There's peer support, and there's intentional peer support. Catherine Jackson takes a trip to Devon to discover the difference

peer to peer

Participants at the Recovery Devon IPS training workshop, with Glenn Roberts (third from left)

'Intentional peer support is peer support with an intention – that of moving towards what you value and want in life as steps towards your own recovery. People naturally support each other when someone is going through emotional distress. Intentional peer support capitalises on this natural phenomenon, and tries to augment it and make it more productive and helpful.'

So says Glenn Roberts, a consultant psychiatrist in rehabilitation and recovery with Devon Partnership Trust, and a passionate advocate of the recovery model. The county has its own recovery network, Recovery Devon, a loose coalition of mental health organisations and individuals that meets regularly to promote and support the spread of the recovery approach in the area. Recovery awareness training is being rolled out to mental health staff across the trust, and it has provided training in WRAP (Wellness Recovery Action Planning), the recovery model developed by Mary Ellen Copeland in the US, to over 200 support, time and recovery (STR) workers across the county – not just those working for the trust but also STR workers in social services and independent and voluntary sector agencies. The commissioners, Devon Primary Care Trust, are supportive, and require recovery to be written into all social care service contracts. Developing peer support is also included in the draft commissioning strategy for the local mental health and social care services.

So far, perhaps so uncontroversial; other trusts and PCTs are following a similar path. Peer support is also beginning to enter mainstream mental health delivery. In Scotland, the government is financially supporting a pilot scheme to train and employ paid peer support workers in mental health services as part of its Delivery for Mental Health strategy. But intentional peer support (IPS) is much more radical. This isn't about service users being paid to deliver services under the direction of the mental health trust; this is about service users doing it for themselves and each other, for free. And as such, it has provoked avid enthusiasm, but also some suspicion and anxiety, among local service users in Devon.

IPS was devised in the US by Shery Mead, a peer support trainer and consultant, and is linked with WRAP – Mead and Copeland recently co-authored a book on WRAP and peer support. In April last year Mead and her partner Chris Hansen came to Devon on the invitation of Recovery Devon to deliver their five-day training in IPS to 30 people, invited from voluntary organisations in Devon, Somerset and Cornwall and funded by their local trusts and PCTs.

'Traditional peer support operates on the assumption that, because we have had similar experiences, we can be helpful to each other. IPS is more purposeful, in that it steps outside the illness paradigm and looks at things more broadly – at the person's context and environment and the ways they have learnt to make sense of their experiences. It's bigger picture thinking, higher order thinking,' Mead says.

'The other thing that's different is the reciprocity. There is some of that in peer support, but IPS is about creating a community-type relationship. We're not talking here

about people getting together randomly and going with wherever they go. The intention is on learning and growth and asking different questions and inspiring each other into bigger and newer ways of seeing. This isn't just about learning to deal with your illness. Learning about your illness isn't even part of it.'

Glenn Roberts says that IPS is 'the missing ingredient' in the way recovery is currently practised in the UK. He calls it 'new radical'. 'What strikes me about IPS is its focus on empowerment and wellness and finding ways of supporting one another to get on with life and living – hence the "intentionality" and emphasis on "moving towards" what you want in life. This isn't about marching against the psychiatric orthodoxy. It is about telling your story in your own words and values.

'However skilled and trained they are, professionals can't offer that sense of fellow travelling and identification. People become agents for each other's social inclusion. If people expect services to "recover" them, it doesn't work. The more people become active in their own recovery, the more useful services are able to be. The IPS trajectory is about getting a life you want to live and being a good citizen, not being a good patient.'

The trust is funding a 12-month follow-up evaluation of the course, to see if and how the participants have used the skills they learnt. Ann Ley, who works in the trust research and development team, says 10 of the 15 people who attended the first follow-up meeting of participants nine weeks after the course reported that they had been using IPS skills, and two had trained other service users. 'From what people said, they are using the concepts in their ordinary relationships. Those able to make most use of it are people who are already involved in some network.

'The ideas are sound, but they need to be "translated" and "owned" locally in order for the ideas to be easily communicated, in the same way that WRAP had to be understood and re-packaged for the UK,' Ley thinks.

Julie Matthews, one of the IPS course participants, has started an IPS group in Chard, Somerset. 'I wanted to go on the course because I had recently been involved in a dilemma to do with changes within the NHS that had rocked me a lot. Three to four of us met regularly through that, and without realising it formed our own peer group, supporting each other and helping each other through the difficult time. It was incredibly powerful, and we found we were able to grow together, challenge each other, disagree with each other, and yet still have a good friendship.

'Since the course, I introduced the idea to our day centre members and we have formed a peer group which is just starting out. We have got funding and the group has already grown to nine or ten members. I've noticed that already two of them are saying a lot more than they ever have in the day centre and are starting to take on responsibility for things, which they haven't done before. Before they sat back and let things happen.'

Ray Hancock, a service user from Cornwall, was similarly inspired and enthused by the IPS course. 'The more self-help tools a person has, the more chance they have of helping themselves, and while on that journey it is good to find others on the same journey and share together,' he says. 'I see the way forward as opening more day centres, run as recovery centres, where staff and service users are equal. I am not against professional support – in fact, I'm getting the best professional support I have ever had. But we have for years tried many things in mental health, except to put the service user in the driving seat.'

Other participants are less confident about putting IPS into practice. Peta France says she would not have been able to deal with IPS when she was very ill. 'The course has given me a network, and I think mental health needs networking. The person in trouble needs to be able to explain themselves to some who has been in trouble themselves,' she says.

'But you can't just go on to it. You have to have understanding and age behind you. I couldn't have done it when I was very depressed. I needed a lot of professional help. It's only since the course that I have been much braver to get help from other people.'

