts 1 and 2**
1–20 July	**Post-ERG 4 revision of Parts 1 and 2**
21 July	**ERG Focus Group 1 virtual meeting, to review the revisions to Part 1**
22 July	**ERG Focus Group 2 virtual meeting, to review the revisions to Part 1**
27 July	**First submission of draft Parts 1 and 2 to HEE**
12 August	**Second submission of draft Parts 1–3 to HEE**
17 August	**NCCMH's preparation of the documents for publication**
1 September	**Third submission of the draft Parts 1–3 to HEE**
1–9 September	**HEE sign-off of Parts 1–3**

2. Peer support in mental health

2.1. What is a mental health peer support worker?

A note on bringing experience and knowledge to the role

Lived experience, and the knowledge gained from that experience, is the foundation of peer support, helping build connections between peer support workers and the people they work with.

MH PSWs give support, companionship and encouragement to people experiencing mental health difficulties. A quality that makes them stand out from other staff is that MH PSWs draw directly on their own lived experiences of mental health difficulties or caring for someone else who is experiencing such difficulties. They do not replace other roles in mental health services; rather, their skill in using their own experience to work collaboratively with someone facing similar mental health difficulties, is a unique one.

MH PSWs can offer emotional and practical support to people going through similar kinds of experiences.[3,4] They can use their own lived experience to connect with people and help them, by:

- giving them a sense of hope and wellbeing
- supporting them to gain a sense of control over their lives
- helping them engage with, and build connections and a sense of belonging to, their local communities
- helping them gain satisfaction in different parts of their lives.[5]

The relationship between the MH PSW and the person they help is key. It is based on people learning together in a relationship that is mutual, trusting, safe, non-judgemental and respectful.[6,7]

MH PSWs work in public, private and VCSE organisations, in a range of mental health and non-mental health settings. They also work with people by meeting with them face to face, talking to them on the telephone, or via email/messaging and other Internet-based support.

2.1.1 Peer support workers in specialist services

MH PSW roles are based on direct lived experience of mental health difficulties, or experience as a carer for someone with mental health difficulties; both are based on the same core principles.

See Domain 1 of the Competence Framework).

Some MH PSWs have had personal experience of particular mental health services, such as forensic, perinatal, early intervention in psychosis or children and young people's services. They may also bring perspectives linked to their ethnicity, faith, age, gender identity and sexual orientation, or from homelessness, the criminal justice system and substance misuse.

See Section 5.1.1 for a more detailed discussion of recovery.

Family-based or carer peer support is often provided by carers, family members, friends or partners of people with mental health difficulties. These carer MH PSW roles focus on supporting and connecting with carers or family members going through a similar caring experience.

2.2. The origins of peer support

Organised peer support has its roots in the VCSE sector, when people who had experienced mental health care and services began to organise meetings in grassroots community groups, user-led groups and other locally-based organisations. Peer support is at the heart of the service user/survivor movement, where the focus is on informal and voluntary self-organised support. This support could be from service users, survivors, groups, networks and forums within local communities.

Peer support groups also have their roots in civil rights, when people sought empowerment by creating alternatives to psychiatric services. They were critical of current practices and treatments, and believed that peers offered a unique alternative source of support based on mutuality and understanding. From these origins, there has been growing recognition of the value of peer support and how it complements other roles in mental health care.

2.3. Statutory and non-statutory peer support

PSWs are now considered a 'mainstream' part of the mental health workforce in statutory services (that is, those provided by government organisations). The Competence Framework for MH PSWs seeks to stay true to the principles and roots of peer support, so that the essence of the role is consistent across both statutory and non-statutory services.

There is an understandable tension between the essentially relational nature of peer support and what some may see as an unhelpful 'professionalisation' of the role by identifying competences for it. However, there is an important distinction between what we would see as 'informal' peer support, which makes a huge contribution to the lives of many people in this country, and formal MH PSW roles for people working in NHS services. It is to these formal roles that the Competence Framework for MH PSWs primarily applies. However, it may also be a helpful indicator of the skills and attributes for peer supporters working in VCSE organisations and for other non-statutory settings.

Members of the ERG helpfully described their MH PSW role as one of 'being alongside' the person they were supporting, 'walking with them on their journey, never in front of them or behind them'. They saw this as a distinct and very different position from that of other members of the mental health team and something that created a sense of equality between the individual being supported and the person doing the supporting. We have tried to reflect this 'alongside-ness' in the Competence Framework for MH PSWs, while at the same time acknowledging that MH PSWs are most effective when they are on an equal footing with other team members and recognising that this can create tensions, particularly around information sharing and advocacy.

Although some informal peer supporters work in voluntary unpaid roles, it is still important that people working in this way have appropriate supervision and support to do this demanding work. Within the NHS, it is our expectation that MH PSWs will be appropriately remunerated and that employing organisations will honour their contractual, supervisory and support obligations when recruiting them.

