PROCEDURES MANUAL

Guidelines for training, implementation and employment in peer support

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*Swedish Partnership for Mental Health
introduces peer support in Sweden*

PEER SUPPORT
Personlig Egenerfaren Resurs

Contents

Foreword

You are now holding the second edition of the "Procedures manual for peer support – Guidelines for training, implementation and employment" in Sweden. The manual refers to peer support within psychiatry and social psychiatry in a Swedish context. The background is that the National Collaboration for Mental Health, NSPH, began mapping what is known internationally as peer support in 2014.

Peer support is a new professional category that involves someone with personal experience of mental ill health using their own experiences of recovery to be able to support another person in their recovery.

We decided to create a model for training, implementation and employment of peer supporters, based on thorough preparatory work with visits to countries where this has been tested for longer periods, and review of research in the field.

Since 2014, NSPH has visited the Netherlands, UK and New Zealand, where it has interviewed different staff groups, managers, HR, peer supporters and users / patients, as well as participating in day-to-day practices for a peer supporter. We have also translated training programmes into Swedish and integrated

the combination of international experiences and knowledge with our own, into what now constitutes this procedures manual.

We have also taken account of the experiences from the trials that were begun in some locations in Sweden during the period of our own mapping. These experiences show that implementation is not easy to achieve without solid training for peer supporters, the unit staff and the local user movement. Continuous follow-up through continuing training, coaching, and method support for all participants has also proven necessary.

It is particularly important that the local user movement and units plan training efforts, implementation and employment of peer supporters together. A mutual understanding and respect for each other's skills and roles forms the basis for achieving most possible synergy effects and benefit for the user / patient.

Peer support is unique in so far as it is a skill that can only be obtained through training which assumes personal experience of mental ill health and which generally leads to important knowledge and provision of resources for recovery. The user movement therefore constitutes a source of experiences, and is a hub

for training and method development through continuously collecting user's/patient's experiences of recovery.

NSPH coordinates the implementation of peer support, which is now being introduced in different regions, and is evaluating this in a research project together with the Centre for Evidence-based Psychosocial Interventions, CEPI. NSPH also provides training in the method for the regions or units that want to implement peer support within healthcare services, social psychological units and rehabilitation.

International experiences show that units with peer support achieve shorter and fewer hospital admissions, reinforce the user's/patient's empowerment and reduce personal stigma. The units also benefit from a more open climate in which it is acceptable to talk about mental health and recovery, which is also positive for the users'/patients' and staff's mental health.

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What is Peer support?

- Peer support involves someone with personal experience of mental ill health or functional impairment/variation becoming professionally active within health-care services in order to support users/patients during their recovery processes.

- The peer supporter's work is based on supporting users/patients based on their own and other user's/patient's experiences of recovery, empowerment and reduced personal stigma.

- Peer support can be used in psychiatric outpatient and residential care, social psychiatry units, rehabilitation and in ACT models in various forms.

- Peer support has been developed and implemented on a large scale globally over the last 20 years. In the USA, almost 30 states have a comprehensive pro-gramme for peer support, in the Netherlands, users need to be employed in the ACT team (FACT) to receive certification, and the model is well established in both the UK and New Zealand.

- International research shows, among other things, a reduced personal stigma, and that users/patients gain greater self confidence and the opportunity to im-plement changes in their lives. Results from the UK advocate shorter and fewer care periods as a result of peer support.

- International experiences also show that peer support has a positive, culturally changing effect on the entire unit. It contributes to the work team as a whole being able to talk more openly about their own experiences of mental ill health.

- The Swedish user movement, via NSPH, has taken on a leading role in asso-ciation with the units to create a peer support model for Swedish situations. This is based on active user influence on a local level, where the user move-ment is responsible for a selection process, training, peer supporter coaching and support for staff. Elsewhere, it is common for the peer support unit to be administered by a care/healthcare organisation, or alternatively an individual stakeholder. NSPH's peer support model – in which the user movement plays an active part – has proven to have a number of advantages, including low levels of sick leave among peer supporters.

Background

The user movement's work for increased user influence

Since 2007, Sweden's 12 largest patient, user and relatives associations within the area of mental ill health have been cooperating in a shared network – National Collaboration for Mental Health, NSPH. NSPH allows all the different experiences and knowledge that exist within the associations to be gathered under one shared roof. We see patients, users and relatives as an indispensable resource in the development of psychiatric care and social services at a system, unit and individual level.

The user movement also works on opinion building and spreading knowledge in society. The objective is to use our experiences and knowledge to contribute to improving attitudes, new methods of working and increasing the scope of influence. Since its foundation, a number of regional networks across Sweden have originated within NSPH. Today, there are around twenty regional networks or NSPH associations around Sweden.

Since its foundation, NSPH has developed a number of different influential resources, such as study circles and training in empowerment and recovery, user reviews, user coaches (work specialists with personal experience, who work according to the IPS model), influence council, quality development team

and work on reducing ignorance, prejudice and stigma through attitude ambassadors in collaboration with the national association Hjärnkoll.

The most recent step is that we are currently developing a comprehensive Swedish model for peer support within psychiatric care and community units. A natural step within this has been to develop the user movement's traditional peer-led work to also include work within psychiatric and social psychiatric units.

Peer support – the peer-led approach takes a new form
The user movement's work in Sweden has been based on a peer-led approach from the beginning. Sharing knowledge of recovery from mental illness with someone who has not come as far in their recovery has proven to be an effective way of helping others towards empowerment and an independent life.

In 2014, NSPH began mapping international examples of peer support within psychiatry and social psychiatry. A work group was formed, and from the start of 2016, this work group was involved in a national project to develop peer support in a Swedish context. NSPH is carrying out a three-year project

with the name PEER Support, running between 2016–2018. It is financed by Allmänna Arvsfonden with the objective of developing and implementing Swedish peer support. The project intends to create guidelines and limits for the expanding peer support units in Sweden, and thus create a national platform for developing the new professional role. The English term "peer support" has been "translated" as Personal Experience of Events Resource (PEER)

NSPH has designed a model for peer support that includes training, implementation and employment based on comprehensive preliminary work. We have visited countries where this has been tested for long periods, and have reviewed reports and research that describes and evaluates peer support. Since 2014, the work group has visited the Netherlands, UK and New Zealand, interviewed staff groups, HR, peer supporters and patients, as well as participating in day-to-day practices for a peer supporter in these countries.

We have also translated training programmes into Swedish and integrated the combination of international experiences and knowledge with our own, into what is now presented in this procedures manual.

NSPH has begun a common effort for training, implementation and employment of peer supporters within healthcare, in collaboration with the research institute CEPI, local user networks and psychiatric and social psychiat-

ric units in four regions (Västerbotten, Stockholm, Västra Götaland and Skåne).

From the beginning of 2017, NSPH provides training for training managers / course leaders in the methods for the regions, municipalities or units that want to implement peer support within healthcare and or social psychiatric units.

NSPH has begun a common effort for training, implementation and employment of peer supporters within healthcare, in collaboration with the research institute CEPI, local user networks and psychiatric and social psychiatric units in a number of regions.

From the beginning of 2017, NSPH provides training for training managers / course leaders in the methods for the regions, municipalities or units that want to implement peer support within healthcare and or social psychiatric units.

Peer support should also form part of the offering to patients who are offered treatment within any of the various ACT models that exist (FACT, RACT).

Evaluation also shows that peer support has a positive effect on patients, staff and the care environment regardless of the form of care / healthcare; be it psychiatric residential care, outpatient care or care at social psychiatric units.

What does a Peer supporter do?

The peer supporter's basic role is to function as a support person for users/patients based on knowledge and strategies from personal and the user movement's combined experiences of recovery, empowerment and reduced personal stigma. Peer support is a unique skill that compliments established knowledge and professions. The skills generated by personal experiences can never be assimilated through traditional training alone.

With support from a peer supporter, a user/patient can gain a sense of hope and understands and manages their own mental ill health to become a stronger, more active person in their recovery more quickly.

We want to highlight the importance of adapting the peer supporter's work duties to each unit and the needs of each individual patient/user. Some examples of work duties are listed below.

A support person and activity leader
The peer supporter can function as a *bridge builder* for someone who has been registered with a department for the first time, visits a medical centre or enters a social psychiatric unit. We know this is a phase that can be experienced as frightening or a loss of empowerment, integrity and autonomy. It is then about *providing assurance* to the patients/users who are coming into contact with the unit for the first time, through the peer supporter discussing and providing support through their experiences to normalise and reinforce the patient's/user's empowerment and confidence that recovery/reorientation is possible.

- The peer supporter can provide information for example on activities within the unit or what rights you have as a patient/user.
- The peer supporter can offer peer-led discussions.
- It can also be about making the patient/user aware of their physical health, and reminding and giving tips on routines for food and sleep.
- It can also be about motivating the patient/user to restart old or develop new recreational activities or interests.
- The motivation work also includes other types of support for which the patient/user expresses interest or is recommended. This can, for example, mean accompanying the patient/user who needs additional support and confidence to venture/manage to get to various meetings or connections.
- The peer supporter can arrange and lead group activities. The activities are designed on the basis of the unit's guidelines and conditions. This may involve excursions, social and cultural activities within the unit or physical activity.

- The peer supporter can, for example lead user/patient training and study circles in empowerment or hold talks on other subjects.
- Support in rehabilitation. This could, for example, relate to support in starting or returning to study, activities in preparation for work, work experience or work.
- Another duty for the peer supporter is to support patients who are about to be discharged. This may involve various contacts with user associations, social networks, support functions, training or employment.

Individuals are frequently worried about what to say when they return to work after sick leave and colleagues are curious about where they have been or how they are doing. The peer supporter's knowledge and experiences of this can be important in making it easy for the person to answer such questions. But also to highlight any adjustments that may be carried out to make the return easier or prevent relapse. This is a duty that was successfully applied in psychiatric care using peer support, for example, in Nottingham.

The limitations in the plan below are an important starting point for discussions on the peer supporter's work duties. The final work description is established in consultation with the peer supporters and those responsible for implementation of peer support in the unit.

The peer supporter's work is based on a sense of coherence

Our sense of coherence (a term often shortened to SOC) is a crucial factor for our health and wellbeing. This primarily applies to mental health. According to sociologist Aaron Antonovsky, SOC determines how an individual manages stressful situations, which is itself crucial for our state of health. The mindset within SOC provides a support and source of inspiration for the peer supporters' work.

SOC consists of three parts, which the peer supporter works actively with:

- Intelligibility, the sense of what is happening in the world, both within and outside the individual, is understandable and can be predicted.
- Manageability, the resources the surroundings demand are available for the individual.
- Meaningfulness, that the challenges faced by the person seem worthy of commitment.

A bearer of their own and other people's experiences

The peer supporter's strongest and most unique tool in the work with users/patients is the mirroring effect. Mirroring is understood as the supporting effect of relating to and being endorsed in meeting a person who has been in a similar situation to where you currently find yourself.

It is easier to hope and see opportunities for development and recovery from a difficult situation when supported by the experiences of someone who has made the journey themselves. The conversation between the user/patient and peer supporter builds on trust and also creates good conditions for change in an individual.

THE PEER SUPPORTER MUST	THE PEER SUPPORTER MUST NOT
Focus on the user's/patient's day-to-day life	Have opinions on the user's/patient's medication or treatment
Supplement the duties of the other staff	Replace the duties of the other staff
Have a recovery-focused perspective	Focus too much on the user's/patient's history
Work with the user/patient and (if they request this) with their relatives	In the first instance, act as an intermediary between relatives and the patient/staff
Recommend and collaborate with other support resources, such as housing support officer, physiotherapist, mental health support worker, personal representative and case manager, and also with civil society's range of activities, study circles, etc.	Take over the role of housing support officer, personal representative, case manager or the other staff
Work to ensure that the user's/patient's recovery/development/reorientation is facilitated	Personally resolve issues for the user/patient
Have a close cooperation with local/regional user organisations	Act in isolation
Become part of the staff group and together with the other staff support the user's/patient's return to meaningful and functional everyday life	Act in isolation

For more information about the do's and don'ts for a peer supporter – see page 48

Mirroring is the strongest and most effective type of experience exchange. This means that you meet someone with personal experiences of similar events. This can give hope and comfort, and provides a tool for personal development and recovery.

Indirect experiences (indirect mirroring) build on knowledge transfer of other people's experiences. The peer supporter bears both their own personal experiences and many other people's experiences and knowledge of recovery and empowerment through close interaction with the user movement.

Effects of Peer support

International research results
Recurring results in the international research concerning peer support relate to the user/ patient achieving a faster recovery and development of empowerment, better self-image, reduced personal stigma and increased hope for the future. In addition, they develop more close relationships and feel more understood, accepted and liked.

The research and experiences above were taken from Yale University, where Larry Davidson and colleagues carried out studies of peer support.

Comparable studies in the UK also show a reduced need for care initiatives, fewer crises and less need for hospital admission as a result of peer support. Research in the psychiatry field also shows shorter and fewer periods of care for patients.

Research and development in Sweden
The PEER Support project has been monitored and evaluated in two of the pilot counties,

Västra Götaland and Stockholm, throughout the project period. These evaluations are taking place on a local level and are being supervised centrally by the national research network CEPI (Centre for Evidence-based Psychosocial Interventions). A report from the evaluation in Västra Götaland is complete, and a report on peer support in the City of Stockholm will be completed in 2018.

Both reports form part of the knowledge base collected as a foundation for the National Board of Health and Welfare's Nationella riktlinjer för vård och stöd vid schizofreni och schizofreniliknande tillstånd (National guidelines for care and support in schizophrenia and schizophrenia-like conditions, 2017), where it is recommended that health and medical care and social services offer the support of peer supporters, within the scope of research and development.

Evaluation in Västra Götaland
The evaluation of PEER Support in Västra Götaland was completed in February 2018,

and the report was titled "Egen erfarenhet som unikt arbetsverktyg – Utvärdering av projektet PEER Support inom psykiatrin i Västra Götalandsregionen" (Own experience as a unique work tool – Evaluation of the PEER Support project within psychiatry in the Västra Götaland region). This report describes the evaluation of PEER Support implemented at psychiatric clinics in the Västra Götaland region in 2016 and 2017. The evaluation is based on interviews with professional peer supporters, other staff and managers, as well as survey questions submitted to patients. Data has been collected in three instalments; at the start of the project, after six months, and after 12 months.

Of the resulting findings, the following is emphasised in the conclusion:

"A particular strength of the PEER Support concept, according to staff, lies in the fact that discussions between peer supporter and patient *have no instrumental purpose*; there is no need to create any particular kind of information, it is merely the discussion it claims to be. In combination with peer supporters' own experiences of mental ill health, the staff interviewed feel that this makes it easy for many patients to experience particular faith in their peer supporters."

One of the unexpected effects cited by a number of staff after the first year of the project is that the cooperation with peer supporters *involved a new perspective* that has come to be incorporated into their own way of thinking. Another is that peer supporters allowed them to access *general information on the health status of patients* that it would have been difficult for them to gain in their capacity as staff."

"Matters such as a perceived *lower frequency of coercive measures and on-demand medication* are other effects referred to by staff. A similar effect that staff were able to observe at an early stage is the fact that patients feel less frequently that they need to visit the doctor with all their needs. A chat with the peer supporter was often sufficient to calm an upset patient and give them security."

"Many patients have *been given greater opportunities for activation* than they were able to access prior to the introduction of PEER support."

