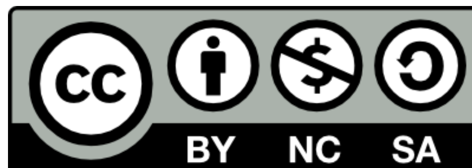
# Erasmus+ Project

# "European Standards for Peer Support Workers in Mental Health"

## European standards for the work of peer supporter

## in-depth analysis

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# Erasmus+ Product I01 - Questionnaire

## 1 Qualifications

Recovery is a unique, personal process in which the client gives meaning and direction to his own life. The recovery process leads to a renewed sense of self and identity. *Qualifications* that should be specifically addressed in the curriculum for the peer workers, are:

a) The use of non-medical recovery supporting language
b) A careful and open view in giving meaning
c) Being able to listen without judgement
d) Giving input based on equal value with respect for differences
e) History and basic knowledge of classification and diagnostics in relation to psychiatric disorders

These qualifications mentioned above can be confirmed to be in accordance with the view of the Norwegian mental health care system.

The National Health and Hospital Plan (NHS) for 2020-2023 recognizes a clear and wanted recovery orientation in the mental health system, without the concept of "Recovery" being directly mentioned. The description of the *Patient's Health Service* covers a number of the most essential foundations of recovery thinking:

- giving patients the opportunity to be an active participant in their own health and treatment. It means being listened to, being able to make choices in consultation with the therapist about what measures are to be implemented, setting own goals and using own resources to master everyday life. Some patients want to try everything to get healthy, while others are more concerned about coping with the challenges of their daily lives or meeting death with their loved ones.
- the patient lives his life outside the hospital - in the family, among friends, at work, at school or in voluntary organizations.
- A good health and a good life are connected.
- It is the patient who is the expert on their own life.
- Health professionals do not always know which priorities and value choices are important to the patient. Both in meeting the individual patient and in designing the health and care services, we must ask: What is important to you?
- For the patient, body and mind are interconnected - so should the services. The patient's health service means that the services are coordinated and comprehensive. Overall, the services in municipalities and in the specialist health service appear to be a unified service, and that physical health, mental health and intoxication problems are seen in context.

In Norway there has long been a focus on the importance and impact of user participation where the needs of patients, users and relatives are of central importance in the

development of the health and care service. Two groups of patients and health professionals were set up in 2018 to advise on the work on the National Health and Hospital Plan. Here it came to light that strengthening training in self-mastery, user involvement and the use of peer work as peer consultants is essential for mental health protection in the future.

The National Plan for the Implementation of “Package Programs for Mental Health and Substance Abuse” (Pakkeforløp) 2018-2020 describes the background for the assignment, and national and regional implementation measures. Successful implementation depends on good collaboration between health care organizations, municipal health and care services, GPs and other services and agencies. A good implementation also requires local user organizations, user councils and experience consultants (Erfaringskonsulenter) to be involved in the work.

## 2. Organization of the activities of the peer workers in the respective country

a) Exists as a specified legal term (in which laws / law / legal regulations?)

b) Is the term peer worker used by the authorities and other public institutions in a defined way (which?)

c) Is the term "peer worker" defined by the professional associations and non-government organizations (which?)?

d) Other options, please define

e) General remarks

**2a** *legal term*

There is no legal term for the “Peer Worker” as a profession in Norway.

Although the concept of user participation and thus Peer support as an important method of securing user participation (through the “Erfaringskonsulent” or “Likemann”, who both have a close similarity to the Peer Worker) is heavily rooted within the political guidelines:

The Norwegian national health department states the following: “Users have the right to participate, and the services are obliged to involve the user. User participation is a statutory right and is therefore not something the service provider can choose to relate to or not. Furthermore, user participation has an intrinsic value, therapeutic value and is an instrument of improving- and quality-assuring the services. User participation means that the user is regarded as an equal partner in discussions and decisions relating to his or her problem”.

The development of peer-support models in recovery-oriented practices in the mental health field started at the beginning of the 2000s, inspired by similar models in somatic healthcare, and has over time developed to safeguard this policy:
“Experience consultants (Peer-workers) are employees with user experience. Adding employees with user experience strengthens the user perspective in the services” (Norwegian national health department).

The Norwegian Directorate of Health (2014) encourages the employment of Peers in “together about mastery”: "User Influence is one basic value and a guideline for tutors", and further that "Addition of employees with user experience forces user perspective in services".

**2b** *term used by authorities*

The Peer Worker has in Norway different names or titles: Erfaringskonsulent (eng: experience consultant, similar to the German “Genesungsbegleiter/in or Ex-In), Likemann (eng: peer), Mentor (eng: Mentor, Tutor), Medarbeider med brukererfaring (eng: Assistant with personal experience), Brukerspesialist (eng: User specialist).

