

Peer Support Values

Almost ten years since professional peer support first took root in New Zealand's mental health and addictions sectors, the definition of this groundbreaking form of support is still up for grabs. In this country at least, there is still no charter of peer support, no representative body for peer support workers. As such, the notion of what actually constitutes professional mental health peer support has yet to be pinned down, beyond the obvious.

We can agree on the basic terms involved. Broadly speaking, peer support can be defined as a form of helping based on shared experience of a problem. In a professional context, this typically means a paid worker offering support to a client on issues that worker has also experienced at some point in her or his life, e.g. addictions, or mental distress.

So that's one detail pinned down. Certainly, it's a revolutionary detail - madness as qualification! But, as anyone who's ever tried to explain peer support to a room of clinicians will know, that detail brings up more questions than it answers. How is a peer support worker different from a community support worker who has personal experience of madness? Does a peer support worker just listen and talk, or do they work on specific goals? Does a peer support worker work with clinicians, and if so how? What about working with family? What skills should supplement the support worker's personal experience of mental distress, and what training should impart those skills? Should peer support workers be fully recovered before they can help anyone else? How can you define recovery in that context?

Numerous studies have demonstrated the value of peer support (King, 2011; Repper & Carter, 2011; Davidson, Bellamy et al, 2012). The evidence-base regarding what makes for the *most* effective peer support is still emerging, as studies have aimed at proving the overall concept of professional peer support rather than delving into to the particulars of which approaches work best.

It is important nonetheless to forge ahead - if not answering these questions, then at least publicly having the debate. This is the only way to a) continue to carve out a place for peer support workers in mainstream mental health and addictions service delivery, since these are probably the very unanswered questions that fuel clinicians' doubts about peer support's value and place; and b) make sure peer support retains its value as an alternative to other mental health services which, we assume, have long been employing mad people themselves (one in two of us is crazy, afterall!), but which almost never encourage those workers to use their personal experiences of madness to help their clients. In other words, a fuller definition of what peer support should be will help secure and grow this revolutionary little idea, and help convince the powers that be of what we already know: that a

problem shared is a problem halved, and it's generally easier to share a problem with someone who's speaking your language.

Implied values

It's hard to know where to start to form a fuller definition of peer support. One approach would be to survey all peer support providers in New Zealand's mental health and addictions sectors, and make a list of those common values between them. The resulting list, while uncontroversial, might also be a little bland. i.e. we might lose all the interesting, unique interpretations of what peer support should be, and end up with just the most obvious components.

So why not just start with the obvious in the first place? From an uncontroversial, broad definition of peer support - 'helping based on shared experience of mental distress or addictions' - it is possible to extrapolate a small set of core peer support values. These values could be said to be implied even in that simple, broad definition.

1. There is value in experiencing mental distress and addictions

As the defining trait of a peer support worker, experiences of mental distress or addictions are a qualification, a reason to be hired. It's implied that you can offer clients what someone without that personal experience cannot.¹

This means that a peer support service, by definition, should also encourage its clients to find the potential value in their experiences of distress or addictions.

Flowing on from this first value, in no particular order:

2. Peer support is strengths-focused

Few things have such consistently bad press as madness and addictions, but if both of these experiences can be considered to have value in the context of peer support, then many other supposed points of weakness in a person's life might be seen to contain hidden strengths.

This means that a peer support service, by definition, will encourage clients to find areas of strength in their lives they might not have seen before. It will focus on solutions not problems, resources not deficits, experiences not diagnoses.

3. Consumers can make sense of mental distress or addictions based solely on their own experience and reflection

Knowledge of the medical model or psychological practices does not rule someone out of becoming a peer support worker, but that knowledge is certainly not required under the basic definition of peer support we started with here. As a peer support worker, your understanding of your experiences of mental distress or addictions is considered worthy as the main knowledge-basis from which you help others.

¹ More specifically, we might say that peer support values the *learning* you gain from experiencing mental distress or addictions. Others might go further and insist that a peer support worker should have learning that comes specifically from the experience of *recovery*, but that's not necessarily implied by that basic, uncontroversial definition of peer support we've started with here.

This means that a peer support service, by definition, should also value the ability of clients to make sense of mental distress or addictions based on their own experiences, in their own words.

4. Service users and service providers are equals

Compared to a psychiatrist-patient relationship, a peer support relationship is premised on sameness rather than difference. There is no fundamental difference in psychological status (mad or not mad) implied between peer support workers and their clients, nor do peer support workers require any major specialist knowledge that their clients are not likely to have.

This means that a peer support service, by definition, should value equality between peer support workers and clients. So, as a peer support worker, I don't think I necessarily know better than you my client. And this equal treatment goes both ways: it also means I can tell you, my client, how it makes me feel if I think you are treating me poorly (e.g. blowing off appointments without fair warning). In other words, if it's a relationship of equals, it's also an honest relationship, with clear boundaries that both parties need to respect.

Further implications . . .

These four basic values hardly provide a full picture of what peer support is, can or should be. Many peer support services in New Zealand would consider these values just the beginning of the story.

Some further values can be extrapolated more tenuously from the basic definition of peer support we started with. Consider, for instance, valuing the slowness with which many peer support relationships evolve. From a clinical perspective, it may be difficult to see value in the amount of time spent in peer support relationships simply getting to know one another and building rapport. For peer support workers and clients alike, however, the shared experience of using clinical services can mean shared dissatisfaction with the tendency of some clinical services to cut straight to trying to fix your problems, without necessarily knowing all that much about you and your life (e.g. getting a prescription for drugs after one or two 15 minute sessions with a psychiatrist).

There are nonetheless many missing details about what a mental health or addictions peer support service should look like, and many of these details cannot simply be extrapolated from the broad, uncontroversial definition of peer support we started with here. For instance, the values above hardly answer questions regarding training, worker skills or competencies, and whether or not peer support should focus on goals and action or talking and listening (or both). These are all questions that need further discussion. . . .