2.4. ‘Recovery’

In mental health, the word ‘recovery’ can be a contentious one and means different things to different people. It led to considerable discussion and debate in the development of the framework, and to many comments during the consultation.

In summary, many people felt that the difficulty of the term itself is that it implies a sense of direction ‘towards recovery’, or conveys an idea of a predetermined route map to a known destination – to a time of ‘being recovered’, in other words. There are some groups, such as Recovery in the Bin, who take the view that professionals working in mental health services have co-opted recovery. This can mean that, rather than supporting people’s personal recovery goals, services use the term ‘recovery’ to meet service or clinical goals for getting well. Another contention is that ‘recovery’ suggests a return to a time of being well. However, there are many people who find themselves receiving mental health care support and treatment who are discovering a way to live well for the first time. This is because there is a complex interplay between mental unwellness and social and economic factors, traumatic experiences, life chances and opportunities.

ERG members were agreed that any idea of recovery is a profoundly personal thing that indicates a way of ‘getting better at being yourself’, of living in the best way you can despite mental health difficulties. It is not something that can be prescribed by others or identified by others as having been achieved.

2.4.1 ‘Personal recovery model’

It is important to be clear that this framework reflects, as best it can, the views of our contributors.

It is firmly anchored in what is known as the personal recovery model, which is defined in the text box in 5.1.

The personal recovery model helps mental health professionals support an individual’s own recovery and it respects the understanding that recovery is a unique and individual experience, and not something the mental health system does to a person.

3. Overview of the Competence Framework for Mental Health Peer Support Workers and the Curriculum

3.1. What is competence?

Competence is a complex concept, but understanding it well lies at the heart of making the best use of the talents of the healthcare workforce. Competence has three intertwined components – knowledge, skills and attitudes – and is defined as the application and demonstration of those components in a clinical setting.

As with other roles, MH PSWs need relevant background knowledge, as laid out in the Competence Framework for MH PSWs. But the most important knowledge they have is that acquired through their own personal experience of mental health difficulties. It is their ability to use that experience in an effective way in mental health care services that underpins their competence.

Knowledge and skills are important, and the Competence Framework for MH PSWs indicates the sort of knowledge, about mental health and mental health care services, advocacy and the legal and ethical contexts needed for the role. But skills like careful listening and qualities like empathy and a non-judgemental attitude are also important.

In setting out competences for MH PSWs, the objective is not to provide a rigid checklist to be strictly applied to the role, nor a list of actions that every MH PSW needs to have undertaken. The framework sets out the core knowledge and skills that will allow people to be effective MH PSWs and some additional skills that individuals may wish to develop to enhance their ability to be effectively 'alongside' the person they are supporting.

This framework can be used:

- as the basis for training
- in supervision
- by people to monitor their own work.

3.2. Organisation of the Competence Framework for Mental Health Peer Support Workers

Three documents make up the Competence Framework for MH PSWs. First, this supporting document (Part 1), with information about the project's background and development. This accompanies the detailed competence framework (Part 2) – a technical document that, containing the map and all of the competences, is laid out in the same way as other competence frameworks, and is to support training and development programmes. The curriculum (Part 3) outlines a training programme and is based on the competence framework.

All documents, including the comments from the public consultation on Parts 1 and 2, and the actions/responses that followed it, can be found on the Competence Framework for MH PSWs website.

The competence framework is organised in sections or 'domains' that describe the knowledge and skills an MH PSW needs for particular competences. Most of these are core skills for every MH PSW, but the framework also includes **optional additional skills** that may be useful for MH PSWs wishing to increase skills and understanding (particularly of psychological approaches) so as to improve their ability to support individuals and groups.

The **core values and principles** of peer support underpin the whole competence framework.

The other domains of the framework are:

- the working **knowledge** that MH PSWs require
- **core relational skills**, which include:
  - drawing on and sharing lived experience of mental health difficulties
  - communicating well and fostering mutual trust and respect
- **supporting people** as MH PSWs, including being able to support people's self-management (that is, the actions people can do to take care of themselves and gain control over their own lives)
- working with **teams** and **promoting people's rights**
- **self-care and support**, which includes being able to make effective use of supervision
- **meta-competences**, which involve judgement, decision-making or self-reflection, and so guide peer support work
- **organisational competences**, which describe how services employ, support and supervise MH PSWs, and so enable them to do their work.

Other competence frameworks for specific services, therapies and clinical contexts can be found on the UCL website.

Domain icons, from core values and principles on the top left to organisational competences on the bottom right.

3.2.1 Layout of the competence statements

Under each of the domains, the competence statements describe specific behaviours. They identify what needs to be done to carry out peer support work activities. When technical terms or concepts are included, these are explained so that people using this framework don't need to refer to other sources.

Most competence statements begin with, '**An ability to…'**, making it clear that the focus is on the MH PSW being able to carry out a given action.