Caroline Goddard, who co-facilitates the Chard group with Julie Matthews, thinks IPS works better in a group. 'There is more scope for people to learn from each other and safety in numbers. You don't have so much responsibility to someone if you are sharing it with a group. I wouldn't go into supporting someone one-to-one. I don't feel well enough. I know sometimes I am asking too much from the other person, and they need support too.' The Chard group is, she says, a little way off being a true IPS group, though. 'I'm hoping the facilitator role will diminish but at the moment it is important because a lot of the members are at sea and it's quite a shift from the day centre to peer support.'

Caroline Goddard also says other health professionals might also be wary of IPS. 'My GP would probably not be interested in knowing I was well-supported by my peers. He would be interested in knowing I was well-supported by my CPN. That might be a problem in the future – changing professionals' perceptions and expectations.'

Shery Mead (left) with co-trainer Chris Hansen

Suspicions

Another participant, the sole carer on the IPS course (she did not want to give her real name for confidentiality reasons), is suspicious of the trust's motives. 'The trust is pushing WRAP and a large part of that depends on everybody having a network of five supporters who will step in in their hour of need. Many people don't have this network, so they are pushing IPS to create a network for them. IPS will work for the people who won't have anything to do with professional support. But I still maintain care in the community is not funded well enough. This trust is lagging behind what other trusts provide for people in crisis. They've halved the number of acute beds in the Exeter area. I think the trust has grabbed WRAP because it's a good way to get people to think they have to support themselves.'

Julie Matthews is also wary of the way in which statutory services seem to be translating social inclusion into cutting support services and closing day centres. 'Our day centre was recently changed because they →

Benefits of peer support

- Counteracts 'trapped-ness' and avoids boxes (eg. diagnostic labels)
- Peer support is personal rather than medical
- You can take it as far as you wish
- Different ways of telling the story (as opposed to automatically telling it in medical terms)
- Moving towards what you want instead of moving away from something you don't want
- Envisaging wellness rather than illness
- Moving away from being a rescuer or victim
- Not being responsible for the other person is very liberating
- Not being a victim and relying on the past as an excuse
- Not being afraid of what other people say and learning more about being open and honest
- Changes how we relate to each other
- Being yourself
- Creates a space to be with yourself and with another person NOW – in the present
- Based on giving as much as receiving
- Helps us to move forward in society. Peer support is a way of getting away from being stigmatised and judged by other people (especially in a small community)
- IPS training gives coping and communication tools.

Taken from the Recovery Devon website **www.recoverydevon.co.uk** For more about IPS, visit Shery Mead's website at **www.mentalhealthpeers.com**

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→ seem to think that people weren't moving on. Some of this is true. But most of us live on our own and to have the company of each other with a healthy low-cost meal was useful. Now we have been told to do this in the community. We are all fed up of eating on our own, but some of us find doing this anxious-making. Meeting in a peer group could change this feeling,' she hopes.

Glenn Roberts says he can understand people's scepticism about the trust's motives for supporting user-led initiatives. 'The trust has a three-year financial recovery plan, which has coincided with our seeking to promote recovery-based practice. The spark jumps the gap and people think this is a way of reducing services so you can balance the books. That said, if you can get more value from your health spending, why not? It's self-sabotage to say "I'm not going to look after myself, it's the job of the mental health services". At the end of the day, people don't want a mental health service; they want to be getting on with their lives, and we should be providing services in a way that supports people's own hope and confidence in their ability to take care of themselves and manage their mental health.'

Ian Pearson, mental health commissioner with Devon PCT, puts it more diplomatically. 'If we have a values-based approach that will release the potential of people using services to manage more of their recovery, that would be something we would want to support. We have more and more people depending on the service and that is wrong on two counts: it concentrates on what people can't do, and it eats up resources when these people might be supporting themselves. The credibility of peers is an asset we should be tapping into.' But, he says, funding something like IPS is not straightforward. 'The main challenge is one of governance. I need assurance from peer support that it is well-governed and that is really quite difficult because the real strength of this approach is that it is a relationship, not an intervention. We have to ask people who use and provide peer support what are the standards and how will they demonstrate and evidence that this is being delivered. The challenge is how we get that without people feeling we are setting the rules.'

Laurie Davidson, practice development manager with Devon Partnership Trust and responsible for the trust's recovery training programme, played a key role in bringing Mead to Devon to introduce IPS. IPS isn't something that a mental health trust should be leading, he says. 'Our hope is that service users will do it for themselves. We are looking at moving away from the statutory services being the be all and end all.' He agrees that more thought needs to be put into its implementation. 'There does need to be some kind of supervision: it's very much part of the model. The five-day course was a way to start things rolling. Things are happening spontaneously in a couple of places, but in other places it's struggling. It's a dilemma for us. As professionals we don't want to take it over, but we are in a better position than many service users to make things happen.The danger is you start professionalising peer supporters.'

Mind in Exeter and East Devon has put in a proposal to Recovery Devon that it will take forward the initiative, and seek funding to pilot an IPS training programme so that the course participants can pass on their skills to other service users in the area. 'We are proposing a two-day course over two weeks, followed by a 12-month ongoing support group,' says Richard Brabrook, head of learning and development. But he recognises that is not so simple as just providing the two-day training: 'We would have to come up with some form of agreement as to how they are going to use what they learn, some kind of code of conduct. There needs to be protection for both parties, and there needs to be supervision.' But, with an eye to the coming changes in the welfare-to-work system, he thinks IPS and WRAP complement mainstream policy. 'They link well with the Pathways to Work programme. WRAP prepares people mentally to cope with life. It's not about people doing things for us; it's about doing it for ourselves and helping people look to their future,' he argues.