"Peer supporters are satisfied with the training, the coaching and the link to the user movement guaranteed due to the fact that NSPHiG owns the project. This link provides PEER Support with *legitimacy as user-controlled patient support*and is supported strongly among all groups interviewed. All groups also exhibit a desire to preserve this strong link, too."

"One important insight is that *implementation may take time*. It takes time for peer supporters to work out how best to use their skills in the place of work in which they find themselves. It takes time to shape relationships with staff and integrate their own function with the working methods of the care team."

"There have been no instances of long-term sick leave or resignations throughout the period."

Culturally changing effects and prevention of mental ill health

Several surveys carried out – including during the Hjärnkoll campaign – show that prejudice and negative attitudes against people with mental ill health are very common, even among staff in psychiatric care and community units.

When a peer supporter enters a staff group, it often initiates a change process that contributes to greater openness among staff and a reduction of prejudice and negative attitudes. Research from the UK shows that responses to and relationships with users / patients change, and that this gives rise to new ways of thinking with regard to mental illness and impaired function.

The experiences from the UK and elsewhere show that staff groups can also be strengthened internally by working together with people who are open about their personal experiences. This allows a more open discussion climate across the whole work team and inspires confidence in the staff to speak about their own crises and experiences of mental illness as something natural.

Surveys performed by the national association Hjärnkoll show that as many as 40 per cent of people choose not to talk about their mental ill health at work (statistic from 2012). Mental ill health is currently the most common cause of long-term sick leave in Sweden and the prognosis indicates a strong increase – above all in the public sector.

The responsible authorities / employers therefore have a lot to gain by creating a climate in which people can speak more openly about mental ill health. To this extent, the peer support units also function as a preventative element for improved mental health in the whole work team.

Criteria for implementation

Swedish and international experiences show that a successful implementation of peer support assumes careful preparation in relation to the units where peer supporters will be employed. This means that the *whole* workplace must have as clear an image as possible of what peer support is and involves, what the peer supporter is expected to do and not do, and how the work role relates to the work duties of other staff groups.

This is partly provided for in the training / introduction days that NSPH offers units during the implementation process, but also requires managers and work leaders to actively spread information and create conditions for information opportunities.

A cornerstone in the work on implementing peer support is to direct it exclusively towards the units that show an expressed interest in

introducing the new professional skill in their unit. Swedish and international experiences show this is rarely successful, either for the individual peer supporter or work team in general, if the peer supporter is implemented into units that are not sufficiently prepared.

When municipalities, county councils or regions introduce peer support into their units, it is very important for the decision to have been preceded by support for a long-term intervention. Among other things, this means that units where peer supporters are to work must be prepared on a financial level. There must be a budget to employ peer supporters before training is prepared or ordered. Training peer supporters who are then unable to find any work due to lack of funds is a situation that must be avoided.

A local support structure must also be in place before a decision is made to train peer supporters. This involves completed organisation of points of contact such as coordinators and peer support coaches, as well as ensuring that a partnership agreement with the regional user movement is in place (see below).

These quality requirements are also applicable when enquiries are received relating to the purchase of training places on peer support courses elsewhere.

If a county purchases trading places on a peer support course without these regional criteria being in place, there will be no compliance with the model; and there is a risk of both units and peer supporters failing to achieve the positive effects created by the project.

Cooperation with the user movement

The organised partnership between the principals, the user movement and peer supporters forms the foundation for sustainable peer support activities. The peer support method described in this manual has been tested, developed and evaluated on the basis of these supporting principles. The successes achieved as regards the long-term perspective, stability and development are based on these important criteria.

The user movement's involvement gives peer supporters an opportunity to maintain their unique professional role as bearers of their own and other people's experiences of recovery. The risk of co-optation (increasing adaptation of the peer supporter's professional identity to the unit and other colleagues) is reduced when the user movement constitutes a further collegial context. In the user movement, peer supporters are able to reflect their professional identities as experts by experience and make use of the experiences of other patients / users.

In this respect, it is important to differentiate between the user movement/user representative and experts by experience. As an expert by experience, the individual represents their own personal experiences. As a user representative, the individual represents a larger group of people, an organisation or an association. The user representative has been given a democratic mandate by the group to represent them and their voice. In the same way, information is fed from the user representative back to the organisation or association, which ensures that the work and development is not dependent on a single individual.

Development at individual, unit and system level

The close cooperation between the peer supporter and unit and the user movement creates an added value at individual, unit and system level.

- Cooperation with the user movement in respect of peer support creates energy, motivation and constructive dialogue, permitting a good, in-depth partnership in a number of fields.
- Collaboration with the user movement makes contact between the individual user/patient and the user organisations' recovery resources possible, such as self-help groups, study circles and lectures. This can contribute to greater options for patients/clients and their relatives, as well as constituting a basis for the unit's development work.
- Experience and knowledge transfer result in increased knowledge for the user movement regarding the terms, assets and deficiencies of care and social psychiatry. This generates a new knowledge and special interest basis for improvement of care to the different user councils, or with the formation of new care programmes.
- Peer supporters' experiences are combined and shared through the NSPH network with other user movements and other peer support units for experience sharing, guidance, colleague support and learning. Knowledge from units with peer support throughout the entire country has been collated, structured and analysed in the national NSPH. In this way, the support to peer supporters and units, as well as work

duties, methods, training and tools is continually developing.

Regional criteria

Patient, user and relatives association units vary in different parts of the country. In some cases, they have progressed so far that associations work as special interest groups, as well as developers and employers of user influence models (with peer supporters, user reviewers, user coaches, trainers, etc.). Elsewhere, there are no conditions in place for the local user movement to be able to play a central role in the implementation and development of peer support under its own power. One objective should nevertheless be to involve the user movement in the development work as far as possible. The national NSPH is on hand for method support for all regions.

One criterion for interaction between the user movement and the principals in respect of peer support is that the principals have to invite the regional patient, user and relatives associations to be active partners in peer support efforts, and provide them with support in this. This applies to areas such as recruitment, training, implementation, continued training, coaching, method development, monitoring and assessment. This cooperation should be regulated in a written agreement between each unit or principal and the local user movement.

Partnership agreement with the local user movement

The following areas should be taken into account when devising a partnership agreement with the local user movement with regard to

peer support. The work roles are described in greater detail under Work roles.

Recruitment

User representatives must be included in all elements of the recruitment process. This involves the formulation of interview questions (see the examples of interview questions in Appendix 2), and also the interview and selection process. The user movement deals with the recruitment process in full, or operates in partnership with the principals.

When individuals with their own experience of mental ill health hold the interviews, this creates the same open climate of discussion and sense of trust as when a peer supporter meets a user/patient as part of their work. A more complete and shaded view of the applicant is then allowed to emerge. Moreover, the user representative has greater opportunities to ask relevant questions and follow-up questions on matters that may appear sensitive, such as the degree of recovery, how triggers are handled, personal crises, etc.

Training

User representatives have to be actively involved in the training of new peer supporters; as training officers or course leaders, for example. This is important so as to guarantee the user perspective as training progresses.

Coordination

User representatives have to be actively involved in the training of new peer supporters; The most important components for which the user movement bears responsibility involve arranging/participating in reunions and further training for peer supporters, as well as interacting with the principals in the implementation process and on matters relating to long-term support.

Coaching (by experience)

Peer supporters need coaching as peer support is a relatively new professional role on the Swedish labour market. Coaching is provided by an individual with their own experience of mental ill health so that a mirroring effect can occur between peer supporter and coach. The coach, an expert by experience, must maintain close cooperation with the user movement so that information can be transmitted easily with regard to peer supporters' work situations and work roles, along with reporting shortcomings at system level within the unit.

Employment form

As peer supporters are entering a completely new professional role in which they work openly with their own experience of mental ill health/illness, the recommendation is to employ two peer supporters in each workplace. This way, they can discuss ideas together and be there to support one another.

How peer supporters are employed, may be slightly different. They may be employed by the regional user network/association, or by the unit. The most important is that recruitment, training and guidance take place under the auspices of the user movement.

In the Västra Götaland region and Stockholm municipality, the responsible authority, in consultation with the PEER Support project, has recommended that NSPH be the employer and thus function as a user-controlled staffing enterprise. Aspects of employment legislation concerning employer liability and consideration of power and control were both included in the decision process that led to acceptance of the position.

If peer supporters are to be employed, the cooperating parties make the decision together. It is important that the employed peer supporter becomes an integrated part of the standard work group, regardless of how they are employed. The cooperation between the different professional roles in the unit is primarily built on shared understanding, cooperation and respect for each other's skills.

Recruitment and training of Peer support

International experiences show that implementation of peer support requires careful preparation, not least in relation to recruitment and training.

Training and preparation efforts are offered to those who need to work as peer supporters, to the user movement the peer supporter will be working with locally, and to all staff within the unit in which the peer supporter will work.

The peer support model consists of three different training processes. A longer period of training for peer supporters (five weeks), and two or three training sessions each for staff at the workplace in question or the user organisation in question.

Work roles
Below is a description of different work roles that can be involved in a training process. *Note that a person can have several of the roles below, depending on local conditions.*

- *Training officer* – the person who is responsible for and plans the format and content of the training at local or regional level. This relates to training location, time, which speakers are involved, course material and so on. It is also positive for the training officer to be involved in the training as one of the course leaders, in order to be able to answer questions and get direct feedback on the format and content of the training. The training officer is preferably a representative of the user movement with experience of mental ill health.
- *Course leader* – the speaker(s) responsible for delivering the content of the training sessions that define the work role for a peer supporter. Most course leaders should be representatives of the user movement with experience of mental ill health.
- *Speakers* – people who are responsible for delivering the content in one of several training steps relating to a certain method,

perspective or work tool. These could be representatives from user movements, but could also be external speakers. The majority of the talks during the training should be given by people with personal experience of mental ill health, where the user perspective is central to the training.

• *Coordinator for peer supporters* – the person who is the local/regional point of contact for peer supporters. These tasks may be included in coordination, distributed over one or more individuals:
  – recruitment and selection of individuals for peer support training.
  – monitoring of course participants/peer supporters – both those receiving employment and those awaiting employment. This involves organising reunions, continuing training, etc.
  – matching of peer supporters to the relevant units.
  – method support for peer supporters in their work and for units that have employed peer supporters.
  – cooperation and monitoring with units where peer supporters work.
  – monitoring of adherence to the model among peer supporters in their work, and at units that have employed peer supporters.
  – compilation of information on how the work process develops, and reporting of this centrally so that the method can continue to be developed.

The coordinator is preferably a representative from the user movement with experience of mental ill health. The coordinator contributes

during the training to obtain a clear image of the course participants and group processes.

• *Coach, expert by experience* – holds in-depth debriefing meetings with peer supporters who are in work. Coaching is provided by an individual with their own experience of mental ill health in order to create confidence and an open discussion climate and to make it easier to understand the complex professional role that the peer supporter has to deal with. The coach works in close cooperation with the coordinator/user movement for peer supporters – primarily in relation to monitoring faithfulness to the model, method support and compilation and reporting of how the work progresses. A coach who is an expert by experience has the same bridge-building function to the peer supporter as the peer supporter has to the patient.

The purpose of coaching is described below. Some of these tasks may also be shared with the coordinator:
  – Check how work is progressing, how contact with users/patients and other staff is working
  – An opportunity for the peer supporter to air both successes and challenges
  – Provide support in the new professional role as an expert by experience
  – Provide support for peer supporters' own well-being
  – Monitor matters to ensure that the work role remains within the framework of the specified service
  – A practical pathway/voice for project

management and work support
- A pathway / voice to special-interest politics
- Ensuring monitoring of the project and reporting of experiences
- The coach may also provide support during implementation for the unit

If people without personal experience of mental illness participate in the training as a training officer or course leader, it is important for these people to share personal experiences of mental weaknesses, crises and other instances where they felt vulnerable and/or powerless. These are experiences that, as human beings, we have all had. The objective is to help bring about an equal relationship with course participants and create high ceilings during training.

Admission process

It is important to make a well-founded selection from those applying to do the training and who want to be employed as peer supporters. Everyone accepted onto the training should go through the whole admission process.

The selection process has three different stages. During each stage, an assessment is made on who is suitable to proceed.

STEP 1

The application is submitted. *The person relates a little about themselves and provides motivation for why they want to do the training and work as a peer supporter.*

STEP 2

Interviews — *More in-depth questions and presentation of possible scenarios.*

STEP 3

Training — *An opportunity for getting to know the participants in a little more depth.*

Selection

We are looking for the following qualifications during the selection of people who will be trained and later employed as peer supporters.

- *Must have personal experience of mental ill health.* In order for the patient/user to be able to see themselves reflected in someone else's journey, break stigma and create hope of improvement.
- *Must be able to share their own experiences with others* in a well-thought out and reflective manner. The peer supporter must not relate everything in detail, but select parts of their personal experiences that are relevant in the context. It is important that the recruiter listens in to check whether the peer supporter has sufficient distance to their experiences to ensure they can be a good and stable support for other people in crises without it triggering their own ill health. The person's background should not be characterised by a strong need for own rehabilitation or trauma that does not seem resolved.
- *Must be able to listen and reflect on other people's experiences.* Their personal experiences must be pushed back in favour of listening and taking in the other person's story and perspective. Personal experiences may not be used as a single representative truth – there must be respect and sensitivity that the other person could have experienced similar events in another way.
- *Must have experience of psychiatric care or similar treatment,* for example, treatment homes, psychiatric full-time care, supported living or home help. It is important to be

aware that the person may have been in a crisis or treated in full-time care recently. There may be an indication that the person does not have sufficient distance to their own mental ill health.

- *Will be part of a work team within psychiatry/social psychiatry.* Irrespective of what experience the person had in their own experience of community psychiatric/social psychiatric care and support resources, the person must have a positive and cooperative attitude to working with various staff in the unit.
- *Will work at least 50 per cent of full-time hours.* In order to be an equal member of a work team in the unit, and have time to get to know the workplace and users/patients, the person must be able to work at least 50 per cent of a full-time position. The person needs to have sufficient resources to be able to match a work effort of at least 50 per cent.
- *Different perspective and experience.* We are striving for diversity among peer supporters. This relates to gender, age, ethnic background, working method and experiences of mental ill health, care and support. This can be adapted to some extent when training peer supporters for units that work with specific diagnosis groups. However, the personal experience of mental ill health, recovery and use of community care and support constitutes the most important part of the work as a peer supporter – not matching diagnosis to diagnosis.
- *A suitable personality.* As a peer supporter, you need to have an open, positive and unprejudiced approach to the people you meet in your professional role. You need to

be able to instill some energy and stability, security and give a sense of hope.

- It is important to be flexible in your attitude towards the people you meet. Above all, you need to be a good example – personal experiences may not only be characterised by set backs, unhappiness and pain. The peer supporter must be able to talk about their own successes and recovery strategies in a sensitive manner.

STEP 1 – APPLICATION

An application form is sent out for people who want to train to work as a peer supporter to complete. Make it clear in the application that you are looking for people to take part in training. Even if there are peer support openings at a later stage, not everyone who does the training can be offered a job. Partly because you need to accept more people onto the training in relation to the number of openings due to drop-outs, and because the training itself acts a selection element to see who is suitable to work as a peer supporter.

See examples of the application form used by NSPH in Gothenburg/Västra Götaland during recruitment for training. The application forms are at the very back of the procedures manual, marked as Appendix 1.