Some competences focus on the knowledge that the MH PSW needs to carry out an action. In these cases, you will often see the wording, '**An ability to draw on knowledge…**', which indicates being able to put knowledge to practical use.

Within each domain, the competences are gathered under headings and subheadings, with up to three levels of detail indicated by square bullet points. The bullets have been used when a skill needs to be broken down. In the example on the right, the main skill [1] is about promoting the rights of people who are being supported. The indented skills that follow [2 and 3] are concrete examples of what an MH PSW needs to do to achieve this.

This allows MH PSWs to keep in mind the skill they are aiming to achieve and take steps towards achieving it.

An example of a competence statement layout

Working with teams and promoting people's rights

[1] Able to promote the rights of people being supported

- [2] An ability to speak on a person's behalf to promote their inclusion and rights by:
  - [3] providing people with the skills and knowledge to advocate for their own rights
  - ensuring people are involved in jointly developing their care plan

3.3. Competence map

The map below is a visual representation of the framework. It shows all its domains, with the core values and principles of peer support underpinning all areas of the framework. At its core are the relational skills that represent a unique feature of the MH PSW role.

1. Understanding the values of peer support and the principles that underpin them

2. Knowledge for peer support workers

- **2.1.** Knowledge of mental health and associated difficulties
- **2.2.** Knowledge of trauma-informed care
- **2.3.** Knowledge of local services and sources of mental health care
- **2.4.** Knowledge of professional, legal and ethical frameworks
- **2.5.** Knowledge of, and ability to work with, issues of confidentiality, consent and information sharing
- **2.6.** Knowledge of safeguarding procedures
- **2.7.** Knowledge of self-harm and suicide prevention and procedures for maintaining safety

3. Core relational skills

- **3.1.** Understanding of recovery-focused and person-centred approaches
- **3.2.** Able to draw on and share lived experience
- **3.3.** Able to develop and maintain a mutual and reciprocal peer relationship
- **3.4.** Able to engage and support families and carers
- **3.5.** Able to use active listening and communication skills in a peer relationship
- **3.6.** Able to work with difference

4. Supporting people as a peer support worker

- **4.1.** Able to support people in their personal recovery
- **4.2.** Able to help people engage in activities that are meaningful to them
- **4.3.** Able to help people develop coping and problem-solving skills
- **4.4.** Able to collaboratively discuss care and support options
- **4.5.** Able to contribute to co-production of individual care and recovery plans
- **4.6.** Able to facilitate access to care and sources of support
- **4.7.** Able to support transitions in care

5. Working with teams and promoting people's rights

- **5.1.** Able to work as part of a team
- **5.2.** Able to work with other organisations and services
- **5.3.** Able to offer a personalised recovery perspective
- **5.4.** Able to promote the rights of people being supported

6. Self-care and support

- **6.1.** Ability for PSWs to reflect on their work
- **6.2.** Able to make effective use of supervision

7. Meta-competences

Meta-competences for peer support workers

8. Optional skills: Using psychological approaches to support recovery

- **8.1.** Able to help people to make use of psychological approaches to support their recovery
- **8.2.** Able to work with people in groups
- **8.3.** Able to support people's use of digital interventions

9. Competences for organisations supporting the peer worker role

- **9.1.** Ability to assure appropriate recruitment and support of peer workers
- **9.2.** Ability to organise work-based supervision of peer-support workers

4. Core values of peer support in mental health

The core values[4,8,9] that underpin peer support are central to the competence framework and are embedded in all areas of competence. They need to be reflected in the values of organisations employing MH PSWs, in the recruitment process and in training and supervision.[4] Organisations that have identified core values and principles for peer support include:

- Implementing Recovery through Organisational Change (ImROC) – Peer support workers: Theory and practice
- National Survivor User Network (NSUN) – Peer support charter
- Scottish Recovery Network – Peer values framework
- Together for Mental Wellbeing – Peer support charter.

The values and principles in this competence framework are informed by these publications. They also take account of the reviews by Gillard (Gillard, 2017)[8] and the work of the HEE Peer Support Worker New Roles Task and Finish Group. The ERG agreed on the following eight values (4.1.) and principles (4.2.) as those essential for this framework. Values were seen as the basic and fundamental beliefs that should guide or motivate attitudes of, or actions by, MH PSWs. Principles were seen as more general beliefs about how MH PSWs will behave in their role; in other words, as the application of values to their work.

4.1. Values of peer support

Inclusivity

- Making sure that support is available to those who need it.
- Working with people to help them identify and connect with their chosen communities.

Respect

- Being interested in each other as individuals.
- Building an accepting and respectful relationship.
- Respecting the person's background, culture or membership of a particular community.
- Not making judgements or assumptions about the person's experiences or beliefs.

Reciprocity

- People benefit from sharing their experience and can learn from each other as equals.
- Everyone learns and everyone's contribution is of equal value.

