Journeys of clinicians who embrace peer workers in their practice

Report

25 July 2011

Prepared for: Wellink Trust

Kinnect group

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Executive summary

Introduction

1. This case study provides a clear, succinct story to show clinicians[1] ways that peer workers[2] can be effectively used in a range of acute mental health services. The aim of the case study is to understand the conditions in which clinicians confidently engage with services such as Key We Way – which offers a recovery approach[3] for those in distress from mental illness - as a treatment option for their patients.

2. The study takes an appreciative inquiry approach to explore the journey to using peer workers – including both the issues clinicians have addressed in terms of their clinical responsibilities and how they overcame any initial fears or misgivings. The case also outlines clinicians' observed benefits of the peer support approach, as well as learnings and tips for others using it.

3. This instrumental case study is drawn from interviews with seven clinicians who have worked with clients in Key We Way within the past two years. They were selected from a sample[4] of clinicians with experience of the Key We Way service. Their stories were collected during one-hour, face-to-face interviews conducted from 16–20 June 2011 by an independent researcher. Three interviews were with clinicians from the Kapiti region and four with clinicians from the broader Wellington region, including Kilbirnie, Wellington Central and Porirua.

Key findings and learnings

4. Clinicians maintain that peer workers at Key We Way provide a valuable addition to the range of acute recovery/respite services available in the Capital & Coast District Health Board region. Peer workers are able to deal with difficult cases and achieve positive results for clients – and clinicians are impressed. Clinicians also respect peer workers' ability to generate a warm, friendly, welcoming and positive climate at Key We Way, and clinicians report that for certain types of clients the service is better, rather than as good as, other respite services.

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[1] Clinicians in this context are those who carry case loads, including team leaders, case managers, community mental health nurses, registered nurses and occupational therapists.
[2] Peer workers are people have lived through the experience of mental illness themselves at some time. They are employed at Key We Way to work alongside those who are in distress from mental illness to support "a recovery-focused model" or a "recovery approach"
[3] Wellink uses the term "recovery house", whereas clinicians tend to use the term "respite houses" for other non-peer-run services.
[4] The sample was a purposive sample of those with experience with Key We Way. All clinicians contacted were prepared to take part in the study, and the final group of clinicians interviewed was based on their being available during the week when fieldwork was conducted.

5. Some clinicians really see the benefit of peer workers:

> *Well we all like Key We Way. …They are bloody good. They are really good. They do a good job. They help us out. We'd be lost without them.*

6. Other clinicians see the service being equal to the other respite services:

> *In terms of actually a process it's no different from any other respite. And I do wonder if people even tend to forget sometimes that it is peer-run.*

7. Clinicians view the peer workers as professional, able to relate well to clients, and able to offer a different and useful perspective. Working with peer workers encourages clinicians to be reflective in their own practice, taking into account the lived experience which peer workers are able to provide. Indeed, some clinicians remark that working with past clients who have become peer workers caused them to reassess their expectations of those people and of the recovery process in general.

> *You quickly get over the idea that they have got their… psychological or psychiatric state stamped on their heads. … There is an assumption they know what they are doing.*

8. Peer workers provide hope and a daily reminder to both the clients and the clinicians that recovery is possible.

> *I think what I love about it is [peer workers] can show clients who feel that they are never going to get better, that they are here; this is it. They actually know people [who] do recover. I think that's the biggest thing. People do recover, and people lead happy, healthy lives.*

9. Clinicians appreciate the skill that peer workers bring to their daily work and over time have learned to tap into that skill base for the benefit of their clients. Clinicians see that peer workers are able to get alongside clients, help them set goals, and role model approaches that are effective in moving clients towards recovery. Clinicians also recognise that peer workers are able to make a valuable contribution to the care plan of clients.

10. There have been some challenges, but clinicians maintain these have been managed well and observe there are processes and systems in place to manage identified risks. Back in 2006 the concept of peer workers was relatively unknown, and the clinicians who initially worked with this approach had concerns about how it would work. This was expressed as ”frightening” and ”very unknown”, and even the open-minded clinicians “had a lot of apprehensions”. However, that mindset is no longer evident amongst the clinicians we spoke with.

11. Wellink Trust management was from the outset highly responsive to concerns raised by clinicians. Clinicians reflect that this willingness to take action on feedback was important for establishing systems and processes that supported the peer worker approach to recovery care. Clinicians also acknowledge and appreciate the ongoing responsiveness of Wellink Trust management. There is an understanding that at times peer workers may

need additional support, or systems and processes may need review. Clinicians appreciate Wellink's willingness to listen and take action.

12. These findings are in line with another recent report *Peer support practice in Aotearoa New Zealand* which concluded:

> Peer support is more than a change of personnel. It goes beyond simply offering the same mental health services, but this time by present and former consumers. It has a philosophy of practice which is extremely rich and is challenging for the community mental health services in New Zealand as a whole. When operating at its best, peer support facilitates self-determination within the space made by caring and mutual relationships. It involves an engaged practice which reformulates the way 'risk' is understood. It involves the creation of learning environments in which experiences of mental distress can be reframed as resources for living. It inspires hope that recovery is possible. It thus brings the abstract concept of 'recovery' to life, and puts it into practice. In this way, peer support is setting a challenge for all mental health services to look towards, and to use as a basis for reflection on their own practice.
>
> Peer support involves unique challenges for practitioners. Because of peer support's philosophy of practice, it must address challenges such as risk, the maintenance of boundaries, integration with clinical services, and practices of information gathering, in a new way. In this way, the community mental health sector as a whole may be stimulated towards innovative ways of practicing and thinking. (Scott, Doughty, & Kahi, 2011, pp. 127-128)

13. In conclusion, the peer workers within the recovery house model at Key We Way are an embodiment of the peer support processes working well. Clinicians' value the peer workers contribution within the acute services spectrum/continuum of care.

1 Background

1. Wellink Trust Te Hononga Ora is a Charitable Trust, established in 1989, that works to enhance opportunities for people with experience of mental illness. Wellink offers a range of services for young people, adults and older people throughout the greater Wellington and Hutt Valley regions. It is well known for its peer services and consumer involvement throughout the organisation.