Possible channels to use during recruitment:
- Primarily the user associations and networks, plus user reviewers, user coaches and similar
- Hjärnkoll associations
- Other types of associations and networks in the field of psychiatry

- Notice boards in libraries or other community meeting points
- Psychiatric or social psychiatric units
- Facebook groups
- Swedish Public Employment Service

Note! If Facebook groups or the Swedish Public Employment Service are used to find interested applicants, this may generate a large number of applications. Which channels you choose to use depends on how wide you want your recruitment to be, based on regional conditions.

Remember also that the *application procedure takes time*. It takes time to send out information and advertisements, read applications, book interview appointments, hold interviews, make a selection and get back to applicants with at least four weeks' advance notice before training commences. In Västra Götaland, we have calculated that this process will take around three months – one month for advertising and scheduling interviews, one month for holding interviews and making a selection, and one month's advance notice prior to the start date for the training.

Carry out a rough screening of the applications received. Consider that some people may have more practice and experience of expressing themselves in writing than others – but this is not a basic requirement for a peer supporter. Therefore, meet as many applicants as possible, the more the better.

Always have two colleagues present during the interview.

Preferably where one takes main responsibility for asking questions and one takes support notes and asks follow-up question at the end of the interview. See examples of the interview template used by NSPH in Gothenburg/Västra Götaland during recruitment for training, spring 2016. The interview template is at the very back of the procedures manual, marked as Appendix 2.

Here are several comments on some of the question fields in the interview template:

Introduction/About the assignment
Start with an introduction in which you clarify who you are. It is good to talk about whether you have personal experience of mental ill health, and maybe summarise what it was like – this allows a more open interview and more honest answers. Also talk about what the assignment as a peer supporter is like. What is the person's opinion of this? Does it seem to be what the person had imagined?

Mixed experiences – background
Do you have an understanding of previous work experience and work capacity. The person's interests can give a hint to the support they have around them.

Experiences from care and of mental ill health
The question "When you feel bad – how is it expressed?" can give information on their insight into the illness and whether the person has strategies to avoid becoming ill again.

Challenging situations
An important element of the interview is to describe conceivable difficult scenarios that could occur in the work as a peer supporter. Not to demand any "correct solutions", but to hear how the person reasons their way through the different situations and what procedures/paths to a solution the applicant considers. The scenarios also give the person an additional picture of what the work may demand of them, and gives them a chance to react if it appears too difficult or demanding. Also take note when the person states that they do not see any problems at all. This may be a lack of self-awareness.

We also use scenarios with a basis in this subject:

How do you think you would handle frustration and anger from users/patients directed at you? – Some people imagine that work as a peer

supporter only involves being faced with gratitude and positive feedback from users/patients. This is occasionally the case, but some people may also have unrealistic expectations of what a peer supporter can do for them, and then experience frustration when these expectations are not met.

How do you think you would handle mistrust from the staff directed at you?
– The peer supporter is a new professional role and some staff may question this new work role. This may relate to the peer supporter's training and suitability, or a patronising view of peer supporters.

How do you think the way you feel will be affected by working in psychiatry?
– A number of peer supporters will be spending time in an environment with people who are vey ill. They will meet people who are deeply depressed and who have lost hope. And they will not be able to get through to everyone. It is a stressful environment for peer supporters as well as other staff. How does the applicant relate to this? How do they think this would affect their own feelings?

Strengths and weaknesses
We are looking for people who have no weaknesses or areas they are still working on themselves. But it is important for the person the be able to put into words what they could find challenging in the professional role – and hear their thoughts around it. Is there any insight and reasoning regarding the challenges? What are the types of challenges and degree of difficulty involved? Is there any possibility of

supporting this person in resolving the challenges?

Training
The points below are examples of the areas that may involve difficulties for some course participants. This provides the opportunity to give some support to the person, using tools/reminders/flexibility adjustments, so it does not become too big an obstacle for the person to complete the training.

- Read the literature and complete homework assignments
- Be part of a group
- Participate in fixed training days and report absence
- Share your experience with others and listen to other people's experiences

Note! The support must involve assistance in being able to accomplish the above elements, or carry out adapted versions of these. Not to avoid carrying them out.

Principles for training

Objective of the training – for peer supporters
The objective is for the course participants to have acquired the methods and tools they need to work as a peer supporter within psychiatric or social psychiatric units after training.

The objective is also for participants to receive a deeper understanding of what work as a peer supporter involves. This applies to both work duties – what a peer supporter is expected to do/not do and what the supporter's attitudes towards patients/users, staff and themselves and their own experiences.

Objective of the training – for the coordinator
For the coordinator of peer supporters within the relevant county, the training will be an opportunity to follow up and determine whether course participants are suited to the work as a peer supporter. Discussion and reconciliation on this should therefore occur regularly between the course leader and coordinator throughout the training.

This could be about whether participants have the energy and ability to be present and participate in the training, or whether they will fail to appear and report absences. It may also be about what comes up in the various exercises the participant carries out – if the person has a suitable approach to patients/users, staff and themselves and personal experiences. What this involves is listed below.

Approach to users/patients
It is important for the peer supporter demonstrates an open, unprejudiced and sincere approach to patients/users. At the end of the training the course participants must show that they have understood this continued peer supporter role to put themselves and their experiences to one side in relation to the user/patient.

This is about moving focus from their own background to the user's/patient's story and history. This is also about not letting their own personal opinions or experiences, for example of a certain type of treatment/care, colour the support and the discussions with the user/patient.

It is also important that the person can lock away any of their own negative feelings that may arise, for example frustration, irritation, sadness or resignation – without letting this influence the meeting with the patient/user. Another part is to show a flexibility when meeting different personality types. Being able to adapt your manner and the support you want to offer to the person and situation in question.

The attitude towards themselves and their own experiences
Working as a peer supporter has no recovery objective for the individual peer supporter, even if the content in the training and work can

develop and give new perspectives. The task is to support other people in their recovery. This means being able to share and reflect on own personal experiences/mental function variations/diagnosis expressions in a natural way. The course participants may not be in an ongoing period of ill health/crisis. They need to show that they have finished their own processing and do not have too many unresolved traumas or need for rehabilitation without having expectations on supporting another person's development towards an independent life.

Approach to staff
The course participant must show a willingness to cooperate with other staff within psychiatry, social psychiatry and other workplaces the person may come into contact with in their role as peer supporter.

Approach to the work role
Course participants show that they understand the peer supporter's work role and the work duties the peer supporter must/must not perform.

In this respect training becomes an opportunity for both the coordinator and the individual course participant to obtain a deeper understanding of whether the participant is capable of, or is suited to, work as a peer supporter.

The structure and format of the training
Scope and calendar
The training takes a total of five weeks. We have previous experience of 12 classroom days (Monday–Thursday) split over three weeks, but 15 days (Monday–Friday) could also be justified. With the latter alternative, the training gains more space for discussions, longer breaks/shorter days, space for additional subjects or more practical exercises, for example. This has been requested in some of the course evaluations.

The classroom days are split into three blocks of four/five consecutive days in accordance with the example below:

Week	Monday	Tuesday	Wednesday	Thursday	(possibly) Friday
Week 1	Date	Date	Date	Date	Date
Week 2	Homework assignment				
Week 3	Date	Date	Date	Date	Date
Week 4	Homework assignment				
Week 5	Date	Date	Date	Date	Date

The time between training periods is aimed at allowing course participants to reflect on what they have learned, allow the knowledge to sink in and give time for the participants to perform the homework assignments. Another objective with the division and respective consecutive training sessions over four or five days each, is to make it easier for participants who have another job or live elsewhere. It is easier for them to travel/take time off for consecutive days.

We have selected a schedule in accordance with the below.

08.30–08.55	Set out morning coffee
09.00–09.45	Teaching session 1 (45 mins) 15 minute break
10.00–10.45	Teaching session 2 (45 mins) 15 minute break
11.00–11.45	Teaching session 3 (45 mins)
11.45–13.00	LUNCH (75 mins)
13.00–13.45	Teaching session 4 (45 mins) 15 minute break – with coffee
14.00–14.45	Teaching session 5 (45 mins) 15 minute break
15.00–15.45	Teaching session 6 (45 mins)
15.45–16.00	Rounding off and check out

It is important not to underestimate the significance of a coffee break in the morning and afternoon. The days are long and full, and access to both food and drink is necessary to keep energy levels up. We have served more filling accompaniments with coffee in the morning and sweeter options in the afternoon. Coffee, tea, water and fruit should be available throughout the day.

Costs
The training is completely free of charge for the participants. This means that whoever arranges the training pays for everything, from course materials, food and drink (including lunch) and travel costs for the participants to and from the training. For those participants who travel a long way, the organiser is also responsible for paying any hotel costs.

Point out that no salary or compensation will be paid to course participants during the training.

Absence
Planned, valid absences must be reported in advance to the course leader. These may be for planned doctor's appointments or booked one-off activities for which the person is liable.

The absence may not exceed more than 20 per cent, thus three full days, of the 12 training days in the course. If this is the case, the participant will not acquire all the relevant knowledge they need before working as a peer supporter.

All absence – planned or unplanned – is followed up with additional homework assignments designed by the course leader and trainer, which address the subjects the participant missed.

In order to be certified
The aim must be for the participants who apply for the training to attend all training days. Therefore, we have worded a requirement for attendance on all course days in the course information:

"In order for the training to result in certification, you must attend all training events, participate in all training and in all exercises. If you are not able to attend or do not have the opportunity to return homework assignments on time on any occasion, this must be reported to the course leader, with the reason for your absence/late arrival."

Everyone approved for the training will be presented with a certificate.

Debriefing meetings during the training
At least one individual debriefing meeting with the regional coordinator(s) is incorporated in the training.

This is an opportunity for the course participants to reflect on their own processes and the peer supporter role together with the coordinator during the training.

For you as a course leader
The training manager or the course leader should have own experience of mental illness, and have close relation with someone from the user movement through NSPH or equivalent cooperative organisation. This is fundamental for understanding and the user perspective of the design, content and context of the training.

Below is a list of several points that shine light on the success factors for a successful training. They revolve around the course leader:
• having a user/patient perspective and being able to share their experiences during the training
• being able to communicate knowledge

based on an individual, unit and system level.
• having good knowledge of the user movement/NSPH.
• having a good theoretical knowledge of tools and models and potential experience of having used them
• having good experience of giving training.
• having good knowledge of the structure of and conditions within the units where the peer supporters will work.
• being creative and flexible in relation to course format and adapting this to the group's conditions and needs.

Being sensitive to lack of energy
being sensitive to how much participants are able to take in with regard to theoretical and practical exercises. It may be easier to have more theory during the morning and more focus on practical exercises in the afternoon, when energy beings to run out. However, also note that practical exercises in which participants need to be creative can be experienced as demanding. Variation is preferable. You may need an extra leg-stretcher or a exercise that is not so mentally demanding. Have several physical exercises with you, so called "team building exercises" if you notice the energy level in the group becoming too low. See examples of some exercises at the back of the procedures manual, in Appendix 5.

Be flexible in relation to content of talks
No two training groups are identical. There will be different levels of existing knowledge within the subjects covered, different perspectives on things and the participants will bring

different experiences of talks, supporting one another, being part of support groups, etc. Be responsive if you notice that a specific subject area or attitude in the work as a peer supporter needs to be highlighted or prioritised in exercises for a particular group.

Let the group's needs affect the content of the training – based on where you see the participants need support in order to be able to do a good job as peer supporters. For example, this may involve putting a little more emphasis on not assuming other staff duties, going through the peer supporter's approach in relation to personal experiences one more time, or to perform an additional exercise about putting the person the peer supporter is supporting in the centre. Therefore, be prepared to adapt the exercises or parts of your talks during the training in order to meet the group's needs.

The training demands a lot of time
The training days are long and intensive – for the course participants and for you as course leader. In addition to this, as course leader, you need to be on site early to prepare for the day, sit down after the end of the course day and summarise / assess the day together with other course leaders and coordinators for peer supporters, before making any adjustments to the training.

A basic rule is to have as much as possible planned and ready in advance, although you may need to make adjustments to the format or material. Therefore, be prepared for long work days during the training. However, consider that it is this extra effort that will make the training both smoother and better for both the course participants and you!

In order to avoid stress and over-long days, it is important that you as a course leader take time to prepare as much as possible before the course – both before it starts and during the weeks in which the participants are working on homework assignments. Prepare several different teambuilding exercises and some other practical exercises in advance. Ensure that the homework assignments are ready in advance, as these take a long time to design. In order for the homework assignments to suit the group's process, you could preferably have several different types of assignment ready. Do not forget to follow-up the homework assignments.

Be prepared for unforeseen work duties.
Have at least two people present during the training – the course leader and coordinator for peer supporters. Partly so the coordinator is able to follow the course participants and the group process, but also in case unforeseen work duties arise.

These could be technical issues, missing material or anything else that requires intervention. Also be prepared for the different steps of the training and exercises to arouse strong emotions or reactions in some course participants. They may then need to go outside to get a little air – when it would be good if one of you could accompany them and / or follow-up with the person in a conversation.

Have a close cooperation between course leaders
In order for a training to flow as smoothly as

possible, it is important that there is a close cooperation between the course leaders. Even if the training manager is ultimately responsible for the structure and format of the training, there is a shared responsibility to provide a meaningful content for the participants.

Be clear in relation to external speakers
External speakers are usually valued by the course participants. It provides some variation in the training and can give new perspectives on things. When you involve external speakers, it is important to be clear about:

- *The target group* – Be clear that the course participants have personal experience of mental ill health and that they are doing the training to become certified peer supporters.
- *The new professional role* – Describe the new professional peer supporter role. What does a peer supporter do, what do they not do? What is the purpose of the professional role? Emphasise that they are working at an individual level and have a peer-led, equal approach – not therapeutic or providing treatment.
- *What you want to achieve* – Describe the purpose of involving them as external speakers. What are you expecting to gain from the talk, what do the speakers not need to focus on in relation to the peer supporter's work role. Is there a specific method you want the speaker to teach, or is it more an approach? Feel free to stress that the speaker combines theory and practical exercises.

Always start planning the training by reconciling which speakers you already have availa-ble and which external speakers you need to engage. Create the training schedule based on when the speakers can attend the training. Access to speakers can vary depending on the region, and you may need to begin your search well in advance. You should also consider that the cost for speakers can vary considerably, and that travel expenses may arise if no suitable speakers can be found in the region.

Course material
The participants receive a folder with study material that will be filled up during the course of the study. Do not print out everything at the beginning of the course, because the content of the training may be adjusted and refined to suit the participants' learning processes. In the same way as for the format of the training, the basic rule should still be that you have as much material ready as possible when the training starts, even if not everything is handed out at the start.

Take "hand-outs" to each talk. These will form an important part of the participants' course material, which they will put in their folder under the relevant tab themselves.

The participants also usually ask for digital versions of the material. This is fine, as long as it is saved in PDF format or another format that cannot be edited later. Preferably water-mark the material.

In addition to this, there should be paper, pens and notebooks available for the participants. You should also have hole punches, staplers,

tape, marker pens, large sheets of paper, post its and other office material available at the training premises. Other items that should be available are characteristics cards (course material with different characteristics described on cards), training schedule with course plan, description of the project programme, list of participants, flyers/folders on peer support, etc.

The practical work

Decide in advance, who will help with practical and administrative tasks for and during the training. Who will purchase and set out the coffee table? Who will course participants turn to if they have any questions concerning travel expenses? Who will purchase material? All too often, these demand more time than you think, and there are a lot of other things a course leader needs to prepare.