Mutuality

- Sharing experiences across dimensions such as mental health difficulties and use of services.
- Understanding the person's experience from their perspective.
- Feeling a sense of solidarity with each other.

4.2. Principles of peer support

Non-directive

- Taking a relational approach; not giving advice or direction, but listening, exploring, and suggesting alternative interpretations and explanations without imposing them, to help people find their own solutions that work for them.
- Acknowledging that each person is the expert regarding their own experience and has responsibility for their own life.

Progressive and strengths-based

- Helping people learn from their experience and incorporate it and/or move forward.
- Focusing on a person's strengths, helping them develop their ability to make use of the resources available to them.

Safe

- Providing people with a safe, non-judgemental environment in which they can share their experiences.
- Supporting MH PSWs to respond appropriately and safely when people share difficult or emotional life experiences.
- Ensuring MH PSWs feel safe to share their own experiences.

Supporting self-defined personal recovery

- Helping people make sense of their experiences in the context of their own lives, values, beliefs and culture.
- Creating hope and building independence, empowering the person to define and lead their recovery, and to identify and work towards their own goals.

5. The mental health peer support worker role

The role of any MH PSW will depend on the setting in which they are working, their experience and skills, and the training and development opportunities available to them. Included in the core elements of the role are:

- Spending time with the person they support
- Promoting the rights of the person they support
- Acting as a facilitator, connector or navigator for the person they support
- Working alongside other mental health care workers.

There were strong differences of opinion in the ERG about whether skills in psychological interventions could have any part in the MH PSW role. To some, this seemed to undermine the unique contribution of peer support because it seemed to move an MH PSW from a position of being alongside someone to delivering a particular treatment, in a therapeutic role. Others described using psychological techniques or approaches as part of their 'tool box' of support when it was appropriate for the person they were supporting, rather than as part of any formal therapeutic intervention. For some people working as MH PSWs, developing knowledge and skill about a specific psychological intervention was seen as something that enhanced their ability to effectively support someone. The framework includes these competences, along with other possible additional skills, to recognise this range of views on the peer support role and to make clear that an ability to provide specific interventions is not an expected part of core MH PSW competences.

5.4. discusses the use of psychological approaches in the MH PSW role in more detail.

5.1. Providing support

The primary aim of MH PSWs is to use the lived experience and knowledge acquired through their own experiences of mental health difficulties and care services to give people facing similar challenges the right level of support. This is the bedrock of MH PSW work.

For the most part, MH PSWs provide support in a face-to-face way. This means sitting with people, talking and listening to them, and connecting with them. A PSW is a supportive, non-judgemental person, who offers hope and encouragement without following any predetermined agenda or goals. They work collaboratively with the person they support to determine how time together is used.

Giving people the space to talk and share their feelings and stories can help make sense of what they have experienced. This can be particularly important when the MH PSW and the person they are helping have shared traumatic experiences, whether these are recent ones or from childhood. Sharing experiences in this way can help the person feel listened to and less isolated. It can be an effective and powerful milestone in helping someone make sense of their own thoughts and feelings.

A note on personal recovery

Personal recovery is based on each individual's own goals, beliefs, experiences and aspirations. It is 'a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles … a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness.'*

* Anthony WA. Recovery from mental illness: the guiding vision of the mental health system in the 1990s. Innovations and Research. 1993;2:17–24. Cited in: Leamy M, Bird B, Le Boutillier C, Williams J, Slade M. Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. The British Journal of Psychiatry; 2011:199:445–52. doi: 10.1192/bjp.bp.110.083733

5.1.1 Supporting personal recovery

Personal recovery involves the person identifying and defining what they want in their lives. The focus is on developing a positive identity, building a life felt to be meaningful, and planning their future.[10–13] It can be influenced by a range of factors, such as:

- any traumatic or other adverse life experiences
- their relationships with their family or community
- finances, housing and work or education opportunities and other societal influences.

Recovery is unique to each individual. The nature of their recovery and what it may mean on a day-to-day basis is not for anyone else to decide or judge. Nor is personal recovery a linear process. Some liken it to a journey, but for most people their recovery journey will have stops and starts along the way, and times when they feel more or less hopeful about their future.

Personal recovery is not the same as clinical or service-defined recovery

Clinical recovery is seen by some as potentially disempowering. It focuses on clinical or health-based goals for the person, rather than their own sense of what 'good enough' would be like for them. Likewise, service-defined recovery is anchored in an organisation's priorities and targets, such as discharge and service accessibility standards.[13,14] It is a real skill for the work of MH PSWs to be firmly grounded in personal recovery goals, and to make these their reference point for any support they provide to an individual. Being able to do so well may need mentoring and support from more senior MH PSWs or peer leaders.