2. In December 2006 Wellink opened the Key We Way recovery house on the beach at Kapiti. Key We Way is a peer-run residential recovery service, one of the first of its kind in New Zealand and the first to be staffed by people with their own experience of mental illness. It uses an Intentional Peer Support service model.

Recovery model

3. A recent report into peer support in New Zealand (Scott, Doughty, & Kahi, 2011) describes the concept of recovery in relation to mental health as follows:

> There are two types of recovery in relation to mental illness. The first is recovery in the sense of restoring previous functioning and reducing symptoms. Peer support operates with recovery in its second meaning, which comes out of the civil rights, independent living and mental health consumers' movements. This understanding of recovery makes the powerful claim that, regardless of the symptoms one may be experiencing, everybody has the right and the possibility of living well. Recovery in this sense is inherently political, and has a multi-layered meaning. It might be seen as a synonym for 'deep learning'. Recovery doesn't usually 'just happen'. The conditions and environment for this form of recovery have to be actively created. This is a role that peer support plays, within the recovery orientated services of the mental health sector as a whole. (p.4)

4. Wellink Trust runs Key We Way using the recovery approach and contracts its services to Capital & Coast District Health Board. Peer workers are paid staff, not volunteers. On its website Wellink Trust describes the Key We Way service as being:

> a peer-run service that provides home-away-from-home care and support, helping people recover from the distress of mental illness. … The Key We Way service is a genuine alternative to a hospital stay for those who are experiencing a mental health crisis. We provide residential recovery support for a maximum of four people, staying for up to three weeks at a time. Care is provided in partnership with clinical services, and guests can take advantage of companions who listen and a wide range of holistic therapies. …Being a peer-run service means our team have lived through the experience of mental illness themselves at some time. Evidence from here in New Zealand and around the world tells us that people who have lived through the experience of mental illness and recovery are well equipped to help others. In addition to our own personal experiences of mental illness, our team members are comprehensively trained, so guests will receive high quality care from people who care. (Wellink Trust Te Hononga Ora, n.d)

Purpose of the study

5. Wellink is committed to this peer service and to learning from the Key We Way experience to identify service improvements in the future. Wellink commissioned this research to better understand the journeys of clinicians who engage with peer workers in their practice, and so to find ways to do more of what works and to improve what isn't so helpful.

6. This case study provides a clear, succinct story designed for clinicians about ways peer workers can be effectively used in a range of acute in-patient situations so other clinicians might be more willing and confident to consider and adopt the peer support approach to patient care. The case study takes an appreciative inquiry approach to examine the practice of clinicians who regularly work with providers using a peer support model for patient care. A range of clinicians are included, from those clinicians who champion the peer support approach as being integral to their treatment options for acutely unwell patients, to others who use a range of treatment options and while being less outwardly vocal, regularly use peer support-based services.

Research approach

7. This instrumental case study[5] is drawn from interviews with seven clinicians who have all worked with clients in Key We Way. The sample was a purposive sample of those with experience with Key We Way. All clinicians contacted were prepared to take part in the study, and the final group of clinicians interviewed was based on their being available during the week when fieldwork was conducted. The clinicians' stories were collected during face-to-face interviews of approximately one hour's duration conducted from 16–20 June 2011 by an independent researcher. Three interviews were with clinicians from the Kapiti region and four with clinicians from the broader Wellington region, including Kilbirnie, Wellington Central and Porirua. All interviews were digitally recorded and then transcribed so they could be analysed in detail to prepare this case study.

[5] "[Where we] have a research question, a puzzlement, a need for general understanding, and feel that we might get insight into the question by studying a particular case…we may call our inquiry *instrumental case study*." (Stake, 1995, p. 3)

2 Journey of clinicians who embrace peer workers in their practice

8. This section of the case study describes the initial impressions of clinicians working with peer workers at Key We Way. It covers the early beginnings and contrasts this with clinicians who have started working with peer workers more recently.

Early beginnings

9. Back in 2006, the concept of peer workers was relatively unknown, and clinicians initially had concerns about how it would work. This was expressed as "frightening" and "very unknown", and even the open-minded clinicians "had a lot of apprehensions". Initially, some clinicians were strongly opposed to the approach because they thought that the stress from working in such a service might trigger a relapse in peer workers. There were also other concerns, which we cover later in the case study, which surfaced over time. So the journey was one of navigating both known fears and unknown issues.

10. Five years later, the peer worker approach has mostly worked well, with some proactive management of issues as they arose. Clinicians now make comments like:

> *Well we all like Key We Way. …They are bloody good. They are really good. They do a good job. They help us out. We'd be lost without them.*
>
> *I think what I love about it is [peer workers] can show clients who feel that they are never going to get better, that they are here; this is it. They actually know people [who] do recover. I think that's the biggest thing. People do recover, and people lead happy, healthy lives.*

11. What is the journey clinicians have been on that has resulted in such significant shifts in their attitudes to peer workers? Has the journey been the same for all clinicians? What lessons can we learn from them?

12. Of the seven clinicians interviewed, one had experienced the tensions at the start of the journey first-hand. The other six clinicians have come into their current roles since that time. We start this section with the first-hand account of the clinician who was involved with Key We Way at its inception.

Table 1: Description of initial reactions to peer worker lead service

Well, Key We Way was very new. It was very frightening. It was very unknown. We had a lot of apprehensions. I was quite keen on the philosophy [of peer support]. They had employed some, they did a little bit of research, and they went out of area and got some people who were active in consumer roles and other DHBs and things like that. I thought they set it up quite well. I had a couple of colleagues at the time who were very apprehensive about the change.

We initially educated our consumers that this change was coming to our area. And gave them the option. And I must say that there was only probably about 5–10% of consumers that didn't want to have anything to do with Key We Way, in the sense of being supported by their peers.

[Initial concerns centred around] whether the people were well enough to be looking after clients in acute situations, knowing that the stress is a major precipitant of a lot of mental illness or becoming unwell. [Some workers were observed] developing early warning signs that can often be precipitated by stress.

One colleague was very vocal about the stress that working with other individuals with acute mental health difficulties would have; how that stress would be dealt with by the peer support worker. [There was concern about] what supports would really be in place for them to assist them to debrief and to have proper supervision and to manage their own issues in conjunction with other people's.