The first Peer worker (Erfaringskonsulent) in Norway was employed in Sørlandet Sykehus 2006, but persons with user experience and with the task to strengthen user perspective,

were employed at several locations earlier than this.

**2c** *term used by professional organization*

The professional organizations use the same terms as mentioned in 2b. There are no standardized terms in Norway.

**2e** *general remarks*

The «Peer-worker» (meaning all terms mentioned in 2b) has a clear social mission in Norway, and like already pointed out a strong political will behind the idea of the Peer worker and peer support.

A main challenge in Norway has been the communication between the different mental health organizations. When all the professions in the collaborative group pull the load in the same direction, they will succeed to a greater extent.

The goal must be for the users to become more self-sufficient and able to cope with their lives in such a way that they do not depend on the mental health services.

### 3. Related occupations / activities / functions that are not referred to as "peer workers" but operate in the same area / address similar topics in the respective country

a) do they exist as a specified legal term (in which laws / sub-ordinate regulations / ordinances?)
b) are these occupations / activities used by the authorities in a defined way (which ones?)
c) Are these occupations / activities used by professional associations and non-government organizations (which?) in a defined way?
d) other options, please define
e) general remarks

To our knowledge there exists no further occupations that is not mentioned in question 2.

## 4. If a "peer worker" or related profession / function / activity exists, the person /s will usually be paid by:

a) the patient / assisted person himself
b) the health insurance
c) government or public bodies (which ones?)
d) Non-government organizations

e) other options, please specify

f) general remarks

There exists no private or government owned Health Insurance systems in Norway like those within most EU countries. The state is responsible for the health services based on tax income, where every citizen is considered as equal and has the same right to health services, regardless of income or status.

In Norway the general «rule» is that the Peer (Likemann) is a voluntary worker and the Experience Consultant (Erfaringskonsulent) is a paid employee.

Payment depends on the employer where the person is currently employed (The State, municipality or private organization).

In public sector (Hospitals), the Experience Consultant is paid on the level of an Assistant, regardless of previous education or profession. It is known that some hospitals have chosen to pay the person based on their educational level. Some also works with “bonuses”, should the Peer take part in projects or research studies or similar.

Most University who have employed Peers pays per Hour, depending on the task the Peer is supposed to perform (Lecturing, research, etc).
The University of Agder (UiA) have many people in their service with experience background who are invited to lecture on a variety of topics, with pay on hourly contracts on par with other lecturers. They also have a fellow / researcher with dual expertise, a master degree and personal experience. In two of the research groups at the institute, the experience consultant is permanent, but on an hourly basis.

Peer support (here “Likemenn”) in the Substance Abuse area is mostly based on volunteer work.

## 5. Status Quo: A peer worker or related professional in our country must meet the following formal standards in our country (if a combination of elements is required, please include them all, please indicate them as much as possible).

a) Secondary education (class 9/10)
b) Higher education (class 12/13)
c) Non-academic vocational qualification without educational profile
d) Non-academic professional qualification with educational profile
e) Non-academic professional qualification with health profile
f) Academic professional qualification without profile
g) Academic professional qualification with educational profile
h) Academic professional qualification with health profile
i) Individual membership in a professional organization, company or chamber
j) Obligatory further education in methodical / didactic questions
k) Compulsory education in the health sector
l) Compulsory education in general occupational and employment areas
m) Obligatory technical supervision
n) Mandatory ethical advice
o) other options, please specify
p) general remarks

To work as a Peer (Likemann and Experience Consultant) in Norway requires no formal standards, only the personal experience with mental Illness.

There are numerous possibilities for educations with a non-academic profile. Many municipalities, and also a few Hospitals, have created their own courses for both Peers (Likemenn) and Experience Consultants (Erfaringskonsulenter). It is known that some of these courses have been developed in cooperation between different Hospitals or organizations, or the concept has been passed on and implemented by similar organizations, but as far as we know there exists no “standards”.

Also User-organizations, like A-larm (Substance Abuse), have many years of experience educating Peers, or “mentors” as they call themselves.

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## 6. Vision for our project: A European peer worker or professional relative should meet the following formal standards (if a combination of elements is required, please include them all, indicating them as much as possible).

a) Secondary education (class 9/10)

b) Higher education (class 12/13)

c) Non-academic vocational qualification without educational profile

d) Non-academic professional qualification with educational profile

e) Non-academic professional qualification with health profile

f) Academic professional qualification without profile

g) Academic professional qualification with educational profile

h) Academic professional qualification with health profile

i) Individual membership in a professional organization, company or chamber

j) Obligatory further education in methodical / didactic questions

k) Compulsory education in the health sector

l) Compulsory education in general occupational and employment areas

m) Obligatory technical supervision

n) Mandatory ethical advice

o) other options, please specify

p) general remarks

When it comes to employees with user experience who want to work as professionals, it is nearby to think of traditional education in the college system or in the university.