MH PSWs give the people they support hope, the belief that they can improve their mental health and wellbeing, and that there is a way to live the lives they want for themselves. One of the ways they do this is by being the lived example of their own ongoing recovery journey.[3,15]

MH PSWs can also promote the personal recovery approach within services, by helping staff understand why it is important for people to define, 'own' and lead their own recovery.

5.2. Acting as a 'facilitator' or 'connector'

MH PSWs can act as a facilitator or connector, helping people connect or get involved with groups, organisations or programmes in their local communities.[4,16] Connecting people may include:

- helping people to identify and connect with the communities they are part of and those they wish to belong to (including mental health and non-mental health communities)
- working with people to identify and connect with local groups, activities or programmes that may improve their mental health and wellbeing
- going with people to groups, activities or programmes that they are interested in joining, or supporting them to go on their own
- helping people to keep on using organisations or services (this may include working with the person to overcome any barriers to access, like transport difficulties)
- helping people to rebuild social and community networks, or to get involved again with their chosen communities
- support to improve continuity of care when people are moving from one place where they have been cared for to another (especially following discharge from a stay in hospital).

The Community Mental Health Framework for Adults and Older Adults has more information on how to connect people to their communities.

5.3. Promoting the rights of people they support

MH PSWs are able to promote the rights of the people they support and help bring about change.[4,9,16–18]

With the people they support, MH PSWs:

- work with people to ensure they have **as much choice as possible in their care** and are directly involved in decisions about their personal care and treatment
- **help people understand the mental health system and their rights**, including any policies, processes or legal structures that may affect them
- work with people to **address any difficulties they have accessing a service** or any **infringements of their rights**
- **empower people** with the skills and ability to speak for themselves and have their voice heard
- **help people have conversations** with other professionals so that people can discuss their medication, diagnosis or treatment (when they wish to)
- **connect people** with independent advocate services

See the Mind advocacy in mental health webpage for more information.[a]

MH PSWs are well placed to bring about positive change in their workplace by modelling a way of working that allows the supported individual to have as much control over their own life as possible and is true to the idea of personal recovery. They may need more formal support from their supervisors, senior management and other team and service leaders to:

- **educate staff**, other services and the public about what mental health peer support work is and its value
- **make professionals more aware of the technical language** they use and encourage them to use plain language when talking to people about mental health, diagnosis or medication
- **improve staff understanding** of the perspectives and concerns of people being supported, to ensure they provide care that is led by the person's concerns ('person-centred')
- support and promote the idea that **personal recovery is defined by the person** not the service
- **challenge attitudes and practice** that undermine peer support, its values and principles
- **support and promote co-production** (everyone working together) to develop and evaluate services
- **support and promote equality, inclusion and diversity**
- **raise concerns** about any unsafe practice that could affect a person's safety or wellbeing, such as not maintaining confidentiality, the withholding of a person's money or property, or inappropriate physical contact between staff and service users.

MH PSWs can contribute to a cultural change within teams or organisations, helping shift the emphasis from seeing the person receiving care as needing help to seeing them as individuals with strengths, talents, and choice and control in their own lives. They will also be living evidence of the value of peer support in someone's care. Sustained change is often only achieved when there is strong leadership and vision. It is a responsibility, not just of MH PSWs, but of teams, organisations and those leading them, to promote the values that underpin peer support.

[a] They will need additional training if they want to become a specialist peer advocate.

5.4. Providing a range of psychological approaches

A note on psychological approaches

At its heart, the essential nature of the PSW role is relational. It is rooted in the experiences of the PSW and the person they are supporting, in a relationship characterised by mutuality, reciprocity and equality. In this context, including anything about possible psychological approaches in the competence framework is controversial. To some people, including some of those who contributed to focus groups or ERG discussions, mentioning them risks shifting an equal non-directional relationship to one in which the PSW holds more power than the supported person and makes the interaction between them a directional one.

From this perspective, the use of any psychological approach, even in an organic, flexible and unstructured way, indicates an intention on the part of the PSW to help move the person they support towards a particular outcome. There is also a concern that employers might misinterpret the framework and use it to make the ability to use some psychological approaches or 'tools' a necessary core competence. This is not our intention.

To respond to both concerns, we have placed psychological approaches in an optional section of the framework, and tried to make it clear that any PSW, or any organisation employing PSWs, needs to be very sensitive to the ways in which misapplication of using such approaches may damage the peer-to-peer relationship and detract from the role's essential, relational core values.

Over time, and after they gain in experience, MH PSWs will learn how they can best bring added value to the teams with which they work and be of most help to the individuals they support. With training, supervision and support, MH PSWs who wish to should be able to:

- support people to develop their own care plans (including crisis, safety or recovery plans)
- work with families
- offer support in a group context
- support the use of digital tools (apps, websites, virtual therapy/meetings)
- support people over the phone or face-to-face virtual support, if needed
- make use of psychological approaches when appropriate.

Further information on these points is set out in the competence framework.