[And we were aware] there were varying levels of recovery for the support workers. Some people were very new in recovery. Other people were not so new in recovery and had developed some really good kind of skills for coping with just everyday life stresses and the ups and downs of moods and things like that.

There were a few teething problems in the start, and some staff did get unwell. And there were incidents that did happen, that did [lead to] support workers being stood down who weren't appropriate. But I was very impressed the way they were dealt with [by Wellink management]. Things were very professionally nipped in the bud. There were incidences where people were suspended pending investigations, I can recall three. And two of those people didn't come back.

13. This story illustrates the challenges at the outset. Other clinicians mentioned the themes coming through in this account as being historical concerns within their organisations, which had mostly been resolved.

Moving on from early beginnings

14. The initial approach of Key We Way to promoting the idea of peer workers was that the consumer-focused recovery approach was the way of the future.

That this was that the consumer movement was the way forward. And that they needed to have their say. And they needed to be part of working with us for their own people's recovery. I mean often you know when people have epilepsy in the family, family members or people themselves will go and join the epilepsy foundation and go and promote and do good work within that service. And I suppose we have kind of looked at it like that. They have got really good personal knowledge, and there is a lot that we can learn too. And that these people aren't just their illnesses, you know. And that we need to be more broad-minded that that.

15. At first clinicians were worried peer workers might frequently become unwell and, indeed, a few did. In those circumstances provision for care was organised, and the potential for role conflict was managed. For example, where a peer support worker became unwell, Wellink helped them to secure appropriate support and care. And there could be challenges around this given they were a peer worker and a consumer.

> *There were some teething problems, and I mean, subsequently in the last year and a half I know of a support worker who was supported by management of Wellink to come back into our service, and a transitional plan - kind of back to work after a period of treatment. And then the person stabilised and wanted to leave the service and did. But subsequently to that they became unwell again, and didn't want to come back into our service. And they have left … have resigned [from Key We Way]. … But that was dealt with very well … problems like this will crop up from time to time with the peer support workers' own mental health issues. As I say, initially in the beginning, it had happened quite a lot, but yeah, not much now.*

16. However, mostly the peer workers remained well and were able to function effectively. More than one clinician observed that mental illness affects people across the spectrum and that other service providers were at times consumers in the mental health space.

> *I have always assumed there are quite a few mental health consumers in the NGO sector anyway. …I don't think the range of people [who are peer workers] are any different than is in the mental health service.*
>
> *You need to actually give it some time and use it. Because, the clients even - they are just like us, and there for the grace of god go one of us. And I think [peer workers] are a valuable resource. They do have a different relationship with our clients, and I think it's a healthy one 99% of the time.*

17. Clinicians also initially needed to be reassured there was adequate training and supervision for peer workers. This concern continues as an ongoing issue that is actively managed.

> *My slight concern when I initially learnt about the service was the level of training and the level of supervision that the staff may get with Key We Way. And also the fact that we are asking people to look after clients whose risk is going up. We manage risk in the community as registered clinicians … so my concern was yeah, level of training; level of supervision that these guys get and staffing levels. [The concerns] are just general ability to be well supported in their job. Which is very hard. It's not an easy role that they are taking on over there.*
>
> *Interviewer: And have those concerns… continued to be things you have been concerned about? Or did that change?*
>
> *Changed completely. I think they have got a really good training programme by the sounds of things. All of their workers to my knowledge are encouraged to and do work towards certificates in mental health support. I know a few of them are doing papers in trauma studies. They are really great. And I think they are actually really quite highly trained. And knowledgeable. They are well-read. They are quite learned. And are getting, they seem to be getting the support and the encouragement and the backing from Wellink to really further develop their knowledge and their skills within the mental health field, which is just awesome. Because … not only have people got their own first-hand experience of maybe either dealing with a loved one that has mental health issues or their own personal experience. Now they [are] … also getting the technical knowledge behind things*

and also the evidence-based practice to support their interventions. They are getting their pieces of paper basically. Which is great. I am really pleased for them.

18. Clinicians reflected that at times a culture shift was required on their part to work with peer workers who had been clients in the past. One of the benefits was that it brought a recovery focus to their work, but clinicians observed that it did require reframing peer workers – and this challenge continues to this day.

A lot of them had been consumers. I had nursed some of these people in the wards, you know. So there were some barriers[for me] to get over.

19. Clinicians also observed that at times consumers' perceptions needed to be shifted as well. They reported that some clients are unconvinced of the benefits of a peer-led service, preferring an "expert" model. Clinicians suggested that some clients are more able to be engaged in care than others, and peer workers could offer a helpful start to them being more proactive in this area.

20. The perceptions of the six clinicians who started working with Key We Way more recently were influenced positively by their organisation's perspective of peer workers, and that organisation's history with Key We Way.

21. In addition, some clinicians had had positive experiences with peer support or peer worker services in other regions or overseas, which initially informed their views.

I worked for another District Health Board, we actually had two peer support specialists attached to our service. That would have been a couple of years ago now, that I worked for them. And also they had a peer-run hospital Tupuake there which is I guess in a way similar to the way Key We Way is run. So I have kind of known about the concept of peer support specialists for a while.

[Initial or first impressions of that service were] really good. And I think that my experiences especially, because I have worked in [region] where we did have two peer supports attached to the service, just they were able to relate to the clients really well, and the clients got a lot out of talking about their own experience with someone who has experienced a similar experience. So I think it's a really good engagement-type tool. And it also promotes that the clients can go and do work like that. I find it really useful working with peer supports.

Also I think it was a really good reflection of my own practice as well. It really got me thinking about some of the terminology that I use and all that kind of stuff.

22. Other clinicians had no experience with peer support at all until they worked with Key We Way. One clinician described finding out about the approach when coming to work for the Capital & Coast District Health Board. Initial impressions were positive as this comment shows.

I think it's great. Yeah, I mean the training that the guys get down at KWW seems to be pretty good. The fact that the workers at Key We Way are permitted to share their experiences, to a certain extent, with clients, I think enables the clients to feel maybe slightly more relaxed around the staff. These guys have been through it, they have come out the other side, they are living proof that hope of a recovery is possible, which for some people can be really quite liberating and inspirational actually for some clients. And I have had a couple of people that… I don't know

whether it is a direct result, but you know they have gone through KWW, they have come out the other side and they are thinking, 'You know, actually there is a reason for me experiencing this. Or going through my experiences. And maybe that is so that I can actually go now, change careers and sort of help others that have similar experiences.'