Meeting the course participants

Atmosphere

The most important thing for a course leader to do is to create an atmosphere during training that is characterised by trust, confidence and open mindedness. This is crucial for being able to get to know the course participants as well as possible, and for them to have the courage to ask any questions they have, and to feel confident enough to share their experiences with one another and have room to develop. This atmosphere usually occurs quite quickly in that you share your personal experiences of mental ill health together, and through the course leaders taking part in the team building exercises and opening up during talks by making the content of the training true to life.

Discussions

Many subjects can inspire lengthy discussions, where different experiences can be shared, supported and discussed in detail. As a course leader, you need to ensure that the content of the talk is given the time necessary. If you notice that the discussions are drifting off on a tangent, or taking too much time, interrupt them nicely, but firmly. This is also in consideration to the course participants, who may be waiting to move on with the talk.

Aids

Some course participants will use aids to help them focus during the day. This may be making notes on their computers, drawing or fidgeting while they are listening, getting up and walking around the room, or going out for fresh air occasionally. It is important that the course participants who require aids to maintain concentration are given the space to use them. It is therefore good to mention at the beginning of the course that some people use aids to help them focus, but that they should preferably agree this with the course leader first. The aid must have a purpose, and it should not disturb the other participants' concentration.

Times

Stress the importance of arriving on time to talks, and returning on time after breaks. It is easy to let time run away, particularly when interesting discussions take place during breaks. As the course leader, you may need to remind people when it is time to start again, but stress their responsibility not to be late as it can disrupt the rest of the group once the talk has begun.

Content of the training

NSPH provides training for peer support trainers. A detailed description of the content and implementation of the training is provided during this training. This section in the procedures manual is intended as a supplement and supporting material for training for trainers. Which elements are mandatory during each training session is defined in order to ensure faithfulness to the model.

The training will feature both theory lessons and practical exercises. The exercises will be performed both individually and in groups

We have separated the various steps in the training based on the following categories:

Working as a peer supporter

Community oriented subjects

Work tools

Attitude and approach

The categories and steps also run into one another, but can still provide a structure for how the content of the training is planned. We have chosen to list the talks and steps performed during a morning or an afternoon (3x45 mins) as a "session". Below is a description of the sessions we perform and what could be good to consider during each one.

These four sessions are suitable as an introduction to the training.

What is peer support? Introduction and background

The following elements *must* be included:
- A description of the emergence of the user movement and the fact that peer support is based on the same type of peer-led approach via these associations.
- A description of NSPH which is behind this peer support model.
- A basic description of what peer support is and what the unique competence involves.
- To retain their certification, the peer supporter is required to interact with the user movement in accordance with the model by participating in follow-up meetings, coaching meetings and further training.

During the first session, we give an introduction and background to NSPH, the development of the user movement, project, training and the role as a peer supporter. It can be good to combine theoretical information with a number of discussions and team building exercises here.

A large amount of practical information is covered here too, as it is your first course event together.

Practical information covered during the first course event.

- Presentation of course leaders, coordinators and course participants:
  - Name and possible association?
  - What is your day-to-day life like? Family? Pets? (this question can be varied, the purpose of this is to find out something personal about the participant)
  - How did you become interested in peer support?
- The participants may create labels / name badges
- Pass round the list of participants to be filled in
- Go through the schedule
- Go through the folder / course material with existing material
- Briefly run through the forms of teaching – for example role play – which will be used during the training.
- Go through the homework assignments and presentation forms
- Pass around a list in which you ask if it is ok to use pictures of the participants taken during this peer support training for marketing purposes or to spread knowledge of peer support. Allow the participants who accept this to sign the list.
- Arrange for at least one individual debriefing meeting together with the coordinator during the training. Point out that this is an opportunity for the course participants to reflect on the training, their own processes and the role as a peer supporter together with the coordinator.
- What is required to successfully complete the training

- What happens after the training. Continuing training opportunities and collective reunions will be offered. Stress that the training builds on a model created by NSPH. In order to maintain certification as a peer supporter, the participant is required to participate in continuing follow-up meetings with the user movement / NSPH, participate in coaching meetings and participate in continuing training.
- Agree on the rules and approaches to apply during the training together with the participants, for example:
  - We listen respectfully when sharing our own stories
  - What is said in the room stays in the room and with us as course leaders / coordinators
  - We do not interrupt one another
  - As course leaders, we may interrupt discussions that go off on a tangent
  - That some people here may use aids to help them focus – and this is completely ok

During the first days, it is important to make time for teambuilding exercises in order for the participants to get to know one another and become a secure group. Read more in the section "Teambuilding exercises" in Appendix 5.

The peer supporter's own toolkit

The following elements *must* be included:
- What knowledge, experience and qualities involve, and what differentiates them.
- Participants have to work on exploring their own knowledge, experiences and qualities and putting these into words.
- Practical exercises on how people can use their knowledge, experiences and qualities in a peer support role.

This session is suitable for the afternoon of the first course day. We briefly go through the peer supporter's various tools – knowledge, experience and characteristics. Practical work or group exercises may then be appropriate. We carry out several exercises based on the peer supporter's other skills, which can prepare them for the later session that will focus more on their own story.

The professional role and work tasks

The following elements *must* be included:
- A description and distinction of user influence at individual, unit and system level.
- Emphasise the fact that peer support operates at individual level.
- Provide examples of various work tasks for a peer supporter, and emphasise that these will differ depending on where the peer supporter will be working.
- Run through the matrix indicating what a peer supporter should and should not do.
- A description of KASAM and what this means to the work of the peer supporter.

It is good to hold this session early on in the training. There are often many question on this, as we are making a new professional role available and the course participants may have different ideas on what this profession role involves. It is therefore important to be as clear as possible regarding the significance and limitations of the professional role. However, also be clear that the professional role and work assignments will vary depending on which unit the peer supporter is employed in.

Be clear that you will be working on the professional role and work assignments during the whole training, both theory and practice. Everything does not need to fall into place during this training session – it is simply an introduction.

It is important to define the level of user influence in the peer supporters' work – at an individual level, but it could also create conditions for influence at unit level, which in the long-term could lead to user influence at system level.

There may be several different ideas among the course participants on this. Some of them may have experience of work with user influence at system level and want to make this a part of the professional role. Stress what the different levels of user influence involve, and give examples of the user movement's work at the different levels. More detailed information on this is available in NSPH's study material, With a stronger voice

During this session, it may be appropriate to go through the ethical rules for peer support. Read through the rules with the participants at the end of the session and ask them to speak up if they have any questions. The ethical rules must be signed and submitted to the coordinator for peer supporters before the final course event! The ethical guidelines are at the very back of the procedures manual, marked as Appendix 3.

During this section, you can also provide information on and discuss the employment situation after finished training.

It is good to spend some time going through the limitations of the peer supporter role:
Create a schedule that can function as a guide for determining the peer supporter's work duties, although the applicable work description should be established in consultation between the unit, peer supporter and parties responsible for implementing the peer support. If you need to move away from the guidelines, it is important to carefully consider and document the reason for this.

The peer supporter can sometimes – primarily during the stage in which you make contact and build a relationship with the user / patient – need to do things that we recommend peer supporters should avoid, because this is exactly what the user / patient needs at this point, or this is justified in the specific situation. The keyword is "guidelines with flexibility".

Introduction to Your own story

The following elements *must* be included:
- A description of various ways of using their own stories.
- The difference between being personal and being private.
- Stigma and self-stigma.
- A group exercise where participants share something from their own experience on the basis of the perspective "this is the experience I bear that makes me want to work as a peer supporter".
- Presentation of the homework assignment "Living book" (see Homework assignments).

It is good to include a session on their own story early on. This is a good opportunity for you, as a course leader and for the coordinator to get to know the course participants better and for them to get to know you better.

This is usually a valued subject. Many of them are curious about one another and look forward to sharing their story and listening to other people's experiences. Some think that this is where the focus of the work role will be, and are perhaps have expectations or are nervous about how much and how personal their stories need to be.

A common thread throughout the training must therefore be to focus on the user's/patient's story – not that of the peer supporter. They may use short, selected parts of their story to create trustworthiness, hope and affinity, but the focus must always be reflected back to the user/patient. They are employed to be peer supporters – not to be our ambassadors.

Also point out the importance of not sharing details of their stories that may have triggering effects (for example, problems with abuse or self-harming behaviour). Another thing to watch out for is that they may say too much in the moment, which may later be seen as disclosure. This can apply to both their own stories and sharing stories that relate to other people (for example, relatives). It is good if the future peer supporters decide in advance what they should NOT relate. It is of no benefit to the user/patient to disclose too much.

Sessions that are appropriate early in the training

This session is appropriate for the beginning/middle of the training.

Information on support from society and the peer supporter as a colleague

The following elements *must* be included:
- How society's support units are structured, for example psychiatry, primary health-care, social psychiatry, social services, Försäkringskassan and the Swedish Public Employment Service.
- The difference between psychiatry and social psychiatry and which different types of support you can obtain in the relevant unit.
- The Swedish Social Services Act and Act concerning Support and Service for Persons with Certain Functional Impairments
- Privacy laws
- The Swedish Patient Act
- Legislation on psychiatric compulsory care
- Safe and secure discharge from residential care
- CIP, Coordinated Individual Plan
- Shared decision-making

This session focuses on how society's support functions/authorities are structured, who is responsible for what and how you can navigate through the system. This also discusses rules for peer supporters as colleagues within healthcare and/or the municipality.

Good things to discuss here may be:
- How society's support units are structured, for example psychiatry, social psychiatry, social services, Försäkringskassan and the Swedish Public Employment Service.
- The difference between psychiatry and social psychiatry and which different types of support you can obtain in the relevant unit.

- The Swedish Social Services Act and Act concerning Support and Service for Persons with Certain Functional Impairments
- Privacy laws
- The Swedish Patient Act
- Legislation on psychiatric compulsory care

If there is enough time, this session can also include information on network inventory and SIP, Coordinated Individual Plan, based on a user perspective.

Different roles and support functions

The following elements *must* be included:
- A description of various roles and support persons who are linked with the region/county council, municipality and civil society.
- What sets these professional roles apart from a peer supporter.
- The process from initial contact to decision and then intervention.

While the earlier session focused more on authorities and legislation at system level, this session focuses on the roles and support staff available within the above authorities and which you as a peer supporter may come across or need to tell the patient/user about.

If there is enough time, this session can also include information on network inventory and SIP, Coordinated Individual Plan, based on a user perspective.

Responses and different approaches

The following elements *must* be included:
- Different functions, executive functions and difficulties with social interaction.
- Society's attitudes and prejudices and how these can influence us.
- Adaptations, assistive devices and strategies for people with different variations in ability.
- Response on the basis of a peer support perspective.

The peer support training focuses more on the function and functional variations than on diagnoses. Some people think that this relates exclusively to neuropsychiatry, but other variations of work methods, difficulties with executive functions or problems that could occur with social interaction could be present with many different diagnoses and with comorbidity. It is therefore important to show different examples of this.

It is also appropriate to have a description of different aids and strategies for people with different functional variations.

Living book

The following elements *must* be included:
- Review of the "living book" concept on the basis of a turning point in peer supporters' lives – as a homework assignment for peer supporters.
- Presentation session, with questions.

There are may different ways to work with your personal history. Living books are one way. The advantage of this method is that it gives the participants conditions for formulating a shortened version of their story, and prepares them to answer questions on their history, which they may not have prepared for. Both this steps are appropriate as an exercise for work as a peer supporter. This is an opportunity for the participants to test their own boundaries in a safe setting when it comes to how much they want to share.

This element of the course is ideal as a homework assignment because the participants have a week in which to prepare a presentation in living book format. For more information, see Appendix 6 – Homework assignments at the end of the procedures manual.

Examples of different peer support organisations

The following *elements will preferably be included*:
- Visits from people who work as peer supporters.
- Examples from various units that work with peer support, both nationally and internationally.

When the professional role is new and may feel undefined, practical examples can be useful. Bringing in people from outside who are currently working as peer supporters might be a good idea. They can talk about their work-

ing day, about their own reasons for wanting to do the course, about challenges and successes and good examples of what the work involves, as well as answering questions from the course participants.

For a single training session, one to three different examples may be enough. These can be taken not only from people who currently work as peer supporters in Sweden, but also from experience gained in other countries. If there are the funds to do so, it is worth bringing in speakers with experience from e.g. Nottingham in the United Kingdom or from the Netherlands.

If you opt to bring in speakers who are not part of your own peer support concept, either in Sweden or other countries, then it is important to emphasise that these are similar examples of peer support. There is a risk of confusion if it becomes clear that you work in different ways. Perhaps there are different frameworks for the professional role or different working methods?

Make sure that the speakers are aware that they are presenting one way of working with peer support, and that this is not necessarily the one that our peer supporters will follow. If differences do emerge during the course of the talk, seize on them and emphasise the distinction between this model and your own model.

Coaching approach and role play

The following elements *must* be included:
- Description of a coaching approach.
- Listening exercise as described in Appendix 5.
- Three-person role play.

This is a session that contains some theory but also role-playing exercises. It begins with an introduction on coaching approach and then moves on to an exercise in listening (see Listening exercise, in Appendix 5) and ends with a role play for groups of three people, which is described in the "Meeting with the user – role-playing exercises" session.

The role plays can easily be adapted to the needs and process of the group. What do they need to spend more time practising? What aspect of the peer supporter role may need to be emphasised or made clearer to the participants?

Sessions that may come later/at any stage of the training

These sessions can take place wherever you find it appropriate in the training, but we would suggest in the latter part.

Mental ill health has many faces

– Note: several sessions on this may be held during the training.
The following elements *must* be included:
- Visits from various associations working in the field of mental ill health.
- A broad representation/description of various mental health conditions/variations in ability

NB This can take up several sessions during the training course.

Since the training for peer supporters is user-directed training in which the starting point for the role is their own and the user movement's experiences and knowledge of mental ill health, mental illness and variations in intellectual ability, the sessions that describe various different diagnoses and functional variations are presented by the various users associations.

The users associations are invited to present what the association does and can assist with in relation to users/patients, and also to communicate information about each association's specific target group/diagnosis group. This approach allows the participants to gain a user perspective on different diagnoses, as well as giving them the opportunity to see what support is available from the associations.

During a session there will be enough time for three different presentations, each lasting around 45 minutes per association, including questions. Depending on the number of as-

sociations in the county, this topic can take up two to three sessions.

Inform the associations:
- What peer support is, i.e. a joint initiative from NSPH.
- That it is an opportunity for the associations to present the support they should be in a position to provide to people that the peer supporters come into contact with – so that the peer supporters can recommend the activities of these associations.
- That we are happy to see someone from the association become a point of contact for the peer supporters. If the peer supporters subsequently have questions about the association's activities or a specific diagnosis that the association works with – who can they contact then?

Meeting with the user – role-playing exercises

The following elements *must* be included:
- Role-playing exercises on the basis of situations that may occur in encounters with users when working as a peer supporter.
- Role-playing exercises on the basis of situations that may occur in encounters with staff when working as a peer supporter.
Role-playing exercises on delicate situations that may arise in respect of peer support.

This session includes time for role-playing exercises. The participants may have different feelings about taking part in role play, but in the end most people usually say that they

found the exercises to be useful and instructive. Many people ask for more role-playing exercises when the training is nearly over.

The role-play scenarios are based on different cases. In (almost) every case there are three roles: a user/patient (sometimes another member of staff), a peer supporter and an "angel on the shoulder".