Some experienced PSWs may take up the option of training in a psychological intervention, but this is not part of the core PSW role nor is it a necessary part of career progression.

Knowing the limits

MH PSWs should not be expected to work in a way that is beyond their competence or their role. As with all staff, they need to work within the limits of their knowledge, skills and training. For example, they should not be asked to give people medication, carry out risk assessments or physically restrain people. Nor should they be expected to carry out any tasks that do not draw on their core relational skills, such as photocopying. As much of their time as possible should be spent doing things that directly relate to the needs of the people they are supporting.

6. Introducing the peer support worker role into an organisation

This section is for service managers and leaders, provider organisations and commissioners, to support them to effectively establish and implement the MH PSW role in statutory organisations and teams.

It will also help MH PSWs know what to expect, in terms of challenges they may face and the level of support they should receive from their managers and the organisations for which they work.

Organisational issues have been covered in more depth by other agencies and some of these resources are listed in Section 8.

6.1. Establishing the mental health peer support worker role in teams

The culture and values of an organisation, including staff attitudes and leadership, need to support the role's development and promote its value within teams. The more that services and teams embrace a culture of reflective practice and openness to change, the more effectively they will be able to establish MH PSWs within their workforce.[19]

However, there are likely to be a number of challenges to overcome,[6,17,20] some of which are listed in the table below, along with potential solutions. Teams, including managers and trainers, should work together with their MH PSWs to identify challenges they may be experiencing and find the best local solutions.

Table 1: Introducing MH PSWs into the team: challenges and potential solutions

Challenges	Potential solutions
Integrating the work of MH PSWs into multidisciplinary teams	• Clearly established recruitment and staffing processes that are co-produced with MH PSWs, to ensure newly recruited MH PSWs are supported throughout the process • All staff committing to the values and principles for peer support • Strong leadership within the team, to ensure clarity and agreement about the peer support role, and to help an MH PSW to establish themselves as part of a team • A clear plan and identified support, including from senior MH PSWs, to help them to integrate in the team • Identification of the unique relational contributions MH PSWs make to the settings in which they work, including understanding and acknowledging the value of lived experience at all levels of the organisation[5] • For MH PSWs to have access to a physical space to work in and to meeting rooms, and/or a policy to support meeting people off site (if working in an NHS service)

Challenges	Potential solutions
Difficulties changing the culture of the team to be more focused on the person (their goals, needs) rather than service or organisational goals	• Senior leaders in the team or organisation need to make clear that a person-centred culture is something everyone should contribute to and is not the sole responsibility of MH PSWs • MH PSWs need good management, support and supervision so they can bring about change in their organisation without experiencing emotional burnout or fatigue
Unclear role	• Have a clearly defined role and job description that is regularly evaluated, reviewed and updated,[5,16,19] to maintain clear role boundaries • Support from supervisors on how best to approach issues of confidentiality when working in a team; that is, what to share and what not to share • Have a detailed role specification in the job description, to protect MH PSWs from working outside their job role or competence and to allow them to challenge unsafe practice or care that is not person-centred • Opportunities for career progression, with protected time for learning or professional development
Acceptance by other professionals	• Regular communication with other staff members throughout the recruitment process to establish MH PSWs within the team • Make sure that the MH PSW role, function and purpose is understood by all members of a team, and is supported by leadership and management[19] • Answer any concerns or queries staff have about the role openly and honestly • Share successful experiences of peer support with the team • Staff training and professional development activities on the importance of peer support
Not enough contact with other MH PSWs, leading to isolated working	• Ensure MH PSWs have access to peer or group supervision • Consider having at least two MH PSWs in any programme or team, to prevent isolation and improve the level of support they receive • Encourage the MH PSW to connect with an existing peer support network outside the mental health organisation they are based in[19] • If there is no existing peer support network, help MH PSWs develop a local network
Lack of effective supervision	• Clearly set out the line management and supervision arrangements, and include and develop role-specific supervision from senior or more experienced MH PSWs • Ensure supervisors have an excellent understanding of the MH PSW role, including the core principles of peer support and the importance of reflective practice • Make sure that additional support or supervision is easily available when needed outside of scheduled meetings

Working together (co-production)

Whenever possible, people using mental health services should be involved in the design, development and delivery of those same services. There is evidence that such co-produced services are more likely to meet people's needs in an effective and timely way. For services employing MH PSWs, the people who are likely to be supported by an MH PSW should be able to contribute to the development of the role and collaborate with relevant professionals in planning and recruitment as well as co-design of how best to evaluate the contribution of MH PSWs to their care.

More information can be found in Working Well Together, including guidance and tools for co-production when commissioning mental health services.

6.2. Equality, inclusion and diversity

A note on cultural competence

Everyone working in mental health services needs to do so in a culturally competent way. This means: valuing diversity, equality and inclusion; respecting the beliefs, practices and lifestyles of the people they work with; and understanding how social or cultural differences may impact on people's mental health or experience of mental health services. MH PSWs can encourage other staff to value diverse experiences.