Strategies to support clinicians on their journey to using peer workers

23. There were a number of operational processes put in place at the launch of Key We Way that remain today to minimise risks and put safeguards in place for both peer workers and clinicians. Each safeguard impacts on the way the service is run and the way clinicians and peer workers collaborate, and makes explicit the roles and responsibilities of each.

24. The following (Table 2) identifies ways Key We Way manages risk. The safeguards in place are described in the first column. The benefits of each approach and the challenges and issues are then briefly described.

Table 2: Ways Key We Way minimises risks and put safeguards in place for both peer workers and clinicians

Safeguards in place	Benefits of this approach	Challenges or issues of this approaches
• Blister-packed medication	• This is the medication solution to peer workers' caregiver status	• Medication is costly to blister pack, especially if there are changes made to medication after the first couple of days. Some clients don't have funds to pay for blister packing. Some clinicians are paying for this themselves
• Client care plans	• Peer workers often make/ have input into client care plans	• Client care plans can result in a lot of phone calls if case managers make them too restrictive
• Paperwork at handover documents client care and latitude peer workers may have in providing care, and also makes clear the roles and responsibilities of both clinicians and peer workers	• Paperwork discussed at handover provides a clear, agreed patient care plan	• Paperwork takes about an hour to fill in, but is essential for clear communication of care
• There is some funding of incidentals (but not funding of blister-packed medication)	• There are instances where incidentals are funded, but this does not appear to be clearly defined at the moment; is flexible	• Not enough funding of incidentals – for instance if clients want/need cigarettes • Clients often in poverty and do not have the ability to pay
• Clinicians have regular contact or visits with clients to check on their progress	• Great for those nearby, easy to call in, or at times clients come to visit the clinician at Capital &	• Harder to achieve regular contact from further away, but

Safeguards in place	Benefits of this approach	Challenges or issues of this approaches
	Coast District Health Board premises	supplemented with phone contact

Safeguards in place	Benefits of this approach	Challenges or issues of this approaches
• Peer workers fax regular updates on clients each day and at the end of a weekend	• Regular updates are useful to clinicians. There has been some training in ensuring that the observations include eating, sleeping, mood, whether social/ withdrawn. • Regular information to clinician means clinician can walk alongside client, but not be too intrusive - gives client some choice	• When the reports do not contain all the required information, they are not as useful as they could be
• Guidelines for disclosure	• Peer supporters work hard to engage appropriately with client depending on their needs at the time • Self disclosure can be very helpful and provide hope for clients	• Clinicians sometimes feel peer workers disclose too much or to the wrong people – there are some challenges around disclosure of information to families
• Peer workers can be an advocate for the client at times	• Peer workers' advocacy helps clients on the road to recovery, and peer workers are useful role models	• At times clinicians need to be advocates as well, not always the role of peer workers – examples where peer workers got clinicians to advocate

Progress to date

25. So after five years, where are we now? Clinicians spoken to were confident in using the Key We Way service and thought it made a valuable contribution to the continuum of care available in the Wellington region. Types of comments made were along these lines:

> *I think the [recovery and respite houses] do all work in different ways. I think they are really nice but I don't know, maybe I just haven't thought about what it is, maybe it is the peer support, but I find a warmth at Key We Way, and a strength almost. … Yeah. The staff at [another respite centre] have been lovely and I get on well, there is no problems with that, but I wonder if there is [at Key We Way] because it's a peer-run service there is an understanding of what the clients are going through. And [at Key We Way there is] a deeper connection rather than 'I am just here, I am doing my job and I will support you.' … They are always so happy at Key We Way. They are always so cheerful.*

26. There was clear evidence that new clinicians view working with peer workers at Key We Way favourably, and there is less stigma than might have been apparent in the past.

> *The surprising thing is they are consumers…. When I heard I thought, 'Wow, I can't believe it.' Because they were just, you know, they were just ordinary people. But they had the stigma that – well it wasn't a stigma, but it is like – you hear so much about consumers. And yet look at this: this is a beautiful place. All these people are working here: they might have been ex-consumers or whatever; they have been recipients of mental health services. But look what they are doing. Look what they are giving back to society, about bringing their own values. And I was taken away. I even said it to them. I said, 'This is absolutely beautiful.'*

27. Clinicians believe that Key We Way offers a professional service, and they have not needed to question Key We Way's practice.

> *Interviewer: If you had a new staff member starting tomorrow, and they were going to be using Key We Way, what advice would you give them about working with the peer support workers?*
>
> *Response: That's a good question because I probably wouldn't give any other advice than I would give to [them about] other respite agencies. … I think just my own unconscious kind of thoughts is that I don't, as I said, differentiate between …non-peer support respite care or Key We Way. In terms of actually staffing and peer support workers, I don't. And I don't know whether that's based on because there has never been a need to question any of that.*
>
> *But then I guess again maybe missing out on the benefits – as well. Kind of turn it round and look at what they are providing that other support staff aren't, from having or being a peer support worker.*
>
> *And as I said, I think our team is particularly good at ensuring that we try and kind of maintain that contact so we can use places again. Because as I said our client base is often really limited in places we can get people in.*

28. Clinicians acknowledged that recovery from mental illness is not linear. They observed that some clients recycle through the health and mental health system, and some clinicians use Key We Way as proactive respite to try and minimise some of their clients' down cycles.

29. There were three important aspects to the progress made. On the one hand clinicians had become more open to seeking input from peer workers into client care plans. However, this acceptance of the peer worker approach was underpinned by a strong inter-organisational support structure between the bed allocators, different mental health teams, senior management at Wellink Trust and managers at Key We Way. Issues raised by clinicians were treated seriously and dealt with in a timely and responsive way by Wellink Trust. In addition, local context impacted on the relationships built between clinicians and peer workers. These next sections cover:

- importance of peer worker input into client care plans
- importance of organisational relationships
- importance of context.