- The task of the user/patient is to challenge the peer supporter. This involves playing the role by responding to what the peer supporter says/suggests. It means being accommodating while also providing a challenge.
- The task of the peer supporter is to support the user/patient based on the case presented. Encourage this person to try and be flexible, perhaps experiment with a new approach if it does not go well with the person playing the user/patient.
- The task of the "angel on the shoulder" is to follow what happens between peer supporter and user/patient and to support the peer supporter if they get stuck or need a hint. The peer supporter can turn to their "angel" and ask for hints and advice, while the angel can interrupt and say what they see happening in the meeting between the two roles.

A single role play takes approximately 45 minutes to complete. A session thus consists of three different case examples/role-playing exercises. It will start with the presentation of the role plays. The group is then divided into smaller groups of three (one of the course leaders or the coordinator might be needed to make up the numbers). These smaller groups are maintained throughout the session, during which the roles in the group are alternated so that everyone gets a chance to play all the roles.

The course leader walks around during the role pay and asks the participants how they are getting on. When there is about 15 minutes left to go before the break, the entire group is reassembled so that each trio can talk about their experience. What ways forward did they identify? What was difficult? Did they get stuck? This is how the course participants learn from one another.

After the break, the next case example is presented, the roles in the group are swapped around and the procedure is repeated.

The role plays can easily be adapted to the group process and what you as a course leader see that the group may need to practise more and/or what else needs to be highlighted. See examples of the role-playing exercises used by NSPH at the training event held in Stockholm in the autumn of 2016. The role plays can be found in Appendix 4, at the end of the procedures manual.

Introduction to conversation technique and communication methods – *such as the solution-focused working method, motivational interviewing, jackal and giraffe language, interactive responses, etc.*

The following elements *must* be included:
- Description of one or more conversation technique and communication methods – related to the peer supporter role.
- Practical exercises based on these methods.

Solution-focused working methods, motivational conversations, wolf and giraffe language, etc.

There is no time allocated in the training to teach a complete procedure in e.g. solution-focused working methods or motivational conversations. On the other hand, it may be useful to gain a first insight into the approach on which each procedure is based and some of the work tools that form part of each procedure. It is important here for you as the course leader to be able to relate these to the peer supporter's specific role.

Responses in pressured situations – *e.g. low-affective treatment*

The following elements *must* be included:
- Description of one or more methods for dealing with affected people – related to the peer supporter role.

Practical exercises based on this method.

For example, low-affective treatment

Peer supporters will encounter situations where they are confronted with people who are aggressive towards their surroundings. This session deals with how participants can use low-affective treatment to handle the situation so that it does not have to escalate. Just like in the talk on a procedure in approach, the participants will not have time to learn a specific method of low-affective treatment but they can benefit greatly from the tools and approaches on which low-affective treatment is based. Examples of this are how to use body language, voice, conversations, etc. in the encounter with people who are experiencing different kinds of affect.

Responses in pressured situations – *e.g. low-affective treatment*

The following elements *must* be included:
- Description of one or more methods for dealing with affected people – related to the peer supporter role.
- Practical exercises based on this method.

There are many different ways of understanding recovery/reorientation. In this talk we begin by describing different approaches to internal recovery. This is then linked to an introduction to two tools for external recovery. In this part of the course, we recommend that you use the external recovery tools developed by NSPH and NSPHiG: "My own feel-good tools" and "My own peer support backup plan!". This session is divided up as follows:

Part 1, 45 minutes
Talk on recovery/reorientation

Part 2, 45 minutes
Use "My own peer support backup plan!" as a basis – go through the recovery plan for peer supporters (available from NSPH and NSPHiG). Emphasise the aim of the various parts of the plan.
- Give the participants a few minutes to think individually about the first part of the plan, which covers "my replenishment" and "my energy thieves".
- Go through the three questions. Ask if anyone wants to share their tips and experiences with the rest of the group.

Part 3, 45 minutes
Use "My own feel-good tools" as a basis – go through the recovery plan for patients/users (available from NSPH and NSPHiG). Emphasise the aim of the various parts of the plan.
- This is not a compulsory work tool, rather a voluntary supplement.
- It is for the patient/user – and is their own plan. We don't do this for the peer supporter's sake, but rather for the patient's/user's sake if they find it meaningful.
- The patient/user can fill it in themselves or together with the peer supporter.
- The peer supporter can take inspiration from the topics listed in the plan, even if they don't use the material itself.
- Adapt the working method to the patient/user. The peer supporter can pick parts of the plan and present them to the patient/user – if and when this is appropriate.
- There are lots of other plans and material intended for the patient/user, such as CIP (coordinated individual plans), individual treatment plans, etc. These can create confusion for the patient/user. Work out if/when it is time to present this material.
- The participants are put into pairs. One plays the patient/user, while the other plays the peer supporter. The person who is the peer supporter tries out presenting the material to the patient/user, attempting to create the motivation to discuss one of the topics it covers and starts filling in the forms together with the patient/user.

Ethics café from a peer support perspective – *examples of difficult situations*

The following elements *must* be included:
• Films from the Hjärnkoll ethics café, with discussion issues adapted to the peer supporter work role

Examples of difficult situations

Whether the peer supporters will be working in psychiatry or in social psychiatry, the films from Hjärnkoll's ethics café deal with examples of difficult situations that are useful for problem-solving and discussion with the role of a peer supporter as the starting point. It is a good idea here to have a discussion about the boundary between what is personal and what is private, and how to avoid taking the job home with you.

We have used the following films from the material with its accompanying (slightly adjusted) discussion questions:
• When the atmosphere becomes threatening
• When the patient needs to be comforted
• When the healthcare staff-patient power relationship comes to a head

We have allocated the time on the assumption that a film will take up one-third of the session – 45 minutes including discussion in smaller groups and the full group.

Keep in mind that the films and situations may give rise to strong emotions. Prepare the participants for this. Ideally this session should take place in the morning so that you can engage the participants in the afternoon with a somewhat lighter session.

Talking to someone who feels they are unable to go on living

The following elements *must* be included:
• Basic information on the response to anyone who expresses suicidal thoughts, working on the basis of the peer supporter work role.

Peer supporters may come into contact with patients/users who say they are weary of life or express suicidal thoughts or suicidal actions. This is a topic that it's important to talk about and prepare them for. The user perspective is crucial here for the ability of peer supporters to understand a fellow human being who is in despair. The aim of the talk is to give peer supporters basic guidance on how they can respond to someone who expresses suicidal thoughts, and what they can do from a compassionate perspective and their work role, as well as when and where to refer this person elsewhere.

Keep in mind that the topic may give rise to strong emotions. Prepare the participants for this. Ideally this session should take place in the morning so that you can engage the participants in the afternoon with a somewhat lighter session.

The history of psychiatric services – Rum för sjuka själar

The following elements *must* be included:
- Description of the history of psychiatry, with subsequent matters for discussion.

In this session we will watch Maud Nycander's film "Rum för sjuka själar" ("Space for sick souls", 60 minutes in four parts).

Prepare discussion questions to hand out to the participants before the film:
- What practices used to be followed that were not good and which we are now happy to be spared?
- What practices used to be followed that were good and which we should perhaps make more of today?

A short break so people can stretch their legs may be needed in the middle of the film and a longer break after the end of the film. The participants can then discuss the questions in pairs, together with other thoughts and reflections that emerged during the film. The whole group will then carry on with the discussion.

Raise the question that it is important to talk about the history of psychiatric services because it affects our view of mental ill health today.
- Some of the older people we meet may have spent a long time at these institutions.
- Those around them may still have an outdated view of psychiatry, coloured by what it used to be like.

- Some people may have been traumatised by old psychiatric practices – it could be healing for them to talk about it.

The section on the history of psychiatric services may also give rise to strong emotions and be distressing for some participants.

This session is a bit shorter and is therefore suitable for the afternoon, but not after one of the "heavier" sessions such as "Ethics café" or "Talking to someone who feels like they can't go living".

Conclusion of the course and next steps at the unit

The following elements *must* be included:
- Recap and summing-up of the training course.
- Evaluation of the course.
- A really celebratory conclusion of the course!

It's a good idea to precede this session with a "Mental ill health has many faces" session.

Congratulations, you've now reached the end of the course! An occasion that can feel fun, solemn and at the same time a little wistful – for course leaders as well as for course participants.

Round-up and summary

- This session begins with a recap and summary of the training – the topics you have gone through and the tools that peer supporters have gained.
- The participants then carry out the all-important course evaluation. Give them at least half an hour, including time to stretch their legs, for this task.
- The coordinator will go through the next steps, now that the training is complete. What jobs/job opportunities are there? When will the next reunion be held? The information given here may also need to be provided in writing and repeated several times during and after the training.

Graduation and party!

The best thing to do now is go to another room that has already been decorated with e.g. balloons, streamers, banners and other party decorations. This will generate a real party atmosphere at the graduation event! Don't forget music, cake, snacks, bubbly and coffee/tea.

- Carry out one or two teambuilding exercises
- Award certificates and ideally a nicely wrapped set of the study circle books. Call up the participants one by one so that they each receive their certificate and set of books in turn, accompanied by the applause of their fellow course participants.
- The course leaders giving a speech/reading out a poem is an important part of the graduation event
- Music and a nice round-up

THE PEER SUPPORTER MUST

Focus on the user's/patient's day-to-day life
- Both within and outside the unit
- The focus should be here and now and on the nearest future

Supplement the duties of the other staff
- They must be viewed as an additional, specific resource.
- The peer supporter is also a member of staff – not the "middleground" between staff and the user/patient

Have a recovery-focused perspective
- Focus on practical aspects of hope, controll and opportunities
- Focus on practical aspects of sense of coherence
- Find out which other supporters might be needed

Work with the user/patient and (if they request this) with their relatives
- Relatives can play an important role, be an obstacle or something in between – find out what the situation is

THE PEER SUPPORTER MUST NOT

Have opinions on the user's/patient's medication or treatment
- They must encourage and assist the person in communicating information and their needs to healthcare professionals
- They must not act as an intermediary; instead they should focus on the person's own ability
- They must not take on a therapeutic role

Replace the duties of the other staff
- They must not hand out medication
- They must not carry out acts of authority, such as applying restraints
- They must not serve food and clean up
- Any decision on record-keeping will be made according to the local agreements applicable at the workplace

Focus too much on the user's/patient's history
- There may be "hang-ups" that the person does not feel good about dwelling on

In the first instance, act as an intermediary between relatives and the patient/staff
- It is understandable that relatives will want to have an intermediary and get their own advice
- You work for the person – not for their relatives
- In the longer term, we may see peer supporters with a specific relative perspective in Sweden

THE PEER SUPPORTER MUST

Recommend and collaborate with other support resources, such as housing support officer, physio-therapist, mental health support worker, personal representative and case manager, and also with civil society's range of activities, study circles, etc.
• Provide information and, if necessary, practical help to contact these people

Work to ensure that the user's/patient's recovery/development/reorientation is facilitated
• Look at the obstacles that exist and what support is needed

Have a close cooperation with local/regional user organisations
• Attend follow-up and coaching meetings

Become part of the staff group and together with the other staff support the user's/patient's return to meaningful and functional everyday life
• Maintain a positive approach towards other staff, focusing on the user's best interest

THE PEER SUPPORTER MUST NOT

Take over the role of housing support officer, personal representative, case manager or the other staff
• It's OK to accompany them/help them initially to get over the first hurdle, but if the need persists for long-term support – refer them to a companion or other support persons

Personally resolve issues for the user/patient
• They must not carry out their tasks for them, but be responsible for supporting them in resolving their issues and recommending other support resources when needed

Act in isolation
• They must not reject contact with the user movement

Act in isolation
• They must not reject contact with the other staff

Homework assignments

Homework assignments are designed so that the course participants are able to complete them even if they already have a full-time job. In other words – shorter homework assignments that can be completed in the evenings and at weekends.

Homework assignments are not included just to give the participants something to do between the course days – they should fulfil a purpose and have an instructive benefit. They should be assignments in which the participants benefit from setting aside time for reflection and to read the material at their own pace.

The reason for presenting the completed homework assignments afterwards is so that the participants can learn from one another. It is important to emphasise this when the assignments are first handed out. The format and content of the homework assignments are also shaped by this.

See examples of the homework assignments used by NSPH at the training event held in Stockholm in the autumn of 2016. The homework assignments can be found in Appendix 6, at the end of the procedures manual. Some comments on the attached homework assignments follow below:

Your rights

This is an example of a homework assignment where the participants received material and accompanying study questions to read through and present to one another. The material they were given was NSPH's study circle material on "Your rights". This also gave them the opportunity to familiarise themselves with material that they could use themselves in their work as peer supporters, e.g. by holding study circles. The arrangement is that everyone reads different parts of the material (some can read the same parts), and gets their own study questions to present to the whole group. This approach means that everyone can benefit from the content of the entire book. You are welcome to come up with a question of a more factual nature and a question of a more reflective nature.

It is particularly important for everyone to be familiar with Chapter 3 Human rights and conventions – each person will be tasked with reading it in full, by themselves. If there is time, selected paragraphs can be used for a group discussion.

The participants need only present the assignment verbally, but submitting their report in writing too would be very helpful. The answers can then also be copied and handed out to the entire group.

Scenarios

This is a homework assignment in which the participants get to present an argument for one or two different scenarios. The scenarios and situations can easily be adapted to the group process and what you as a course leader see that the group may need to practise more or what else needs to be highlighted.

Here we have given the participants the opportunity to choose one of three options, for both the scenarios. The idea behind this is to provide motivation for the assignment and encourage their creativity. Some of them will present the same "case". Since these are homework assignments requiring reasoning, this is not a disadvantage. Once the participants have presented their homework assignment, there will be a brief discussion among the whole group. Then all the participants can give feedback and share their thoughts and ideas about the specific cases.

What is your job

This homework assignment is similar to the "lift exercise" (see Exercises relating to the role, in Appendix 5). Since peer supporter is a new professional role, it is advisable to practise this type of assignment during the course of the training, preferably several times. This enhances the participants' performance in their future professional role and gives them suggestions by listening to how their fellow students expressed themselves.

This homework assignment can be presented as follows:
Divide the group into two – one group of people presenting and one group of people

listening and asking counterquestions. If you want to, make the groups clear by e.g. giving them ribbons in two different colours, or getting everyone in one group to hold a pen. Let the course participants get into pairs (one presenting and one listening), spread out across a fairly large area.

You as course leader shout out that they can start and decide whether the listener is a patient / user, member of staff or a friend. The participants now have three minutes to talk (keep an eye on your watch!). The presenter will tell the listener what they do for a living (presenting their homework assignment). The listener listens to the presentation right to the end and then asks one or more counterquestions.

Perhaps the listener would like to have more examples of what a peer supporter can do? Perhaps they want to know more about the training to become a peer supporter? Or perhaps they challenge the peer supporter by questioning the peer supporter role?

After three minutes, the course leader breaks up the exercise and ensures that the participants switch roles. The same procedure is repeated, but now in front of another listener. When at least three presentations have been completed (all three presentations), the groups change so that the people who acted as presenters take on the role of listeners and vice versa.

The advantage of also presenting this homework assignment in writing is that you get reports from the participants about how they

themselves would describe the work role and which can be used in the project. These reports can also be compiled and handed out to the participants in this or an upcoming course.

Note that a great deal of time is spent on presenting and discussing this assignment.