MH PSWs support people from a wide range of different communities and areas, so it's important that the peer support workforce reflects the diversity and needs of the local communities and people they work with. This is part of ensuring that the wider health and social care workforce is made up of staff from a diverse range of backgrounds.

A central part of peer support work is to work as an equal with the person they are supporting, whatever their background and experience. This and their own lived experience mean they are well positioned to support others who are less likely to access support or may not want to seek help because of the fear of stigma or discrimination.

The resource Advancing Mental Health Equality, developed by the NCCMH, supports commissioners and providers to tackle mental health inequalities in their local areas.

6.3. Support for peer support workers

6.3.1 Supervision

The competence framework defines supervision as an activity that gives people the opportunity to reflect on their work with another member of staff. Unlike line or case management, it provides opportunities to:

- discuss challenges and successes
- discuss skills and knowledge development
- model and practise specific approaches
- develop personal and interpersonal skills.

Supervisors of MH PSWs need to understand the values and principles that underpin peer support. With their supervisee, they should agree the model of supervision that they will work within, as well as the frequency, format and location of supervision sessions. Part of supervision includes supporting MH PSWs to develop skills and to work well in a multidisciplinary team.

Detail on the general knowledge and skills needed to offer supervision can be found in the UCL supervision competence framework.

Role-specific supervision

Role-specific supervision is when a senior MH PSW provides supervision to another PSW. It has benefits over and above supervision with someone who is not a PSW in that it helps MH PSWs to:

- develop their skills in applying their lived experience to support someone else
- keep their work in line with the values and principles of peer support.

When there are no senior MH PSWs in a service, role-specific supervision can be provided by an external peer supervisor or professional who understands the values and principles of PSW working and the role.

Group peer supervision allows MH PSWs to share experiences in a way that supports mutual learning and development.

6.3.2 Developing skills

MH PSWs should be encouraged to develop their skills, including:

- having access to training or development opportunities (such as attending relevant workshops or conferences)
- having protected time for training or development
- shadowing – spending time with a team member to learn about their role
- supervision
- having access to a peer network, or support to establish a local network, to ensure they are not working in isolation and can share their learning with others.[19,21]

6.3.3 Keeping well

Teams should encourage self-care and wellness in their staff, and provide accessible health and wellbeing support, because this creates a better working environment. MH PSWs can benefit from workplace environments and teams where the mental health and wellbeing of staff is a priority.

Examples of support for mental wellbeing of staff include:

- proactive use of wellness action plans
- access to an employee assistance programme
- a 'reasonable adjustment' policy, for example flexible working or a flexible workload schedule.[19]

MH PSWs are no different from all other staff in needing this health and wellbeing support. Everyone working in mental health care services needs to have access to a range of support options to help them stay well.

6.3.4 Creating a safe environment

Supervisors and managers need to keep the working environment safe for MH PSWs. Although they may choose to do so, MH PSWs should never feel under pressure to disclose their own mental health history and other information about their mental health experiences to colleagues. Supervisors and managers need to ensure that staff understand and respect the MH PSW's ownership of their own story. This is especially important when members of staff have been involved in the PSW's mental health care, support or treatment themselves.

It is inappropriate for colleagues of MH PSWs to have access to the PSW's care records.

If an MH PSW does need care from mental health care services, this should be discussed and, if necessary, care should be from outside the service in which they are currently working.

6.4. Career pathways

Supervisors or service managers should be alert to potential career opportunities open to MH PSWs and share these with them. Examples of such opportunities are:

- senior MH PSW roles
- peer practitioner
- peer coordinator roles
- service development roles
- peer research roles.

Supervisors and managers of MH PSWs also have a responsibility for developing the skills of MH PSWs. These include skills in leadership, management and supervision, as well as skills in working well with families and groups.[b]

[b] HEE are publishing a series of documents relating to career pathways and roles for PSWs. They will be available on the HEE website later in 2020.

7. Developers

Members of the ERG

Sarah Carr, Senior Fellow in Mental Health Policy, University of Birmingham

Stephanie de la Haye, National Expert-by-Experience Adviser/NCCMH

Mick Finnegan, National Expert-by-Experience Adviser/NCCMH

Corrine Hendy, National Expert-by-Experience Adviser/NCCMH

Hannah Lewis, Senior Policy and Practice Officer, Rethink Mental Illness

Chris Lynch, National Expert-by-Experience Adviser

Dominic Makuvachuma, National Expert by Experience Adviser

Blue Mills, Peer Consultant

Wendy Minhinnett, National Expert-by-Experience Adviser/NCCMH

Julie Repper, Director ImROC

Liz Walker, Lead Peer Consultant ImROC

NCCMH technical team

Tom Ayers, Senior Associate Director, NCCMH

Michelle Costa, Lead Researcher and Developer, NCCMH

Nuala Ernest, Editor, NCCMH

Eva Gautam-Aitken, Senior Project Manager, NCCMH

Steve Pilling, Director, NCCMH

Joanna Popis, Project Manager, NCCMH (from April 2020)