Importance of peer worker input into client care plans

30. This section looks at the way clinicians and peer workers built working relationships and why clinicians appreciate peer workers.

Building relationships

31. Several clinicians observed that the more contact they had with Key We Way peer workers, the more they sought input into client care plans from peer workers over time. Clinicians appeared to become clearer about the benefits and value of the peer workers' input over time.

> *I feel quite confident ringing them now and saying, 'I have got this client', you know, if it's someone they don't know, and talking with them about it and saying, 'This is what we want to do and this is why they are coming.' Because I know they will ask the questions. And if they don't agree, they will say so. In fact I have had sometimes them saying 'Well, what's the point of them coming here?'.*

32. As clinicians gained more experience working with peer workers, the locus of control over client plans appeared to shift – so while client plans were driven more by clinicians at the start, over time peer workers provided more input.

> *I think for me the learning has been sometimes I have been a bit hesitant and …even with a plan I will say, 'I think this is what we will do', and they have gone 'Yes, great', and that's given me the confidence to think 'Yeah, it is okay, I am right.'*

33. Mutuality evolved over time as clinicians came to know and respect the contribution peer workers can make.

> *I can have the knowledge, but to have the personal knowledge of anything I think gives people a different relationship. And often I think clients can feel really isolated – that what they are going through no one else goes through, especially with depression or anxiety. And just to know that actually, [someone says to them] 'Yes, I have been through this and I recovered from it', or 'I am still going through it, but even going through it I am still working' [is very affirming].*

34. Initially, clinicians appeared to be more likely to take account of peer workers' views once clients were at Key We Way. They then took into account peer workers' views based on their observations and reflections of what was happening regarding how a client was engaging, their moods, eating, sleeping, medications, etc.

35. As clinicians became more experienced in working with peer workers, they came to realise that peer workers often were able to offer a different and useful perspective. Sometimes peer workers were more aware of a client's history and whether a presenting behaviour was new or not. Peer workers also had the potential to have more empathy with the clients' circumstances and make suggestions about possible treatment options from that perspective.

> *I think what I like is that they listen to my viewpoint and I listen to their viewpoint and we can discuss what's going on. A lot of them have known the clients for a long time, longer than I have known them, so they are able to feed back to me.*

Like I might be thinking, 'Oh this is new, not sure what is going on here.' But they are actually [saying], 'This is what they have been like for a long time.'

And I think the fact that it's peer support, they are often able to empathise with the clients as to what they are going through.

... I just find all the staff there just so easy to talk to. And they are supportive, plans, I think if they didn't quite agree or if they think, because they see the clients day in and day out while they are there, if they think that it's not very beneficial, they will actually say so. You know, it just gives another perspective actually, sometimes.

I have personally found it [Key We Way] to be a very good experience in my dealings with staff and in terms of client handover, and, you know, process around what's happening.

Why clinicians appreciate peer support workers

36. Clinicians appreciated some of the qualities of that peer workers bring – these are not necessarily "qualifications" but are valuable none-the-less. They saw peer workers as professional, able to deal with difficult cases, embodying the recovery approach, able to generate a positive climate where they built a good rapport and able to relate well to clients. Clinicians also thought peer workers were able to make useful observations, advocate for clients and work in a culturally responsive manner. Clinicians valued peer workers' contributions and alternative perspectives in drawing up client plans, and their willingness to be flexible. All these strengths contributed to clinicians suggesting that working with peer workers enhanced their practice and encouraged reflective cycles of learning.

Professional

37. In terms of professionalism, several clinicians saw no difference between the quality of the service at Key We Way and other recovery houses.

I am just saying I don't notice, you know, in terms of actually the professionalism or whatever. I don't, there is not any noticeable difference [between KWW and other respite houses].

Can deal with difficult cases

38. There were clearly examples where peer workers were able to deal with difficult cases and achieve positive results for clients. Clinicians were impressed with the results peer workers were able to achieve with clients.

I have had people in there … who are very depressed, who might be considering taking their own lives. I have had people in there that are quite clearly quite psychotic, maybe responding to auditory hallucinations, maybe having quite disturbing visual hallucinations. I have people who have gone to respite because of hyper-mania. All sorts of different presentations and reasons.

Interviewer: So they are coping with quite a wide range of things down there then aren't they?

Oh… honestly, they are massive, they really are. And [there is] even more pressure now because the hospital has moved and we are ten beds down. So these guys are having to deal with some pretty acutely unwell people actually.

Peer workers embody recovery focus

39. Clinicians also liked the recovery focus of Key We Way. They observed that peer workers were a living embodiment of that philosophy and walking proof that recovery is possible. Clinicians believed Key We Way really supported an intervention with a recovery focus. Clinicians observed that peer workers were able to engage clients into the recovery process of self care, and this could at times be an important step along their personal recovery continuum.

I just think their whole philosophy and the encouragement that they give to the clients and the conversations that they have about what the client may be finding difficult, I think is a real positive thing. And also the stuff around the whole concept of encouraging them to take part in the meal prep and all that kind of stuff, as well. I think that's a really positive thing. Because it's not saying, 'You are unwell, you can't do this.' It's saying, 'Well you are unwell, and I know things are difficult, but you still need to do this, to keep yourself.'

I think Wellink, in the recovery process, they actually fit right across the spectrum really. Because you start recovery right at the beginning, I believe – at the intervention strategy… wanting an outcome. And so it's about a recovery model all the way through. How do you recover from being, how do you recover from being assessed and you need to go into respite? How do I recover from that? And so you recover from that because you are going there to recover from all the stresses that have caused you to go there in the first place. So there is just a continuum of recovery processes.

And that includes having a wash. Just having a wash and drying your face. And finishing it, finishing that act of washing and drying your face, is a recovery model on its own. Washing your hands after the toilet, being able to cook a meal, or make a cup of tea. Those are all recovery concepts as far as I am concerned.…

And it's by the sea... you can stand by the sea and watch the sun set.

Peer workers generate a positive climate

40. A noticeable feature was the number of clinicians who commented about the peer workers' ability to generate a warm, friendly, welcoming, and positive climate. There were constant references to a warm, friendly atmosphere, delicious meals, relaxed conversations in the kitchen and the homely environment that also respected clients' needs for space at times.