To equip the role of experience consultant - to the extent that the role has a strategic important function of influencing the services, appears to be a special responsibility for User organizations. It is both about ensuring the hiring of users promotes user participation and recovery-orientation, and on quality assurance of user recruitment in general.

Some described the danger of being educated away from the experience and that it should be enough having user experience: "Wants the user experience clean and clear, do not want to be shaped".
It was warned against "formalizing away" the experience, so that it loses its experience intrinsic value.
At the same time, many believe that experience consultants need to be strengthened in their own role and that available education and training can contribute to this.

It is also about being able to refine and raise awareness of user experiences. The community as such appreciate formal competence, and some formal competence will make the job the experience consultants do more visible, while also affecting the opportunity to promote payroll requirements and develop professional pride by acquiring a common identity

and developing professional ethics guidelines.

## 7. Vision for our project: A "peer-worker" with European standards:

a) should have a generalist education to be a peer-worker with non-compulsory specialization
b) should receive "professional" training as a peer worker
c) should have specialized training as a peer worker in general and a compulsory initial qualification for specific groups with specific mental health problems
d) other options, please define
e) general remarks

There is a clear need for training / education with Peers (both Erfaringskonsulent and Likemenn), where subject areas of experiential competence are emphasized (how to use personal experience, user rights, user participation and change the service).

The goal must be to enable the Experience Consultant / Peer worker to handle their job. He / she needs to be confident in his / her role. Often you get no training at the workplace, other than a few training guards, because no one has held that type of position before.

There is still great uncertainty in Norway as to whether there should be a common education. We feel that the Experience Consultants (Erfaringskonsulenter) wish for a college- or university based study or education, but this should be open for anyone with personal experience and not be based on admission.
Among the Peers (Likemenn) only a few people want an education in the college system based on study skills. Their wishes goes towards modules, - a flexible and formal education.

We strongly believe that the Ex-In model (Germany) fits the needs and wishes for the Experience Consultants (the german term: Genesungsbegleiter, or Ex-In). We have to discuss in which form this education should be developed.
The goal must be that the Experience Consultant becomes a recognized profession on the same level as all other professions within the health care system. We see these peer-workers as paid employees and working as part of a team.

For the Peer (Likemann) we think that many of the already existing courses and educations, many of them based on years of experience, are sufficient for the tasks that belongs to this role, thus preserving both views and wishes within the Peer-worker discussion. The Peer should basically be voluntary work.

## 8. The proposed curriculum for peer workers:

a) should be developed taking into account the ideas and views of the patients being cared for
b) In our country, there may be resistance from stakeholders questioning construct validity or the presence of needs
c) should receive informal support from stakeholders / patients
d) should be formally supported by stakeholders through public hearings and invited speakers at congresses
e) other options, please specify
f) General remarks

Like mentioned in 7, we strongly believe that the Ex-In model, its recovery oriented view, ethics and values, and with its 12 Modules could be the base for the Peer worker education. The experiences from Germany are many and positive and the effect well documented.

This should be formally supported by stakeholders through public hearings and invited speakers at congresses.

**9. Other comments are welcome, please add them here.**

Below the answer of an Experience Consultant:

*“Useful knowledge in the job as EK (Experience Consultant):*

*-Thorough introduction to computer programs / report writing.*
*-To be trained in Individual Plan (IP) as a tool, if one is primary contact (Care plan).*
*-The utility of collaborative groups.*
*-Introduction to various self-help groups. Who are they? Where are they? We should follow them at their first meetings.*
*-One should be able to be a little flexible, in the working day.*

*Where should my loyalty lie as I? Who should I be most loyal to? User or employer? (First and foremost with the employer).*

*If so, the system should adapt to the EK,*
*Then it is important that the employer also gets an introduction to this (Concept). In my case, that is, department head and unit head.*

*Example: Right from the start I came across a couple of dilemmas with colleagues, because I worked in a different way than them. I wanted to pick up a bag of food on the Salvation Army, to a user who couldn't get it himself. I was worried, the user was very rogue*

*and thin.*

*I was told that "we don't do that"*
*Another issue was that I had driven a user home. My motive was to have a chat in the car, hear how it went, etc. Besides, I was starting to build a relationship with this user, and looked at this as a golden opportunity.*

*I was told by colleagues not to do it anymore, because then I became the "kind" and the "bad" ones.*
*I had to talk to my immediate manager about this. She fully supported me and said:*

*- You're an educator! So you decide this yourself.*

*I asked her if she could transfer authority to me. She could. My colleagues, the manager and I, had a nice meeting, where my manager told me that I worked in a different way than them. And so it just had to be.*
*In recent times this has never been a problem :)*

*All my colleagues now realize that I work in a slightly different way than them. And it is totally accepted by everyone.*
*I got (as the only) my own mobile, where I can have direct contact with those for whom I am primary contact. It is great, instead of having to go through the others. (Over the New Year everyone should receive, and will then discover how much easier the job becomes with direct communication).”*