Living book
This assignment is introduced early in the training, for instance during the introduction to "Your own story". Participants are asked to consider the following questions:
- What made me move forward in life?
- When did things change? Was there a clear turning point?
- Examples of factors that may have had some influence: internal strength or insights, personality traits, friends, social support, associations and the care system, among others.

As a homework assignment, the participants prepare a five-minute presentation on an imaginary book that they have written about their own life. The preparations can consist of supporting notes, a short text, mind map, etc. The presentation should focus on turning points (the questions above) and be a summary of this imaginary book.

During the presentation, each participant gets to come forward and talk about the content of their "book". The other participants can then ask questions. This provides a good opportunity for the participants to be asked questions about their lives that they have not prepared for. Encourage the participants to ask questions and encourage those presenting to consider whether they want to respond and how they want to respond.

Perhaps the person telling the story does want to answer parts of the question? Or doesn't want to answer at all? There is space here for participants to test their own boundaries in a safe setting – how much information do I want to disclose about myself? What do I not want to tell people? And how much information do I want to disclose that may affect my relatives and loved ones, if it is part of the story?

Follow-up after the training

Both the training and the job as a peer supporter are part of a model developed by NSPH. In order to maintain their certification as a peer supporter, each peer supporter is required to regularly attend the follow-up meetings and the coaching arranged by the user movement / NSPH.

Reunions for everyone
After completing the training, reunions and continuing training opportunities will be offered to the whole group. The purpose of these events is to strengthen group relations, talk about what is happening within the peer support organisation and maintain contact

with the peer supporters. These meetings are usually both requested and appreciated by the participants!

Holding reunions at least twice per semester seems appropriate, although not too close together e.g. one in early autumn, one at Christmas, one in the middle of spring and one in the summer. Every other meeting can have a focus on social, team building and follow-up on what is happening within the project (such as the Christmas and summer meetings), with the meeting in between an ideal time for continuing training opportunities. The continuing training on offer depends on the wishes of the participants and what is a hot topic within the project or units. It could, for instance, be

continuing training with a focus on:
• the Swedish Patient Act
• value-based care
• shared decision-making
• personal stories
• study circle leader training

Reunions for peer supporters in employment
Separate reunions will also be offered to those peer supporters who get a job as such. The aim here is to allow them to discuss in detail the working methods, successes and challenges of the role as a peer supporter. These reunions are mandatory for the peer supporter and are therefore included in their regular working hours.

Ahead of employment as a peer supporter

New in the workplace
Being new to a workplace is always a big change and a demanding task. For a peer supporter this can be even tougher because they have a brand new professional role and are working openly with their own experience of mental ill health with users / patients. Some peer supporters might not have worked for a long time either. Always encourage the peer supporter not to start working full-time straight away. If the peer supporter has any doubts, it's better for them to start at a lower level (maybe 50 or 75 per cent), than to start at 100 per cent. The work can be quite demanding.

Specific expertise
If the peer supporter is going to start working within a unit that has a target group with a specific diagnosis or functional variation – organise an additional training session on the specific area. Ideally, this should be in collaboration with a patient association or user association that represents the target group. If necessary, an appropriate book on the specific area can also be ordered for the peer supporter.

Routines and procedures
Go through the job description (once more) with the peer supporter and the managers at the unit. If the user movement is the employer,

go through routines such as reporting sick, requesting holiday, etc. (and make it clear if both the user movement and the workplace need to be informed).

Coaching

Coaching sessions will also be offered to peer supporters who are given employment. These may take place both individually and in groups.

Coaching is provided by an individual with their own experience of mental ill health in order to create confidence and an open discussion climate and to make it easier to understand the complex professional role that the peer supporter has to deal with. The coach's support can then be used to provide further reinforcement for the peer supporter's unique professional role in the workplace. This means the coach will become a "peer supporter" for the peer supporter!

The coach works in close cooperation with the coordinator/user movement for peer supporters – primarily in relation to monitoring faithfulness to the model, method support and compilation and reporting of how the work progresses. At system level, it is documented how the work is progressing, in order to keep developing the role, model and training.

During the first month, it is good to have *at least* one coaching session a week, as well as the peer supporters being able to contact their coach at other times if they need to. The contact can then become less frequent, depending on how the work is progressing and the level of need, but there will still be at least one coaching session each month. These coaching sessions are mandatory for peer supporters and are therefore included in their regular working hours.

See examples of questions that the coach goes through with the peer supporters in Västra Götaland. The bulleted list can be found in Appendix 7, at the end of the procedures manual.

Training for the unit

The units that will be employing peer supporters are offered three introductory sessions before the peer supporters start working there. The individual peer supporters do not attend these sessions, as their absence gives staff and managers greater opportunity to be open in their questions, expectations and potential concerns before the peer supporters start work.

The introductory sessions are agreed with the head of the unit, and should be held at times when as many of the staff group as possible can attend. Here, it is the responsibility of the

unit head to inform the employees about the introductory sessions and possibly to distribute information and material about the new role in advance.

At meetings with units

The following may be useful to agree with the unit head(s) at the launch of peer support:

- Information on the unit: Where is it located, what is the target group like, how many employees are there, etc.
- When will it be a good time to take on a peer supporter?
- The salary of peer supporters
- How much work the peer supporters will be doing
- The unit needs to map the levels at which and the fora in which the peer supporter is to participate in the unit, and to make decisions on these.
- What in their opinion will a peer supporter be able to bring to their workplace?
- How easy will it be to hold training courses/talks/study circles in the unit?
- When will it be convenient to hold the first introductory sessions? What things do they think the staff will be most interested in finding out about?
- Who will be the point of contact for the peer supporters in the unit?
- Inform them who is the coach and point of contact for peer supporters within the user movement. Procedures for checking.
- For psychiatric units: How long on average are the patients admitted for? Diagnoses/comorbidities in the department in question?

If the user movement is the employer, it is also a good idea to check:

- Division of workplace responsibility/employer responsibility
- Procedures for time reporting, reporting sick, etc.
- That the workplace pays for materials and electronics, just like it does for other staff

Introduction, session #1

At the first introductory session(s), we review the background of and basic information about the professional role. Depending on how much time you have available, you will get through a different amount of information. Here is a selection of what it is a good idea to include during the first introductory session(s).

- NSPH and the user movement. If you too have personal experience of mental ill health/illness, then please talk about it. This is to break down the barriers between us/them at an early stage and show that people with personal experience of mental ill health do have a capacity for work.
- What peer support is and means.
  - Stress that the need for peer support is an effect of society stigmatising people with mental ill health/illness.
  - It's also important to push for peer support to be viewed as a skill that supplements existing knowledge and professions.
  - Another thing to emphasise is that this is nothing new. If you can, cite international examples and underline that this is something that the user movement has

worked with for a long time, although not under the name "peer support".
– Research findings. There is a lot of research showing the positive effects of peer support. Give some examples.

- Selection. There are often pre-conceived ideas and questions about the people who will be working as peer supporters. The other staff often expect peer supporters to be doing the work as part of their own recovery process and for that reason to be very fragile. To counter this, talk about the solid selection process, that it is not part of these people's own recovery journey. Maybe talk a little about their different backgrounds. That some of them, for example, have previously worked or are working in other professions.
- The work tasks. Explain that the work tasks are shaped by three factors:
  – Job description/pre-planned tasks for the professional role
  – The individual unit's prerequisites and needs
  – The individual peer supporter's background and skills

Give examples of work tasks for a peer supporter

At this point, a discussion in small groups is a good idea. What do the staff believe that a peer supporter could bring to their particular workplace?

- Cooperation between the unit and user organisations. It's important to emphasise this cooperation. The peer supporter works closely with the user movement. The user movement is responsible for training, continuing training, method support and coaching.

In-depth, session #2 and #3

One reason for having several introductory sessions is that the information should have time to sink in and that staff should have time to reflect on what they learned about peer support before the next session. This gives you the opportunity to deal with questions, expectations and possible fears that have had time to develop between the information meetings.

Another reason for having repeated information sessions is that the entire staff group is rarely able to leave their work at the same time. Repeated introductory sessions provide an opportunity for more people to be given the information. This is why you should check a few things with the group when you meet them at the second and third sessions. How many attended previous information sessions?

How much do they know about peer support? Be prepared to explain some basic background and information about the professional role again. Repetition can also be good for those who have heard the information once before.

In addition to repeating what you have gone through, it can be useful in the next few sessions to focus on in-depth discussions about the professional role. For example:

- In what ways can peer support contribute to the unit?
- Which interfaces can we identify?

- Go through and discuss the matrix for what a peer supporter must/must not do.
- What are the different tasks that we in our unit can identify for the peer supporters?
- Mental ill health in the workplace – how do we take care of each other?

Experience of mental ill health in the workplace is not just a question of peer support, because it's an issue that affects the entire team. Mental ill health is the commonest cause of long-term sickness absence. There is thus a lot to gain by creating a climate in which people can speak more openly about mental ill health. Raise this as something to think about, and if it feels appropriate for the context, initiate a discussion about what procedures there might be in place to take care of employees who are experiencing poor mental health.

- Common pre-conceived ideas that "other people" have about peer support. Sometimes there can be resistance to putting your own prejudices or fears into words. That's why it may be easier to open up a discussion about prejudices that "other people" have.
- Say that the coordinator is available to answer additional questions by email or phone.

During the second or third information session, it may be a good idea to ask who would consider being a point of contact for the peer supporters when they are employed. The point of contact is the person that the peer supporter is able to shadow for the first few weeks; not to learn the job, but to get to know the procedures at the unit. This is also the person to whom peer supporters turn in the first instance if they have any questions on the units' procedures, for example. It is best for the point of contact to work the same hours as the peer supporters.

Inviting someone who works at a different unit who already has peer support at their place of work is a highly appreciated and very successful initiative that takes place during the second or third information session. This could be the peer supporters' point of contact at the unit. Staff at the new units may find it easier to get information from and ask questions of a person who is in a similar position to themselves, and who has experience of starting work with this new professional category. There is scope here to shatter any unnecessary prejudices and fears.

Some preparations
It is a good idea to start handing out information material in plenty of time at the unit where the peer supporter is going to be working. The information material must describe in a concise and simple manner what a peer supporter is and what this person can do for the patients/users. The material is primarily for those patients/users at the unit, but also for relatives who might have questions about the new professional role. The staff can also benefit from using it as supporting material when they inform patients/users or relatives about the new role. The information material could be a poster, if possible with photographs of the peer supporters, and/or in the form of a brochure.

Training for user organisations

The peer supporter is certified by the user movement and this is also where their peers come from. The evolution of the user movement looks different in Sweden. In some places, it has progressed so far that it serves not only as a special interest group but also as the developer and employer of user influence models.

In other parts of the country, there is limited experience of special interest politics and / or employer responsibility. Irrespective of the format of the local user movement, and whether or not you are an employer, it is important to have close, continuous cooperation and knowledge exchange between the peer supporter and the local user movement.

This is why there are also training sessions designed for the local user movement. How much training is required and what is needed varies; this must be agreed locally with the user movement.

It may take up to three training sessions to cover a single concept. A selection of what it is a good idea to include during the first introductory session(s) is shown below.

Introduction, session #1
- Introduction to peer support
  - Model faithfulness – based on NSPH's model
  - Research findings. There is a lot of research showing the positive effects of peer support. Give some examples.
- Selection. Emphasise the solid selection process, e.g. that it is not part of these people's personal recovery journey.
- Peer supporter training – describe the content and format of the training.
- Research and follow-up. Talk about how peer support is being researched and followed up.
- Cooperation and the supporting functions between the peer supporter and the user movement, between the user movement and the national project team, as well as between the user movement and the units.
- Feel free to use small discussion groups in which experiences, expectations, fears and wishes can be raised.
- Teambuilding is important here too!

Application, introductory session #2 and #3
- Work tasks – explain that the work tasks are shaped by three things:
  - Job description / pre-planned tasks for the professional role
  - The individual unit's prerequisites and needs
  - The individual peer supporter's background and skills

Give examples of work tasks for a peer supporter.

At this point, a discussion in small groups is a good idea. What do they believe that a peer supporter could bring to their workplace?

- Training and implementation process for units – describe what can be useful to bear in mind for the successful implementation of peer support in the various units. What does the preparation work look like and how can the user movement follow the process?

- The coach role and other ways to establish strong support for the peer supporter
- Organisational requirements, administrative tasks, documentation
- Handling of personal information / professional secrecy / confidentiality
- What the local associations can contribute
- Practical cooperation and its application between the peer supporter and the user movement, as well as between the user movement and various units.

Appendices

These appendices are examples of tools, templates and teaching materials that we hope will facilitate the work of training and hiring peer supporters. In addition to those attached to the procedures manual, we recommend that you use the documents "My own feel-good tools" and "My own peer support backup plan" developed by NSPH and which it uses in the training.

APPENDIX 1 – APPLICATION FORM

APPENDIX 2 – INTERVIEW TEMPLATE

APPENDIX 3 – ETHICAL GUIDELINES

APPENDIX 4 – ROLE PLAY

APPENDIX 5 – WORKSHOPS AND PRACTICAL EXERCISES

APPENDIX 6 – HOMEWORK ASSIGNMENTS

APPENDIX 7 – COACHING MEETINGS

Would you like to work as a support person with first-hand experience at a psychiatric or social psychiatric unit?

We are looking for people who are interested in working as a peer supporter at a psychiatric or social psychiatric unit. Peer support means that those of you who have personal experience of mental ill health are employed to work in a psychiatric department, clinic or within social psychiatry to support the patients/users in their recovery.

Sharing their experiences with someone else who has learned to manage and understand their own mental ill health has proved extremely effective in breaking the personal stigma and sense of alienation, leading to faster recovery.

In April and May, a 12-day training course will be held for those interested in working with peer support. Once you have passed the course, you will be certified to work as a peer supporter at a psychiatric or social psychiatric unit. There is no charge for the course.

Work tasks
The work is essentially about providing support for patients/users. But it can also involve running different types of activities that support the patients' recovery. Your skills

are based partly on your own experiences of mental ill health and partly on the skills you acquire from the training. You will be part of the staff group and participate in the ongoing work at the department/in the unit.

Some of the work tasks will be:
- Talking to patients/users.
- Accompanying patients/users who need extra support and self-confidence to get up the courage or manage to get to different places, such as leisure activities, municipal services or to attend visits within the health-care system.
- Arranging and leading group activities. This could involve excursions or activities such as holding study circles.
- Motivating the patients/users to resume or develop social contacts, leisure activities or interests.
- Informing patients about various activities and support resources offered by the care system, municipality and user movement.

The training course
The training course will be held in [training location]. More information about the location to follow. The course lasts 12 days split across

three weeks, with a week-long break between each week of study. Here is an example of how the days may be allocated:

Week 17	25 April	26 April
	27 April	28 April
Week 19	9 May	10 May
	11 May	12 May
Week 21	23 May	24 May
	25 May	26 May

During the training, among other things you will learn more about:
- The role and how to work as a peer supporter in the units
- Conversational techniques and supportive approaches
- Sharing your own story – when and how?
- Various different support resources offered by the care system, municipality and user movement
- Study circles and other activities that can be organised within a unit

The training will feature both theory lessons and practical exercises. The exercises will be conducted individually as well as in groups. There will also be homework assignments.

It is important that you feel comfortable sharing your own story and listening to other people's stories; you also need to be able to reflect on your own story from different perspectives.

The intention is that after completing the training you will have the tools you need before starting work in a psychiatric department or clinic or within social psychiatry.