You go in there and it doesn't feel like a clinical, there is no clinical atmosphere at all. It's welcoming. They have little things when people arrive. It's always immaculate. There is often someone cooking in the kitchen; someone preparing food in the kitchen. As I say, they encourage people to share, to be around other clients and staff. There is someone there 24/7. So you know if you wake up at night, you can go and talk to somebody, you know, have a hot drink and then go back to bed. Yeah, it's got a lovely, lovely feel to it. I mean you sometimes think, 'I could check in here for a stay.'

Peer workers ability to build rapport

41. Clinicians were impressed the peer workers' ability to help clients by building rapport, and being empathetic and flexible.

> *Yes, they have lived it, so they can actually say, 'I have lived this, that's exactly how I felt, and this is what I found helped.' … [They] can say, 'Yes, I get upset, and yes some mornings I think yes I just want to stay in bed, I don't want to get up. But I get up.' Whereas [clients] often can't get up … Well they can but their thoughts keep them stuck, and it's just that kind of thing that I think the peers support is really positive in that way, that they can actually really relate to what the people are going through.*

Peer workers able to relate well to clients

42. Clinicians observed that peer workers were able to relate well to clients in a manner that added an additional layer of support to clients that clinicians themselves could not provide. The lived experience of peer workers added a valuable dimension to the care of clients.

> *In a weird way that because they are experienced of this [mental illness], because they are peer support people, they can do that more than what I can.*
>
> *I am very supportive [of peer support as a concept], because I think you know, it's great for our client base to understand that there are other people who have experienced similarities and they are kind of achieving and doing stuff. And I guess in particular, [for] our client group perhaps the goals and role models and… someone who has probably higher functioning [they] may benefit from that better, if you know what I mean…*
>
> *And personally I haven't noticed any discrepancies between this respite or any other respite in terms of actually staff wellness or how they interact with clients.*

Peer workers make useful observations

43. A particular benefit of the Key We Way approach was that peer workers provided useful observations over a 24-hour period. While there were comments that the observations were not written in "clinical language", there was also an acknowledgement that the observations were accurate and useful. Clinicians observed that peer workers had had additional training in making observations to ensure that key information, such as eating, sleeping, general mood and sociability, was recorded.

> *They come into their own on that really [regular written observations]. They really do. And you know they have faxed through their day's notes, every morning, when we come into work in the morning. And where they have got to, how they have done the previous morning, afternoon, overnight as well. And that's waiting for us for when we come in, in the morning. So we can see or we can read about how the staff think that the clients have got on or what they have been doing, which helps out… Some of their note-taking can be quite – it can raise a bit of a giggle. Which is lovely. And I think it does demonstrate the slight differences in training, shall we say. [They might write,] 'appears to be a very happy man, and very pleasant person, and really enjoyed their food', do you know what I mean. … They seem to be allowed to have a bit more artistic licence than maybe registered nurses are…They are probably a bit more accurate as well actually because of that.*

Peer workers can advocate for clients

44. Clinicians acknowledged that the lived experience enabled peer workers to get alongside clients and actively advocate with them to consider alternative ways they can think and act.

> *They have lived it… possibly they know what it feels like to feel overwhelmed by life, to feel that the only way out is to 'kill myself'. They can actually talk with them and [if a client's] mood is just so low [the client says] 'I can't get myself out of bed in the morning'. And they can walk with the clients and say, 'Yes, that this is how hard it is, but this is another way.' Whereas I wonder… if clients sometimes think that we don't know what they are going through.*

Peer workers culturally responsive to Māori

45. While there is a Māori recovery house, Matatini, peer workers at Key We Way were also seen as culturally responsive to Māori in a way that was affirming and supportive.

> *They respect their clients. They are listening to them. Hearing and listening are two different concepts. They are hearing, and they are listening. And their wairua is with the client because they have been there. They have done it. And they are treating the clients how they want to be treated. And some of them may have had bad experiences. And they don't want those experiences to transform to make the clients sad. They want the experience to be a one with which they recover really well, in order to get back to their families or get back to where they lived prior to going there. So the care, so they have a wairua that is special. They are treating them special. You can see it.*

Peer workers able to engage in discussion and debate over client plans

46. There is evidence that peer workers have input into client plans from reports of at-times vigorous discussions between clinicians and peer workers over client care. Clinicians acknowledged that peer workers were prepared to be firm with clients where they determined it was in the client's interest.

> *[Client] went to Key We Way and said, 'Will you take me to buy some cigarettes?' And they actually said, ' No we won't do that; we are a health facility, we are not going to.'*

47. Peer workers were also prepared to be convinced to hold firm with clients where they understood the clinician's reason for a particular course of action.

> *I have got one client, this client can become really dependent on services – really dependent. And [he] has huge anxiety, and if you sit and sympathise and feed and talk too much, you almost make it worse. So if you go in and say 'We are going to do problem solving; we are going to keep interactions short and brief", I have had feedback from the team leader down there and other people that there is a split almost in their staffing: that some people think the direction that I am giving is 'mean'. That's not the word that they use but, you know, that you are not [meeting her needs]. [They say] 'She needs lots of love and enveloping and cuddles.' [But] actually no, that's going to make it worse. And I certainly don't advocate meanness, but [we need to say to the client], 'Let's actually focus on what you are here to do, what's the problem, and try and do something constructive while you are here.'*

48. Furthermore, sometimes peer workers asked clinicians to support initiatives they identified as being important for the client's wellbeing.

> *[Peer workers said], 'She is too comfortable.' And she was actually walking round the house kind of almost having like a little teenage hissy fit. You know, slamming doors and that and I had to go down, they wanted me to go down and have a chat with her. [I said] 'Actually this is not okay behaviour. This is not mental illness, this is behaviour. And you know, if you are going to carry on like this, we might have to use another respite because other people are here for respite. And this needs to be a safe place.'*

Peer workers willing to be flexible

49. Peer workers were perceived by clinicians as willing to be flexible in the ways they supported their clients. For instance where they saw value to the client, peer workers were willing to bring clients to clinicians' offices to be seen. For some clients occupying their day effectively was an issue, whereas for others there was a requirement for ongoing monitoring of a medical nature that was beyond the service ability at Key We Way. In these circumstances peer workers actively worked with clinicians to provide the best service options for the client, and they would take clients to the day hospital in Porirua when necessary.

