


Letter to the Editor

More than just a health care assistant: peer support working within rehabilitation and recovery mental health services

M. J. Norton 

National Engagement and Recovery Lead, St. Loman's Hospital, Palmerstown, Dublin, Ireland

Since the publication of 'A Vision for Change' by the Department of Health in 2006, statutory mental health services have begun to embrace a recovery philosophy and ethos. This resulted from systemic cultural and structural change brought about through this policy and the need for services to become more in line with the human rights of the individual (Norton, 2021). Some of these systemic cultural and structural changes included the closure of the traditional asylums, the creation of community orientated services and an increase in service user and family member involvement through engagement fora and through both Family Peer Support Workers (FPrSWs) and Peer Support Workers (PrSWs) where those receiving services gain a realisation that recovery from mental health challenges is possible (Department of Health, 2006; Hunt & Byrne, 2019).

However, such movement has not come without its challenges. In 2022, those within the biomedical professions still have a significant role to play in the care and treatment of those with mental health challenges. Although traditional asylums were closed down, those who resided in such settings were transferred to rehabilitation and recovery services where they were housed in hostels (Finnerty, 2018). Added to this service user and family member involvement is still viewed as tokenistic, despite the implementation of measures such as the local fora's and co-production to counteract this (Health Service Executive, 2016; Norton, 2019). Additionally, PrSWs, within an Irish context, have only recently been employed in teams, where issues of role clarity remain (Hunt & Byrne, 2019). PrSWs can sometimes be compared to health care assistants due to what seems to be their similar responsibilities. For example, providing the service user with a social outlet and providing practical support as required.

Over the past couple of years, a lot of time and energy has been used to examine the use of practical supports within my former practice as a PrSW. I have taken in the current debates around lived experience, informality and practical support and fused them with my own preconceived ideas about the PrSW role. As such, my central observation always leads back to the creation of informality. For me, informality describes a space within peer support relationships where hierarchical barriers are broken down to the point that the service user can clearly identify the PrSW as an equal counterpart in recovery. In my opinion, PrSWs do carry out a lot of

practical support which is inclusive of bringing service users shopping and supporting them with their own money management. However, I argue that this is purposeful. This is particularly purposeful in rehabilitation and recovery as one needs to find unique mechanisms to connect with this target population. The central tenet to achieving a trusting, reliable and safe relationship is through the creation of informality.

Informality, as suggested earlier, means breaking down the hierarchical barriers that may be present within the relationship. In peer support working, particularly within general adult mental health services, this breakdown of hierarchy only needs to occur once as the service user gets to know you as a person. However, in the case of those in rehabilitation and recovery, breaking down the hierarchical barriers is constant as such individuals are surrounded by some level of hierarchy all the time. The literature provides numerous suggestions as to how to break down these hierarchical barriers including through engaging in co-production, the use of written material and the sharing of lived experiences (Beehler *et al.* 2014; Norton & Swords, 2021). However, there is some debate as to how sharing lived experiences is accomplished (Bailie, 2015; Mullineaux, 2017; Kumar *et al.* 2018). Does one share their entire personal narrative/story or just the similarities? This becomes slightly problematic in rehabilitation and recovery services as the lived experiences of the service user to that of the peer can be viewed as being polar opposites. This is because many of these individuals are institutionalised. Sharing things that happen in daily life for you as a peer may not result in the informality required for therapeutic peer support work to occur due to the complete differences in lived experiences and ideas of normality.

As a result, I often resorted to taking out service users from this hierarchical environment and experience ordinary settings outside this environment. Such outings could be to the local shop to get a newspaper, going to a shopping mall where the individual can buy what they want, when they want, and so on. From my experiences, such outings can cause the individual to realise that the person in front of them, the PrSW, is a human being, just like them. This is powerful, but necessary as this realisation supports them to lower their guard around you. Additionally, informality is also created through the informal conversations you would have during such informal activity. It is in these informal conversations that service users can figure out for themselves what they need to do for their own recovery and wellness. The simple act of a short leave from the high support hostel to a place where they feel comfortable within themselves, like a shop can provides the service user with the hope that things can and will get better. It allows these individuals to dream and get a glimpse into what life could be like if one works

Address for correspondence: Michael John Norton, National Engagement and Recovery Lead, St. Loman's Hospital, Palmerstown, Dublin, Ireland. (Email: nortonmichael92@gmail.com)

Cite this article: Norton MJ. More than just a health care assistant: peer support working within rehabilitation and recovery mental health services. *Irish Journal of Psychological Medicine* <https://doi.org/10.1017/ipm.2022.32>

on their recovery and wellness. However, it also hands these individuals back some autonomy so that they can choose what they want to do for themselves in terms of what to buy, when to buy, what to do and when to do it.

