MI Fellowship™ practice framework:
Peer work

Peer work is essential to create an environment for recovery by intentionally using lived experience of mental illness to inspire hope, confidence and a sense of empowerment whilst working with people to build a meaningful life.

1.1 MI Fellowship's peer work principles

- Peer work at Mental Illness Fellowship is based on principles of intentional peer support (Mead 2008):

  - Learning *versus* Helping

  - Relationship *versus* the Individual

  - Hope and possibility *versus* Fear.

- Peer work focuses on hope and recovery rather than illness (Orwin 2008).

- Peer work is based on equal relationships built on shared experiences and values that are characterised by reciprocity and mutuality (Clay 2005).

- Peer work explores the other person's world view – where they've come from, their family and cultural background and life experiences. It's through this lens or world view that we can make sense of experiences (Mead 2008)

1.2 Evidence base for MI Fellowship's peer work approach

Studies into peer support provide evidence that peer work increases a sense of responsiveness to issues such as housing and employment and increases a person's ability to bring about changes in their lives. Literature has suggested that instilling hope, the use of role modelling and the nature of relationship between peer workers and participants are unique contributions from peer workers (Davidson et al 2012).

Repper and Carter (2002) in their review of literature on peer support state that peer support workers are able to:

- promote hope and a belief in the possibility of recovery empowerment and increased self esteem

- self efficacy and self management of difficulties

- social inclusion, engagement and increased social networks.

It is these outcomes that people associate with recovery and the intentionality peer work is based on.

1.3 Features of MI Fellowship's approach

- MI Fellowship actively employs lived experience workers to practice peer work.

- MI Fellowship has developed a Peer Worker Framework to support the practice of peer work, the key features of the framework are:

  - Peer worker training to increase knowledge skill and confidence for peer workers

  - Peer worker supervisor training to provide practical understanding of the lived experience approach

  - Peer worker group supervision (peer hub) to share best practice information and discuss highlights and challenges of the role

  - Development of a workplace well-being plan (WOW). Peer workers can monitor themselves against six work well-being factors.

1.4   References

Clay, S. (2005). About us: What we have in common. In Clay, S. (Ed.). On our own, together: peer programs for people with mental illness. Nashville, TN: Vanderbilt University Press.

Davidson, Larry et al. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. World Psychiatry 2012;11:123-128.

Mead, S. (2008). Intentional Peer Support An Alternative Approach. Plainfield, NH: USA

Orwin, D. (2008). Thematic Review of Peer Supports: Literature review and leader interviews. Commissioned by the Mental Health Commission. Wellington: New Zealand.

Repper, J. and Carter, T. (2011). A review of the litreture on peer support in mental health services. Journal of Mental Health, August 2011; 20(4): 392-411.

Community Recovery Model

People affected by mental illness have the right to create a good life: making a home, engaging in meaningful work or learning, and building good relationships with friends, family and people in their community.

MI Fellowship's Community Recovery Model recognises that real and lasting recovery does not occur in isolation, and can be best achieved by working at three levels to:

- promote recovery and positive change for people with mental illness
- assist families and friends to build resilience
- create welcoming communities.

Resilient

a good life

Welcoming

family and friends
- We understand mental illness
- We know what helps recovery
- We look after our own wellbeing

Individual
- I can take charge of my life
- I feel connected to people
- I am part of my community

Community
- We include people with mental illness
- We stand up for equal rights
- We create opportunities for people

Quality Improvement Council
'Yes … we are a QIC accredited organisation'

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