> *I have been duty worker a few times, and I found them really, really good in terms of that. We would have a client that really needed to go to the day hospital, and Key We Way were just great about it. You know, we were able to work with them… like they would take the client in sometimes, we would take the client out. So it was a really good, they were very flexible and I think they try and do what's best for the client kind of thing. And I think they are really accommodating of things like that. This client probably did need to be at the day programme, and they were flexible in terms of they helped us do it. … And I found that really useful.*

Working with peer workers enhances clinicians' practice

50. When clinicians related well with Key We Way staff and had lots of discussion with peer workers, they found there were benefits for their practice:

- Explaining why they are doing something caused clinicians to reflect on their practice, and while this was challenging at times, they maintained the reflective cycle helped them think through issues and challenged the status quo in a useful way.
- Peer workers' feedback generated the opportunity for other options to be discussed and considered at times.
- Some clinicians mentioned they felt empowered when Key We Way staff agreed with a suggested care plan – clinicians valued peer workers' perspectives as past service users.
- Clinicians acknowledged that at times Key We Way staff had more historical knowledge of a client than the clinicians did, and recognised that at times peer workers had good reasons for suggesting a modified care plan.

Importance of organisational relationships

51. There appeared to be an organisational commitment to using Key We Way that went beyond individuals. According to clinicians, the different mental health teams within the Capital & Coast District Health Board and the bed allocators had thought about how they could most effectively use Key We Way to meet their clients' needs.

52. While clinicians engaged with Key We Way had developed working relationships with the service and knew some people at Key We Way, relationships were not as close as might have been expected. Clinicians commented that they might as individuals only have contact with Key We Way two or three times a year, and staff turnover meant they may only know one or two people.

> *A few of them I would know, but a few of them I would never have met. … And I do find it difficult at Key We Way, when I turn up, I kind of don't know who I am meant to be talking to. Sometimes. …it's because I don't know - I might not know the person who is on, so I have never met them before. So I know a couple of them, that I would know and I would recognise, and they would recognise me. But the new staff as well, and I find it sometimes quite difficult when I am going up there to meet someone I haven't met before, to kind of give that hand over. I don't know quite who I am meant to be seeing.*

53. Thus, the relationships seemed to be more at an organisational level than at an individual level. Feedback also indicated that Wellink management had been highly responsive to any issues or problems as they arose, and clinicians appreciated their solution-focussed approach.

Clinicians reported they had had that opportunity to speak directly with a range of senior staff at Wellink at Wellington and at Key We Way and that they could do so whenever they wanted to.

> *We have had all sorts of [contact at] different managerial kind of levels. …There's [Chief Executive]. And [Recovery House Manager]. I know how to contact [the chief executive], and I have written to her before.*

Understanding the context of this case study

54. In following the journey of clinicians working with peer support workers, it is useful to consider some contextual factors such as the characteristics of the clinicians and the environment in which clinicians are working.

Characteristics of clinicians

55. Clinicians interviewed for this case study were team leaders, case managers, community mental health nurses, registered nurses or occupational therapists. All clinicians in the study worked in one of four different acute mental health teams within Capital & Coast District Health Board. Clinicians had client loads of between 12–25 clients, and their clients had a range of presenting needs and differing levels of acuteness. Clinicians came from a range of services and they worked with clients of

both genders of a range of ages and ethnic groups – and reflected that a high proportion were Māori.

> *Often our client base has had serious kind of physical, sexual history of abuse, and often very poor family support. That's not always the case, but more often than not. I think at our latest stats it was just over 70% Maori clients.*

56. The clinicians interviewed appeared to have some common traits: they appeared to the researchers as hard-working, genuine and sincerely wanting what is best for clients. They were strongly client-focussed and this was evident both in their approach and the language they used. They also appeared to be non-judgemental generally, but especially about clients and peer workers – they looked to the possibility of the service. While clinicians could influence, they were not the ultimate selectors of care – the bed allocator did this. To that extent, they had organisational support to use Key We Way as part of the system.

57. The clinicians interviewed appeared to be kind, caring people who were also pragmatic, resilient and not put off by setbacks. These clinicians seemed open to new ideas and prepared to try new approaches and discuss these within their own support network.

58. These clinicians all appeared to have good working relationships with their peers – often working in multidisciplinary teams that added breadth to their tool kit. They reported having good supervision, and there appeared to be a learning inquiry approach to their practice, as clinicians constantly looked for new ways to support their clients.

59. At the time of the interviews, each team had access to a psychiatrist, but this person was generally only with the team short-term. In the past there had been some longer-term tenure, which was seen as beneficial.

> *We have a full-time psychiatrist, we had [name] here – she was one of the original people when the team started. I think she started part-time and then went to full-time. But she was here for eight years I think. And then when she left, which was probably approximately two years ago, we've had locum psychiatrists. So I think in the last couple of years we have probably had four or five different psychiatrists who come for a six month stint and then leave. [The locums come] from the States usually. And our current Doctor is Texan, and he arrived about November last year. And he is leaving in August and we have another psychiatrist coming for six months probably. Although management are aware that our client base in particular [would] benefit from a longer term psychiatrist just for trust issues, and you know it takes a long time sometimes just to get our clients on board.*

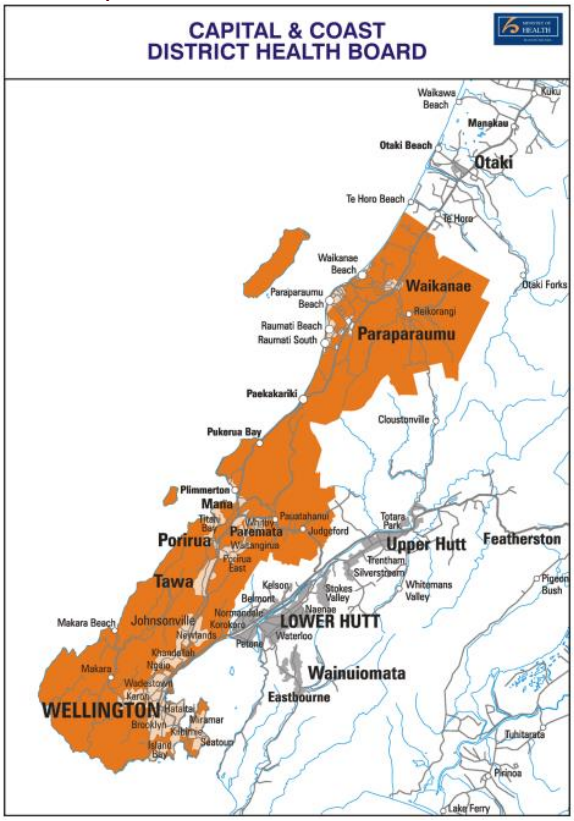
The environment in which clinicians are working

