

MINIREVIEW

Position paper: Peer support and involvement of people with lived experience with mental health problems and recovery in psychiatry

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Background

Recovery and participation of people with experience with mental health problems and recovery is described and demanded by the most important international and national organisations as a point of orientation for the promotion of mental health, as well as for psychiatric services and their further development. These include position papers from the World Health Organization (WHO) [1], and the American Psychiatric Association (APA) [2], as well as national guidelines for mental health services [3, 4]. Participation in the different areas of the mental health system is often described as a continuum ranging from information, joice and consultation to co-decision and full control [5]. The degree of participation depends on the stage of development of the organisations as well as on the qualification of peers or experts by experience. An important area in the spectrum of activities of people with experience with mental health problems and recovery is the support of other people who are confronted with similar experiences and problems in the function of a “peer” or “recovery companion”.

Further fields of activity as experts by experience have been established in many places in education, research and development as well as in health and socio-political contexts [6]. In this article, the term “peer” is used as a functional term for all the different roles and tasks.

International developments and discourses

The integration of peer work into psychiatric and psychosocial services is now widespread. The performance of the new function and its appropriate integration into the existing team is a great challenge for the peer workers as well as for the multi-professional teams [7, 8]. On the one hand, an understanding and support of the recovery approach and peer work in the team is required. On the other hand, the professionalisation of peer work is feared to lead to a loss of peer-specific values such as contact on an equal basis, honesty or reciprocity. There is an active discourse on whether peers are taken over by institutions through their work and cannot fulfil their role independently and credibly enough [9]. Parts of the recovery and peer movement therefore prefer independent peer services in their own institutions or in self-employment [10, 11]. Effectiveness studies on peer work in institutional settings show positive results, especially with regard to the promotion of recovery and empowerment [12]. Peer work in institutions leads to the valorisation of experiential knowledge as well as to a change in attitude in interprofessional treatment teams in the sense of increased sensitisation to the subjective perspective of persons with mental health problems and a person-oriented, reciprocal design of the therapeutic relationship [13].

Current situation in Switzerland

In Switzerland, the use of peers in mental health care has been known for more than

10 years and has developed constantly. This trend is most pronounced in German-speaking Switzerland. Despite the same healthcare financing system, the development is much less advanced in French-speaking and in Italian-speaking Switzerland. This is reflected in the very few peer positions created so far in French-speaking Switzerland and almost none in Ticino. A similar picture emerges with regard to the training of peers in Switzerland. In German-speaking Switzerland, EX-IN training has been offered approximately every year since 2010, lasting about 36 days [14]. In French-speaking Switzerland, the first training took place in 2014 with a length of 16 days. Since then, it has been constantly developed and today also lasts 36 days [15]. So far, three courses have taken place. In Ticino, the development of peer training began only in 2021. Insufficient funding (including no government support) jeopardises the implementation of the trainings in all language regions of Switzerland.

A survey conducted in German-speaking Switzerland in 2017 [16, 17] showed that the 125 peers active at that time were primarily working in direct contact with users of psychiatric services and in education, and significantly less in politics, care planning and research. Most of them were employed in the inpatient setting of a psychiatric clinic. Others worked independently in the various areas described. In most cases, the level of employment is far below half a full-time position. Working conditions, job satisfaction and salary are considered good. The integration into the interprofessional treatment team as well as the lack of financing of direct patient-related services via health insurance or other service providers outside the hospital sector in the outpatient setting are identified as the greatest challenges.

The still very small number of peers, the financing of their training as well as outpatient services outside the institutions and the inclusion of peers in development and research as well as in strategies for planning, steering and financing health care, education and research appear to be the greatest challenges for further development

in the future.

What should the future look like?

As is common in other countries and regulated by law (including the United Kingdom) [18], the experiential knowledge of people with experience of mental health problems and recovery should be systematically integrated in Switzerland also at all levels of psychiatric services, in development, education and research as well as in political decision-making processes. This requires a well-grounded, differentiated and adequately funded basic training of sufficiently qualified peers as well as specific education and training programmes for the areas of education, research or committee work in politics. Central to this is reflection on the experiences of illness and recovery as well as the acquisition of the necessary competences for the application of the knowledge gained from experience in the various areas. Furthermore, for successful implementation of peer work and participatory collaboration in existing mental health services, it is essential that professionals are trained for such co-production processes [19].

These legal requirements and the training of professionals should, among other things, lead to French-speaking Switzerland and Ticino catching up in the development of peer work.

In addition to the existing peer work in mental health services, it would be important to develop possible fields of application for peer work outside the institutions. The focus should be on the development and evaluation of services in the areas of health promotion and prevention as well as on the creation of an environment that enables the emergence of independent peer services. This could contribute to making peer work and expertise from experience better known and more usable throughout society.

The demands

The Swiss Society for Social Psychiatry SO-PSY, the professional association of experts by experience in mental distress and recovery Peer+, the academic society for psychiatric nursing and the Réseau des pairs praticiens en santé mentale re-pairs are committed to the systematic support and implementation of the inclusion of people with experience with mental health problems and recovery for the promotion of mental health and psychiatric services in all related areas. Specifically, as representatives of these organisations, we demand

- The political positioning of peer work, which, as in the English-speaking context, legally establishes the involvement of peers in all areas for the promotion of mental health and psychiatric services.
- The structural and financial promotion of the self-organisation of peer associations and services by legislators and funding agencies.
- The establishment and securing of funding for education and training opportunities for peers and, in addition, their integration into existing educational programs.
- The creation of a funding basis for independent peer work by the funding agencies of health care (health insurance funds and cantons).
- The integration of the topics of recovery and peer work with the involvement of peers in the education and further training of health professionals at all levels.





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