In order to pass the training course, you must attend the training sessions, participate in the teaching and exercises and also hand in homework assignments within the time specified.

There is no charge for the course. We pay for all course materials, travel expenses to and from the course, lunch during the training days and (if necessary) hotel costs. No salary or other remuneration is paid during training.

Those applying for a place on the course and who want a job afterwards
- Must have personal experience of mental ill health and recovery.
- Must be able to share your own experiences with other people.
- Must be able to listen and reflect on other people's experiences.
- Must have experience of psychiatric care or similar treatment, e.g. therapeutic community, psychiatric outpatient care / residential care, supported living / housing support, supported employment project or psychiatric rehabilitation.
- Will be part of a work team within psychiatry / social psychiatry.
- Will work at least 50 per cent of full-time hours (i.e. at least 20 hours a week).

What is NSPHiG?

[adapt according to relevant regional user organisation]

NSPHiG stands for National Collaboration for Mental Health in Gothenburg / Västra Göta-land. We are a network of 14 patient, user and relative organisations in the field of mental ill health. Everyone who works at NSPHiG has experience of mental ill health. Either their own or that of a relative. We are the ones who will be organising the training for those of you who want to work with peer support. We will also act as coaching support for you during your employment.

You can read more about us at www.nsph.se

Why not apply!

Does this sound like a role that would suit you? Please send your application to us!

We have a limited number of places available on the course. Unfortunately, it will not be possible to offer all applicants a place on the course. We will take into account individual suitability and aim to achieve a good mix of ages, gender, experience and backgrounds when we make the selection for the training course.

Those of you who make the cut will be invited to an interview before the course during which we will talk more about the content of the training and about the work tasks that peer supporters will perform after completing the training.

Is there anything you are unsure of or that is unclear?

You are welcome to contact us:

[insert contract details]

Peer support interview template

Introduction
Start by talking briefly about NSPH. What do we stand for? Who are the people that work here?
Say that the interview will take about an hour.

Age of the applicant:

About the job
We talk briefly and specifically about the job – a role that stems from peer support meetings and conversations. The nature of the role will be based on the tools and methods presented in the training and on the specific unit that they may be hired to work at. This means:
- *A free job*
- *Independent work*
- *Fixed within a certain framework*
- *Flexibility*
- *Making contact with and meeting different patient/user types*

- ***What is your view of this type of position?***

_____

_____

1.   Why did you apply for this position?

_____

_____

_____

Mixed experiences – background

2. Have you done any work previously? *When, what, full-time/part-time?*

_____

_____

3. Have you followed a course of study before? *When, what, full-time/part-time?*

_____

_____

4. What are your interests?

_____

_____

5. Do you speak any languages besides Swedish?

_____

6. Have you been involved with any associations?

_____

7. Do you have previous experience of supporting someone else with poor mental health? *What lessons have you learned?*

_____

_____

_____

_____

Experiences of the care system and of mental ill health

8. **Briefly describe your own experiences of psychiatric care. What was your experience of the support services provided by our society?**
   *Do you have experience of outpatient care? Residential care? Voluntary/involuntary care? **Approximate duration of this care?***

   _____

   _____

   _____

   What has been good? What has been difficult?

   _____

   _____

   _____

9. *(This question may possibly be omitted, depending on previous answers)* **Describe briefly how ill health/illness or disability has affected you <u>and</u> your loved ones, e.g. in terms of family life, friends, school, studies, work, housing and finances.)**

   _____

   _____

   _____

10. **How would you say that you/your loved ones are doing today?**

   _____

   _____

   _____

11. How does your poor mental health manifest?

_____

_____

_____

12. What would you like to convey to people who are psychiatric patients?

_____

_____

_____

13. How do you feel about working in a team with psychiatric staff?

_____

_____

_____

14. _Give examples of difficult situations that may arise in this new work role._ **Example: How do you think you would deal with frustration and anger from patients that is directed at you? Or mistrust from the staff directed at you? How do you think the way you feel would be affected by working in psychiatry?**

_____

_____

_____

Strengths and weaknesses

15.   What strengths do you have that will be most useful in your peer support work?

\
\
\

16.   What challenges do you think you will face in this job as a peer supporter?

\
\
\

The training course

Explain the training schedule briefly – location, days, times, content and that homework assignments will be set.

17.   What do you think about the schedule? Is there any aspect of the course that you think will be more difficult for you?
   • *E.g. reading the literature and completing homework assignments.*
   • *Being part of a class.*
   • *Participating in fixed study days and reporting absence.*
   • *Sharing your experience with others and listening to other people's experiences.*

\
\
\

18. How much work can you do?

_____

_____

_____

<u>Clarify the conditions for being employed in the end, following training. For example:</u>

The next step will involve selection for the training course. The training course is slightly oversubscribed. Some people will be offered positions after training, but not all.

Thank the person for taking the time to attend, and indicate the approximate date on which they will receive notification of inclusion in the training course.

Ethical guidelines for peer support

Applies to peer supporters who are certified in PEER Support through NSPH.

1. The essential task and main responsibility of the peer supporter role is supporting patients/users on their journey towards seeing and achieving their own goals, needs and desires. Self-determination for the patient/user is key.

2. The peer supporter understands the importance of privacy and confidence.

3. The peer supporter is open with selected parts of their story and experiences of mental ill health in front of patients and colleagues. The focus is on what has helped. Where they draw the line on what they share and don't share with others will vary depending on factors such as the person, situation and how they are feeling on any given day.

4. The peer supporter respects the patient's/user's self-determination, integrity and autonomy.

5. The peer supporter does not take advantage of their position with the patient/user or make promises that go beyond the professional role or that cannot be kept.

6. The peer supporter does not show any form of discrimination based on gender, transgender identity or expression, ethnic origin, religion or other belief, disability, sexual orientation, age, nationality, political views, physical or mental ill health or personality traits.

7. The peer supporter works to ensure that the patient/user makes their own life-impacting decisions.

8. The peer supporter does not start a sexual/intimate relationship with the patient/user.

9. The peer supporter does not meet the patient/user in their spare time or in their home.

10. The peer supporter does not accept money or gifts from the patient/user or their family or take out a loan for the patient/user.

11. The peer supporter does not ask the patient/user or their relatives for favours/return favours.

12. The peer supporter looks to their own needs, limitations and strengths so that their mental well-being is as good as possible.

I understand and agree to follow the ethical guidelines in my work as a peer supporter:
date:
signature:
name in block letters:

Subject staff: Us and them attitude

You have just started a job as a peer supporter at a home with a special service for people with mental disabilities.

You have worked there for a few weeks when you notice that the staff use their own jargon. The staff often sit in the staff room and have coffee together, and don't spent much time in the communal areas. Inside the staff room, the patients / users are often talked about in terms of their being:
• Very difficult, only kicking up a fuss to make life awkward for the staff.
• Too slow, too low-functioning to e.g. take part in organised activities or study circles.

The staff think they have "already tried" a lot of things to motivate and engage the users but that it's a hopeless endeavour. The idea that the users themselves could come up with their own initiatives or suggestions is perceived by the staff as unrealistic because the users (according to the staff):
• Are unable to take responsibility for their actions or understand the implication of making such suggestions.
• And what if such suggestions upset the users or just make them stressed!
• And don't forget that you can never cater to everyone's needs; they'll come up with a thousand different things!

You have also noticed that it's not a good idea to approach the head of unit.
• How do you as a peer supporter react in such a situation? You have to work together after all and you need to find a way to interact with them.
• What do you as a peer supporter do to defend your view that you want to offer different activities?

Subject: Attitude

You are working as a peer supporter on a supported employment project for people with mental disabilities. The users who go there have been judged to have some capacity for work, albeit of varying levels. Most of the users have worked or studied before.

The attitude of the users towards you as a peer supporter is cautious and speculative. You hold a study circle for the users on "Your own power" twice a week. One of the members of the study circle group is a user who is particularly challenging towards you as a peer sup-

porter. The user is amused by being involved in the training, but questions the content of the study circle (which deals with self-image, obstacles, goals, self-esteem, etc). For example, this person ridicules and questions the content, but also questions your place as the course leader, the format and the exercises.

You've tried to talk to the user individually in the breaks, but they constantly find new things to question. The issue is their attitude.

- How do you as a peer supporter respond to a user in such a situation? It happens during an active study circle, and the user has every intention of being there.

Subject: Feelings of love

You are sitting talking with Kim, who is taking part in a supported employment initiative where you work as a peer supporter. Kim is a lovely person and you have a lot in common, which usually leads to your conversations easily sliding into the grey area between personal and private. During the conversation, you notice that Kim is moving a little closer to you and saying that they need to talk to you about something.

Before you've even had a chance to reflect on whether you have time to extend the already long conversation, Kim has begun to talk. Kim feels that there is a "deep connection" and a "charged energy" between the two of you and would really like it if you could meet up a little later in private.

Kim has told you on previous occasions about their most recent relationship and how betrayed they feel and how difficult it is for Kim to trust people. Kim has also told you that they find it a bit difficult to deal with their feelings in stressful situations. According to Kim, Kim's former partner could feel insulted by them, even though Kim's way of describing it is their former partner was very easily offended, "that everyone should be able to take a bit of banter".

- How can you as a peer supporter handle this situation? You will continue to meet several days a week for at least another three months and need to be able to find a way of interacting.
- Could the situation have been avoided? Consider your responsibility as a peer supporter in the peer supporter / participant relationship.

Shorter role-playing exercises

The patient does not want to visit the Social Insurance Office

You are sitting talking with Stefan, who is a patient in the department. During the conversation, it emerges that Stefan has an appointment with a case worker at the Social Insurance office tomorrow, but is not planning on going. This is a scheduled meeting about his future means of support.

Things to keep in mind:
• Is there any more information we need to find out?
• What can we do or say?

The patient asks if you can get across what they want

You are sitting talking with Jasmina, who is a patient in the department. Jasmina has a pre-booked meeting with her treatment team and the department doctor tomorrow to discuss how she is feeling and when it may be the right time to discharge her. During the conversation, Jasmina tells you that she is nervous and a little afraid of the doctor. She wonders if she can describe to you in advance what she thinks, believes and feels so that you can pass this on for her at the meeting.

Things to keep in mind:
• Is there any more information we need to find out?
• What can we do or say?

Jargon in the staff room

You have recently started working as a peer supporter in a psychiatric department. During one of the coffee breaks in the staff room, some of the staff are sitting talking about Ove, one of the patients in the department. They say that they are tired of "that bloody pain-in-the-bottom old man who simply digs his heels in, spits, swears and does everything he can just to make their life awkward".

Things to keep in mind:
• Is there any more information we need to find out?
• What can we do or say?

Feelings of love

You are sitting talking with Kim, who is a patient in the department. During the conversation, you notice that Kim is flirting with you. Kim feels there is a "deep connection" and a "charged energy" between the two of you.

Things to keep in mind:
• Is there any more information we need to find out?
• What can we do or say?

The patient experiences injustice

You are sitting talking with Kerstin, who is a patient in the department and is very upset. She hasn't been given leave this weekend, the

very weekend that she had planned to go to a Bruce Springsteen concert. Yet Kent, another patient in the department, has been given leave this weekend. And, according to Kerstin, they have the same kind of problem, the same diagnosis and he has even been doing worse than her this week! Kerstin feels this is deeply unfair. She perceives it as infringement of her rights by the department doctor, and is looking for acknowledgement of this from you.

Things to keep in mind:
- Is there any more information we need to find out?
- What can we do or say?

The patient does not know how to get back in touch with his sister

You are sitting talking with Khaled, who is a patient in the department. Khaled used to be close to his sister, but since he became ill two years ago they have lost contact. It started because he did get in touch with her as much as he used to, he forgot that they had arranged to meet up or he was simply not up to socialising.

On a few occasions, he also said things to her that he now regrets deeply. He misses his sister a lot and would like to get back in touch with her, but is putting it off. He's worried about what to say and what sort of reception she will give him.

Things to keep in mind:
- Is there any more information we need to find out?
- What can we do or say?

The patient does not want their relatives to visit them

You are sitting talking with Daisy, who is a patient in the department. Daisy has a large circle of family who are concerned about her and eager to come and visit her often at the department. They want to support her in every way to help her get better. What Daisy really wants is for them to leave her in peace. She feels steamrollered by them and she can't face their visits. Especially her uncle! But she finds it hard to tell them this. She doesn't feel like they listen to her although she does know that they just want what's best for her. She wonders if you could make them understand this?

Things to keep in mind:
- Is there any more information we need to find out?
- What can we do or say?

The patient feels completely alone

You are sitting talking with Manuel, who is a patient in the department. Manuel has been at the department for a long time and has been admitted there several times before. Manuel says that he feels very alone. He has no friends, no family and no acquaintances. He has wanted to break the isolation but doesn't know how to do this.

Things to keep in mind:

- Is there any more information we need to find out?
- What can we do or say?

A confidence

You are sitting talking with Elsa, who is a patient in the department. During the conversation, Elsa tells you in confidence that she has been beaten by her partner repeatedly. This has had a profound effect on her and she feels a lot of shame and guilt about the abuse. She says that she hasn't told anyone before, and asks you to keep it a secret.

Things to keep in mind:
- Is there any more information we need to find out?
- What can we do or say?

Exercises relating to the work role

Below you will find some of the exercises that can be added to the training when you think that this is appropriate. There are several practical exercises and instructions for workshops embedded in the PowerPoint presentations that are included in the training for trainers.

Activities – give examples!

This is appropriate:

At different stages of the training, ideally together with the themes relating to the professional role and work tasks. Duration: approx. 45 minutes.

Do as follows:

Prepare five large sheets of paper. Write up each of the following categories on a different sheet of paper:

- Individual activities
- Group activities
- Activities when money is scarce
- Activities that can be easily started and interrupted
- Quiet activities

Divide the group into smaller groups. Let them start on their own piece of paper and work together to come up with suggestions for activities that fall under that particular category. They should write down as many activities as they can think of. When five minutes have passed, the course leader says that they can move round to the next sheet of paper and repeat the procedure there. Note that some activities may fall under several different categories. Once all the groups have had a turn with all the sheets of paper, the participants can go around and look at the lists of suggestions. The course leader then collects the sheets of paper and puts them on the wall. Read out some of the examples on each sheet of paper and let the group make comments.

What must we do and what must we not do as peer supporters?

This is appropriate:

A little while after the training has started, once the matrix has been introduced and you have worked with the content, ideally together with the themes relating to the professional role and work tasks. Duration: approx. 20 minutes.

Do as follows:

- Print out several copies of the matrix that shows what a peer supporter must do / must not do.
- Cut up all the boxes, mix them up and place the pieces in different piles. Each pile should contain at least one copy of all the boxes in the matrix.
- Divide the group into smaller groups. Give each group a pile of the boxes cut out from the matrix.

- Let the participants now divide the boxes up into two piles – what a peer supporter must do/must not do.
- Then read out the statements one by one. Ask the whole group which pile the statement belongs to. Let the group answer how they divided up the boxes and why.

The lift exercise
This is appropriate:
At any point after you have gone through the professional role and work duties in the training, although not too close in time to the homework assignment in which they have to describe the professional role. Duration: approx. 30 minutes.

Do as follows:
- Let the participants sit in small groups, in pairs.
- Give them 10 minutes to discuss and prepare a presentation lasting no longer than a minute (time them!) to answer the question "What do you do for a living?" (when you work as a peer supporter).
- Let one of them present how they would answer the question and describe the professional role, in one minute.