60. This section provides a brief profile on the Captital & Coast District Health board, identifies the recovery and respite houses in the region, discusses how clinicians believe resources are allocated, and how clients are allocated to Key We Way, and reports on the logistical implications of resource allocation from a clinicians' perspective. These environmental factors have an implication on the types of relationships clinicians build with peer workers.

Profile of Capital & Coast District Health Board

61. Capital & Coast District Health Board serves Wellington City and suburbs, Porirua Basin and the Kapiti Coast up to Waikanae, providing services to approximately 270,000 residents. The area covered is shown on the following map.

Figure 1: Map of the Capital & Coast District Health Board region



Source: (Ministry of Health, 2010)

Respite houses in the region

62. There are a number of respite and recovery houses in the Wellington and Kapiti region where clinicians can refer clients. There are three recovery houses (Key We Way, Whitby and Matatini) and several respite houses, one in Brooklyn and one in Hutt Valley. Clinicians refer to them all as respite. None of the other recovery and respite houses offered a peer-run service. Clinicians noted that the seaside location of Key We Way was therapeutic for some. For others the homely environment created there was helpful.

Way resources are allocated

63. Clinicians believed that the Capital & Coast District Health Board's bed allocators choose Key We Way based on both suitability and availability.

> *So we go through [person], who is the access facilitator. So all referrals for Key We Way or Pathways respite will go through [person]. So I guess at the end of the*

day she really makes that decision whether [to send clients there] based on vacancies or if it is appropriate that clients go there.

64. Clinicians observed that hospital admissions can be traumatic for clients and that recovery houses can be a better option for them, if possible, but sometimes the risks were too great.

> *I think it's just around hospital admissions. And the process around being sectioned within the mental health act can be quite traumatic for someone you know, having to be taken to the ward by police is traumatic in itself, anyway. And nine times out of ten, the police have to handcuff you because it is a safety issue, and I think that's traumatic in itself. And you know, I think that's a pretty awful experience. But unfortunately sometimes there is no way of avoiding that.*
>
> *I think for a young person especially it can be quite a traumatic environment…, it's a scary place there, you are young, you don't know anything about it. Especially… if it is your first episode. You go into this environment where there is a lot of young,… unwell people. And it can be quite a scary environment for someone who this is their first experience with mental illness. And there are always people on the ward who are very unwell.*
>
> *…In all cases we try for respite. But sometimes, and sometimes it's a bit unfortunate, we try for respite and… we are unable to manage people and then they need a hospital admission. Which is unfortunate but sometimes it does happen.*
>
> *Interviewer: Are there any sorts of people you wouldn't put in there [recovery or respite]?*
>
> *Probably ones with risk, so in terms of either risk to self or risk to others. We couldn't manage in a respite. So especially if the risk is too significant for a respite, then it needs to be a hospital admission.*

65. While clinicians can influence the choice of accommodation for clients at times, the two bed co-ordinators for mental health services in the Capital & Coast District Health Board region are responsible for the actual bed allocation.

66. From a clinician's perspective, the recovery houses available to their clients were often limited and selection was pragmatic. At times where there was a shortage of beds, they took any bed available for their client. At other times where there was a choice, clinicians took the client's needs and the location of the recovery house into account.

Logistical considerations for clinicians and clients

67. Clinicians maintained that some of their clients preferred to be in Wellington, while others liked being out at Kapiti. Key We Way was a very convenient for the Kapiti-based teams, both from a client perspective (near home, easy for relatives to visit, etc) and from the Kapiti-based clinician's perspective.

68. However, the Kapiti location was not nearly as convenient for clinicians based in Wellington, and the location meant clinicians' input into client management was more remote.

> *Clients are sometimes quite resistant to going there. And I don't know particularly if it's because of the distance… [But] I would say for most of our clients, or the times that I know of, Brooklyn respite is the favourite. It's a very modern, nice house – like a town house.*
>
> *And I think part of it might be our proximity too, like if they ring and say, ['You have a bed at Key We Way'] if they ring, it's an hour and a half woe to go to getting in the car to getting the client, the notes to getting up there. It's different to popping up to Henry Street here to see someone. It's really like more four, four and a half [hours return journey]. Because that would be [the time it took] if you turned around and came straight back. And I think they manage with that.*

69. In addition, clinicians aim to review patients during a personal visit. For clinicians based in Wellington, the logistics are difficult to manage, and at times some of the reviews were by phone, although clinicians aimed to see clients every two or three days.

> *Strictly speaking where everyone is supposed to review them daily, I don't know how realistic that is as a requirement.*
>
> *Usually it's part of the policy when someone is in respite you have to review them daily. Given that at Key We Way is so far away, sometimes depending on whether we need to go up there or not, or just have a daily conversation with Key We Way, depends. So it's all on a client basis kind of interaction thing. But when I have got clients up there I try and at least get up there two or three times a week. Sometimes given that Key We Way, it is quite far away, it is quite hard to do, to visit every day kind of thing, because we do have other clients and a caseload.*

Concluding remarks

70. It has taken time for clinicians to adapt to the peer worker system of care offered at Wellink's Key We Way facility. Early on there was a need to work through the systems issues, but this now appears to have been largely achieved, although logistical issues are still present for the Wellington-based teams.

71. This report illustrates that clear value has been demonstrated to clinicians from having peer worker-run care as an option in the Capital & Coast District Health Board region for people with high and acute mental health needs that are best met within a residential package of care.

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