In essence, the argument here is that the creation of informality is imperative to allowing individuals the space to open up and figure out for themselves what they need to do for themselves to enhance their recovery and their wellness. Traditionally speaking, PrSWs do this by simply sharing their lived experiences. However, there is debate currently as to how to practice this (Bailie, 2015; Mullineaux, 2017; Kumar *et al.* 2018). Regardless, this can present challenges for peers working within rehabilitation and recovery environments where the natural hierarchy of the environment could reduce the effectiveness of the sharing of lived experiences. As a result the simple, but intentional, movement of individuals from this environment to one where informal activities can occur could create the informality necessary for peers to engage and support the service user better in their recovery and wellness.

Financial support. The correspondence received no specific grant from any funding agency, commercial or not-for-profit sector.

Conflicts of interest. The authors declare that there are no conflicts of interest.

Ethical standards. The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008.

References

- Bailie AH (2015). "From the Same Mad Planet" A Grounded Theory Study of Service-User Accounts of the Relationship that Develops within Professional Peer Support Work, Ph.D Dissertation. Published University of Nottingham, United Kingdom.
- Beehler S, Clark JA, Eisen SV (2014). Participants experiences in peer- and clinician-facilitated mental health recovery groups for veterans. *Psychiatric Rehabilitation Journal* 37, 43–50 DOI 10.1037/prj0000048.
- Department of Health (2006). *A Vision for Change: Report of the Expert Group on Mental Health Policy*. (Internet) Available at: <https://assets.gov.ie/9242/7c422427e7a94d72bb299a01957c445c.pdf>, (Accessed 17 April 2022).
- Finnerty S (2018). *Rehabilitation and Recovery Mental Health Services in Ireland 2018/2019*. (Internet) Available at: https://www.mhcirl.ie/sites/default/files/2021-01/Rehab%20and%20recovery%20_2018.pdf, (Accessed 17 April 2022).
- Health Service Executive (2016). *Partnership for Change: Report of the Mental Health Reference Group*. (Internet) Available at: <https://www.lenus.ie/bitstream/handle/10147/617212/HMT00982.pdf?sequence=1&isAllowed=y>, (Accessed 17 April 2022).
- Hunt E, Byrne M (2019). *Peer Support Workers in Mental Health: A Report on the Impact of Peer Support Workers in Mental Health Services*. (Internet) Available at: <https://www.hse.ie/eng/services/list/4/mental-health-services/mentalhealthengagement/news/peer-support-workers-in-mental-health-services.pdf>, (Accessed 17 April 2022).
- Kumar A, Azevedo KJ, Factor A, Hailu E, Ramirez J, Lindley SE, Jain S (2018). Peer support in an outpatient program for veterans with posttraumatic stress disorder: translating participants experiences into a recovery model, *Psychological Services*. <https://www.ncbi.nlm.nih.gov/pubmed/30407050>.
- Mullineaux LM (2017). *Service User Experiences of Peer Support in an Adult Community Mental Health Service: An Interpretive Phenomenological Analysis*, Ph.D Dissertation. Published, University of East Anglia, United Kingdom.
- Norton M (2019). Implementing co-production in traditional statutory mental health services. *Mental Health Practice* 33, 179 DOI 10.7748/mhp.2019.e1304.
- Norton MJ (2021). Co-production in child and adolescent mental health: a systematic review. *International Journal of Environmental Research and Public Health* 18, 11897 DOI 10.3390/ijerph182211897.
- Norton MJ, Swords C (2021). Creating equality for those in crisis: transforming acute inpatient mental health services through co-production. *Academic Quarter* 23, 64–79 DOI 10.5278/academicquarter.vi23.7029.