(The exercise is called the lift exercise because we can imagine that someone might be asked this question when they enter a lift. The lift takes a minute to reach the floor where both people are getting out, so that's when the conversation comes to an end.)

Listening exercise
This is appropriate:
At any time during the training, ideally together with the themes relating to approach/treatment or conversational techniques. Duration: approx. 30 minutes.

Do as follows:
Divide the group into two and pair up the participants so that each pair is formed of one person from each group. Take one of the groups to another room. This group becomes the "conversation group". Give them instructions to tell their partner something about themselves. You as a course leader choose a topic for everyone to talk about. It can be a nice holiday memory, an everyday problem, describing an important person in their lives or something else. Tell the group that their task is to talk and that the other group's task is to listen. Nothing more.

The second group becomes the "listening group". They are given instructions to listen to the "conversation group's" stories – but to do this at the same time as using all their body language to show that they are totally uninterested in what the person has to say. They are not supposed to give much of a language-based response; instead it is all about using their body to show disinterest. This could be not looking the person in the eye, yawning, looking at their watch and so on. Please note that the "conversation group" must not be aware of this.

The groups will now meet and talk/listen for a few minutes. When you as a course leader

find a suitable moment, break it up and start a brief group discussion about how this felt. Those who talked – did they feel a willingness to open up and talk to the person?
Separate the group again. "The conversation group" is given the same task, but you choose another situation or topic of conversation. "The listening group" is tasked with listening to "the conversation group's" stories – but this time does it at the same time as using their whole body language to show that they are interested and focused on what the person has to say.

They must not give so much linguistic feed-back other than confirmatory humming or short words. It is about using the body to show interest by maintaining relaxed eye contact, nodding, responding by smiling or concerned expressions, etc. Please note that the "conversation group" must not be aware of this.

Now the groups must once again meet and talk/listen to each other for a few minutes. When you as a course leader find a suitable moment, break it up and start a brief group discussion about how it felt this time. Those who talked – was there a difference? In what way?

The future with peer support
This suitable for:
Later in the training, when the participants feel more at home in the work role and can start to think in a more visionary way. Duration: approx. 45 minutes.

Do as follows:
Divide the group into smaller groups. Each group is divided into one of the following categories:
• A user-controlled activity house/meeting point
• A user-controlled employment unit
• A user-controlled accommodation with special service
• A user-controlled training centre

Briefly describe what each category means. The group will now imagine that they have worked as peer supporters in this place for a number of years, and that they are now invited to a national conference to talk about the unit. Together in groups they will prepare a summary, a small "teaser", about the unit. The summary can include for example:
• What does your unit do that is unique, compared with similar units?
• What do you do there? What are your activities?
• What are important guiding principles for you in your unit?
• What is your next development goal?

Provide time for group work. Then call the group back together and let them take it in turns to talk about their unit.

Team building exercises

There are many different types of exercises and games that can help shape a cohesive group. The purpose can be anything from letting the participants get to know each other, to simply being allowed to move and take a break from the more theoretical elements of the training. Here are some examples of exercises.

Speed mingling
Purpose:
Getting to know each other. This exercise is very suitable during the first day of the course for example.

Do as follows:
Ask the participants to stand up and pair up in twos. Present one of the following questions (or come up with your own). The participants will now have two minutes to discuss the question. Record the time and say when half the time has passed. When two minutes have gone, the participants may find another person to pair with and discuss the next question. Present the questions one by one. Continue until everyone has spoken to everyone in the group.
- If you could travel anywhere in the whole world – where would you go and why?
- A celebrity I would like to meet is...
- The best thing I like to do on a Saturday is...

- If you suddenly had a superpower – what would it be, and why?
- A time period you would like to experience (temporary time travel) – when and why?
- Talk about something you are really good at!

Name loop
Purpose:
Get to know each other, learn each other's names. This exercise is very suitable during one of the first days of the course.

Do as follows:
Form a circle. One person in the circle says their name. The person next to them says the previous person's name, then their own. The next person says both the previous people's names, then their own. And so on and so forth. The longer the loop goes on, the more names the people in the circle have to memorise. The participants can help each other stay on track.

Stand in order!
Purpose:
Move a little, work together.

Do as follows:
This is an exercise that can be done in different ways. The basic principle is that the partic-

ipants will arrange themselves in a line in a given order without talking to each other. Using their body language, they must communicate where they themselves think they belong in the order, but also where they think others go in the order. The order may for example be height – from the shortest to the tallest, colour of clothes or eyes – from lightest to darkest, or size of feet – from largest to smallest.

This can also be performed in connection with charades. Allow the participants to think of an animal, any animal. They must now stand in "order of danger" – from the most dangerous animal to the least dangerous animal. They must show which animal they are thinking of using their body language. This is usually a bit more confusing, as the "level of danger" of the animal is arbitrary, partly based on what the person themselves thinks, but also what the others think. When everyone has placed themselves in order, the participants take it in turns to say what animal they were thinking of and the reason why they/the others placed them there.

Chair walk
Purpose:
Move, work together. This exercise is well suited, for example, at the end of the course, or at any time during the training.

Do as follows:
Get all of the participants to take off their shoes and for each one to sit on a chair at one end of a large room. The task is now for all participants to get from one end of the room to the other, without touching the floor. They must move and get around on their chairs. The exercise is not finished until everyone is standing on the chairs at the other end of the room.
In order to make the exercise a little more difficult, you as a course leader can choose to go in and take away the chairs that have been let go of/that nobody is currently sitting on. Doing this will mean there will be fewer chairs and the participants must work together more.

The terrible grimace
Purpose:
Move, laugh. This exercise is well suited, for example, at the end of the course, or at any time during the training.

Do as follows:
Ask all participants to think of a really gruesome grimace. They must now pull the grimace and mingle around the room. When they make eye contact with another participant, they must both try to adjust their grimaces so that they create a grimace that is a cross between both of them. When they think that they have found a middle ground, they continue to mingle, and do the same thing with the next person they make eye contact with. In the end, all the participants have somewhat similar grimaces.
If you do this exercise a second time, you can add in that they can use their whole body. It will be a bit more difficult, but generates a lot of laughter!

Silent film

Purpose:

Move, work together, compete. This exercise is well suited, for example, at the end of the course, or at any time during the training.

Do as follows:

This is an exercise that is based on regular charades, except in groups and teams. In this way, the charades can be experienced as less excluding.

Ask the participants to quietly think of one or more words as an answer to a certain question. The questions may for example be:

What should a good peer supporter be like?
What makes a good peer supporter?

Think of an important personality trait in a peer supporter. Or something completely different. Ask all participants to write down the word or words on pieces of paper. The pieces of paper are folded up in a basket, hat or box.

Divide the participants into smaller groups. Let the first group pull out a piece of paper. They must now describe the word on the piece of paper using movements, gestures and body language – but not by talking. The other groups guess out loud what they think the word is that is being described. When they guess the word, it is the turn of the next group.

Your rights

Human rights and conventions

This is an example of a homework assignment where the participants received material and accompanying study questions to read through and present to one another. The material they were given was NSPH's study circle material on "Your rights". Read more about homework assignments on page 50.

All course participants read chapter 3 - Human rights and conventions, pages 19–23. This will not be presented, but is mainly for their own self-improvement.

In addition, all course participants will recieve one of the following chapters with different questions. They will prepare an oral presentation of max. 5 minutes.

Equality and equal treatment

Read chapter 1, pages 7–11. Answer these questions based on the chapter:
- Describe the meaning of equality.
- If we will promote a society with equal rights, regardless of mental functional capability, what does equality mean in that case?

Norms and power

Read chapter 2, pages 13–17. Answer these questions based on the chapter:
- Describe possible consequences of different norms.

- What difference does it make if you say adapted or accessible for the disabled?

Norms and power

Read chapter 2, pages 13–17. Answer these questions based on the chapter:
- Describe what power and intersectionality mean.
- Can you give some examples of language use that refers to norms concerning mental ill health?

Our rights - the Discrimination Act

Read chapter 4, pages 25–31. Answer these questions based on the chapter:
- What is the purpose of the discrimination legislation?
- Find an example of a situation in which someone is discriminated against, and a situation where someone has been treated unfairly. How do they differ?

This will not be presented in the same way, but is mainly for your own self-improvement.

Our rights - the Discrimination Act

Read chapter 4, pages 25–31. Answer these questions based on the chapter:
- What does discrimination mean?
- Can you see that there are a few consequences of the fact that the discrimination legislation does not have clear guidelines for

"invisible" disabilities (for example mental ill health), unlike "visible" disabilities (which confer the right to ramps, certain door widths, etc.)? How is this noticed in society?

Our rights - the Discrimination Act

Read chapter 4, pages 25–31. Answer these questions based on the chapter:
- What are the current grounds for discrimination?
- Look at the list of protected social areas. Do you think that it is comprehensive, or is a social area missing?

Our rights - the Discrimination Act

Read chapter 4, pages 25–31. Answer these questions based on the chapter:
- Describe how the development of the current discrimination legislation came about.
- Are there any risks associated with the how the discrimination legislation looks today?

Different types of discrimination

Read chapter 5, pages 33–37. Answer these questions based on the chapter:
- Describe direct discrimination, indirect discrimination and harassment. How do they differ?
- Search media – newspapers, TV, radio, etc. – for stories about discrimination or negative special treatment. What type of discrimination does the media seem to depict the most? How does the media depict discrimination due to variations in intellectual ability compared with other types of discrimination?

Where do we turn to if we experience discrimination?

Read chapter 6, pages 39–45. Answer these questions based on the chapter:
- Where do we turn to if we experience discrimination? Based on the suggestions featured in the book.
- How does DO work - Can DO help with questions that do not concern discrimination in a legal sense? Does DO work in different ways against discrimination and for human rights?

Where do we turn to if we experience discrimination?

Read chapter 6, pages 39–45. Answer these questions based on the chapter:
- What is good to think about if you want to pursue a case?
- How does DO work – what can be reported and how happens with a report?

Where do we turn to if we experience discrimination?

Read chapter 6, pages 39–45. Answer these questions based on the chapter:
- Describe the meaning of separate right of appeal and individual right of appeal.
- How does DO work – how does DO resolve disputes? Is there anything important you should think about when reporting discrimination?

Scenarios

You work as a peer supporter in an activity house.

You notice quite quickly that there is a listless atmosphere and low activity among the participants at the meeting point. It feels as though many just go there and spend time, without purpose or direction. A feeling of meaninglessness and dissatisfaction has arisen.

Choose one of the following three scenarios that explain what this may be due to:

1. There is nothing to do there. The activity house offers no activities that the participants find meaningful or motivating. There are resources in the form of premises, space, budget, but no guided activity and the staff mainly spend time in the break room. There has been a large turnover in the staff group so the management has been insufficient. The activity house has been threatened with closure a few times. The management has run out of ideas that can breathe life into the activity house.

- Describe how you go about meeting the users. How do you attract energy, motivation and engagement?
  For example:
  − What do you do?
  − What do you say?
  − Are there any steps you need to take? Is there something you need to check out?

− Is there anything you should not do?
- Describe how you go about meeting the staff. How do you attract energy, motivation and engagement?
  For example:
  − What do you do?
  − What do you say?
  − Are there any steps you need to take? Is there something you need to check out?
  − Is there anything you should not do?

2. There are two users who arrange everything. The only activity room available is the furniture workshop. There is one participant, Pela, who has been at the activity house for 15 years and thinks that the furniture workshop is her domain. No one else can be heard, she is bossy and seizes tools and attention. In addition to the furniture workshop is the recreation room. In the recreation room is Sture who behaves as though he were staff. He decides the agenda. As soon as someone thinks about something, "he knows best" and kills interest and creativity stone dead in the other users. Sture has a great need to be in control.

- Describe what you would be able to contribute to support the other participants.
  For example:
  − What do you do?
  − What do you say?

- Are there any steps you need to take? Is there anything you need to check out?
- Is there anything you should not do?

• What else would you have been able to do to start a change? Are there more people or structures you can affect?

3. The staff arrange everything. The staff have over time been negative and rejected the suggestions and ideas that the participants at the activity house have made. They have a definite idea of who each participant is, what they need and what had been "best for them". They set the agenda and decide for example the content in the event of excursions, where they will go and when they will go.

• How can you as a peer supporter behave towards staff in this sort of situation? What/where/from whom – do you get support?

• Describe what you had been able to contribute to support, motivate and pep up the participants for the activity.
For example:
- What do you do?
- What do you say?
- Are there any steps you need to take? Is there anything you need to check out?
- Is there anything you should not do?

Write down your answers in brief, max. one sheet of A4. Hand in or send it, no later than [date]

Prepare an oral presentation for the whole group, max. 5 minutes. After that will be a brief discussion in the training group.

Scenarios

You work as a peer supporter in an activity house.
You notice rather quickly that one of the participants is listless and passive. The person expresses that they "just go there and spend time", without purpose or direction. The person expresses a feeling of meaninglessness and dissatisfaction, but also a desire for change.

Describe what you will do:
- What do you do? How will you do it?
- What will you say? How will you say it?
- When will you do it? Are there any steps you need to take? Is there anything you need to check out?
- Are there any practical aids or tools that would have made it easier for the person?

Choose one of the following three people. They all have two variations in ability which are independent of each other:

Tina
Has difficulty remembering / starting activities.
Her actions are also not automatic, she needs a lot of time and energy to think when she does things, which others may do completely or partly automatically.

Hamid
Has a different perception. He is sensitive to sound and light.
He also has difficulty in planning and organising.

Kim
Has difficulty controlling emotions. Usually has strong and instant emotional reactions. Is also hypoactive and finds is physically difficult to get going. "The engine" is missing.

Write down your answers in brief, max. one sheet of A4. Hand in or send it, no later than [date]

Prepare an oral presentation for the whole group, max. 5 minutes. After that will be a brief discussion in the training group.

What is your job?

What is your job?

If you were asked the question "what do you work as", how would you answer it (if you worked as a peer supporter)?

Prepare three possible presentations on how you would describe your job as a peer supporter to:
- A user of the place where you work
- Staff at the place where you work
- A friend

Write down your answers. Hand in or send it, no later than [date]

Prepare three oral presentations, max. 1 minute each.

Living book

Peer support homework assignment "Turning point"

Prepare to give a 5-minute long presentation on a fictional book that you have written, for example, by making supporting notes, a brief text, mind map or similar.

The presentation should focus on turning points and be a summary of the essence of your book. Based on the previous exercise during the session "Your own story".

Coaching meetings peer support

- **Date:**

- **Peer supporter/supporters:**

- **What does the peer supporter do in their work?**

- **What works well in the job?**

- **What works less well in the job?**

- **What are the questions or thoughts?**

- **What is the relationship like with other staff?**

- **What is the relationship like with the patients/users?**

- **Anything else that came up that you think is special?**

- **Are there any good quotes from the coaching?**

THIS PROCEDURES MANUAL contains guidelines and directives for training, implementation and employment of peer support. It is relevant for anyone working in the startup for peer support; either as an educational resource, as a coach or as an coordinator. This manual offers support regarding planning, implementation and follow-up of peer support. It has been produced through PEER Support – a three year project coordinated by NSPH, aiming at establishing peer support as a new professional role in swedish healthcare.

VÄSTRA GÖTALANDSREGIONEN

NSPHiG
Nationell Samverkan för Psykisk Hälsa i Göteborg

NSPH
Swedish Partnership for Mental Health