Tony Roth, Lead Adviser on Competence Framework Development, NCCMH; Emeritus Professor, Clinical, Education & Health Psychology, UCL

Mary Ryan, ERG Chair and Adviser, NCCMH (from June 2020)

Clare Taylor, Associate Director – Quality and Research Development, NCCMH

UCLPartners, Care City and PPL

Kelly Bradley, Education Programme Coordinator, UCLPartners

Lucy Brock, Multi-professional Lead for Education and Simulation, UCLPartners

John Craig, Chief Executive, Care City

Rebecca Graham, Director of Human Resources and Organisational Development, UCLPartners

Natasha Larkin, Head of Organisational Development, PPL

Alex Lloyd, Programme Lead, UCLPartners

Julia Prudhoe, Project Lead, Care City

Iyoni Ranasinghe, Senior Consultant, PPL

HEE

Sue Hatton, New Roles Senior Project Lead, National Mental Health Programme (until March 2020)

Sarah Mahoney, Mental Health Workforce Specialist – National Mental Health Team

Natalie Moyanah, Mental Health Apprenticeships and New Role Implementation Lead (London)

Emma Wilton, National Mental Health Programme Delivery Manager (from April 2020)

HEE New Roles Implementation Group: Peer Support Workers

Jacqui Dyer, Chair of HEE's Diversity and Inclusion Mental Health Programme Board Subgroup; Mental Health Equalities Advisor, NHS England; Mental Health Equalities Champion, Department for Health and Social Care

Phil Hough, co-Chair of the New Roles in Mental Health Implementation Group; Carer

Simon Hough, co-Chair of the New Roles in Mental Health Implementation Group: Peer Support Workers; Peer Support Worker, Cheshire and Wirral Partnership NHS Foundation Trust

Sarah Hughes, co-Chair of the New Roles in Mental Health Implementation Group; Chief Executive, Centre for Mental Health (until July 2020)

Kathy Roberts, co-Chair of the New Roles in Mental Health Implementation Group; CEO of the Association of Mental Health Providers (from July 2020)

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Helen Greenwood, Research and Design Officer, NCCMH

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Competence frameworks and guidelines

Competencies for the Mental Health and Addiction Service User, Consumer and Peer Workforce – developed by Te Pou o te Whakaaro Nui, a national centre for evidence-based workforce development based in New Zealand, with additional resources for commissioners and providers

Core Competencies for Peer Workers in Behavioural Health Services – developed by the Substance Abuse and Mental Health Services Administration in the US Department of Health and Human Services, 2018

Guidelines for the Practice and Training of Peer Support – developed by the Mental Health Commission of Canada, 2013–16

Liaison and Diversion Service Career and Competence Framework – developed by Skills for Health and HEE, 2018

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Other resources

Advancing Mental Health Equality: Steps and Guidance on Commissioning and Delivering Equality in Mental Health Care – Resource developed by the NCCMH (2019)

Community Mental Health Framework for Adults and Older Adults – Developed by the NCCMH, NHS England and NHS Improvement (2019)

Working Well Together: Evidence and Tools to Enable Co-production in Mental Health Commissioning – Developed by the NCCMH (2019)

Online resources

National Survivor User Network

ImROC: Peer Support Workers – Theory and Practice

Q Improvement Lab: Learning and insights on peer support

Together for Mental Wellbeing

Uses and abuses of recovery: implementing recovery-oriented practices in mental health systems (article in World Psychiatry journal)

Resources to support the development of the MH PSW role within teams

Resources about peer support

100 Ways to Support Recovery – Guide and factsheet for people working in mental health services, developed by Rethink (2013)

Mental Health Peer Support in England: Piecing Together the Jigsaw – A report from Mind on the state of peer support in England (2013)

Peer Support Workers: Theory and Practice – from ImROC (2013)

Peer support resources – from Nesta

Peer support resources – from Together for Mental Wellbeing

Peers for Progress – web page with links to peer support resources from around the world

Centre of Excellence in Peer Support – an Australian based organisation providing resources to help people set up peer support groups

Resources for implementing peer support

Developing Peer Support in the Community: A Toolkit – Mind (2017)

Experts by Experience: Guidelines to support the development of Peer Worker roles in the mental health sector – Scottish Recovery Network (2011)

How to Develop Peer Support within Liaison and Diversion Services – Developed by the Revolving Doors Agency, in partnership with NHS England

Peer Support Workers: A practical guide to implementation – ImROC (2013)

Resources to support mental health at work – Mind

Peer Support Hub – National Voices