**ALL RESEARCH DATA**

* **SIX STAFF PARTICPANTS**
* **SIX PEER SUPPORT WORKER PARTICIPANTS**
* **SIX SERVICE USER PARTICPANTS**

All participant data has been anonymised. Any identifying contextual details have been removed or altered.

**STAFF 1**

Speaker 2

What is your understanding of the peer support worker role within the early intervention service?

Speaker 1

Hmm. So my understanding is it's using people with lived experience, whether that's of psychosis or otherwise, to engage with our service users more on a - I don't want to say - friendly level, because obviously they’re not friends, but on a more personal level compared to, let's say, practitioners who are going in with, you know, stats and quotas and things they have to do to promote recovery and a bit of hope for people I suppose, yeah.

Speaker 2

OK, so how does the peer support worker role align with the overall goals of the early intervention service?

Speaker 1

It's very much focused on recovery, which I like, rather than people becoming professional patients let's say, or really falling into the sick role, it's all about helping them get better, understand themselves better and yeah, again, that’s very much recovery focused. And I suppose if you've got somebody who has lived through it, it's sort of showing that this is what you can be and this is what you will be, which again I think is a lot better than somebody like me who's never really been in that situation just telling them “ohh you'll do it”. If it's coming from someone who's actually done it it's much more reassuring I think.

Speaker 2

How do you perceive the value added by peer support workers to the early intervention service?

Speaker 1

Suppose a positive value definitely and, and I think it's like. I suppose I've already said it's bringing in a different element to the caring process and the treatment, having like a sounding board for service users so they can talk to somebody separate again. And I think as a team it's really good to have people coming at it from a different angle to ourselves as well. So yeah, definitely, really, really appreciated in our team.

Speaker 2

Question 4 is how were peer support workers initially introduced into your team?

Speaker 1

And so I remember the senior peer coming into the meetings and talking to us and then I remember a couple of people starting, but I couldn't actually tell you - I think they maybe started just before I did - so I think I joined kind of the same time that the peer support role was being introduced and then when we've got the two people we've got now, they were very much introduced in the meeting, really promoted sending over referrals and discussing it with our service users. So it was very much promoting that ‘let's get stuck in’. That's how I remember it anyway.

Speaker 2

OK. And in what ways do you interact or collaborate with peer support workers?

Speaker 1

So I speak to one of them pretty much every week because we've got a lot of service users that we work with together, and then the other one I speak to sort of on a needs led basis if he's got anything he needs to say. And they're obviously in our morning meetings and other meetings that they do as well, which is really good, but I think yeah, I speak to definitely one of them every week and then one as I need to. Yeah.

Speaker 2

OK. And how did you initially feel about integrating peer support workers into your team? And did you have any concerns or expectations?

Speaker 1

Felt really good about it and it felt very positive. I remember referring people sort of for - It sounds really weird - some almost like quite mundane things. So I just need like somebody else to touch base with them and keep an eye on them. You're coming in with this different experience and I know that people are really happy to do that. The only concern I had to start with is I felt that some parts of the role weren’t particularly clear. So I didn't know whether we could, like, refer people for, let's say, support with PIP or Universal Credit and things like that. But when I sort of raised that concern, it was very quickly really like explained as to what they can and can't do, which I really appreciated. So that was my only thing when they started, I was unsure on the boundaries. Yeah.

Speaker 2

So. How has your Involvement with peer support workers evolved over time?

Speaker 1

Over time, I think I'm much more confident in referring to them now, which is really nice and I think especially one that I work really closely with, I'll go into a visit and I'll be like, oh, these two, they need to start working together. I think that he could add a great deal to this person’s sort of recovery process. So that's been really nice to do. And I think when I sit down with my service users, I do think actually I think they’d benefit from peer support as opposed to you know like yeah, a professional quote unquote for ‘professional’ support. And I think what's good as well is I've sort of been talking through things more with the one I work quite closely with. And then he's come to me with questions to develop his own understanding, which I really like. So we have a gentleman who we work with together who's unfortunately been readmitted to hospital, like, very close together. And I was sort of using jargon that I didn't really realise and instead of just brushing it off, he sat and asked me more about it, which I really liked. So again, that instils that confidence that they really want to like learn and really get stuck in with the team, which I really like.

Speaker 2

OK. What kind of training or support did you receive to help integrate peer support workers into your team?

Speaker 1

No specific training, but yeah, the senior peer was very open about how we felt they could work in our team and how the referrals would work and really did promote that. So yeah, that was the main support really being able to go to other people and say, you know, I've got this person, I think they'd be appropriate. And then getting a yes or a no from the service user and peer.

Speaker 2

OK. Thank you. How has the integration of peer support works affected your daily work routines and the overall service delivery?

Speaker 1

Daily work routines. I suppose for some of my service users it's really good to know that someone else is seeing them and building that relationship with them and helping them with things that I would really struggle to do in my work capability, which I really really like. What was the last part of the question, sorry?

Speaker 2

And the overall service delivery?

Speaker 1

It's making the service delivery much more human, which I really like. I'm all for that in mental health rather than us sitting and talking about recovery models and medication and whatever else - going in and being human with someone. And I think that's really what the peer support workers do, and whether that's actually sharing their own experience or just having like a normal conversation with someone I think reminds us and reminds the server issues and themselves that there's still a person, a side of their mental health, so that's really positive for me.

Speaker 2

OK. Thank you. And how do peer support workers fit into the team dynamics?

Speaker 1

Very positively. Yeah. I think both of them that we've got in our team like work alongside us, it doesn't feel like they're separate to the other roles that we've got. They sit in the same office, like I was saying before they ask questions, they get involved, they'll openly seek out referrals or if you're chatting about someone in a meeting, they'll go ‘I can do that’. So yeah, definitely integrated well.

Speaker 2

Yeah. And can you provide any examples of effective collaboration?

Speaker 1

Yeah, I've got some people where both … well a gentleman in particular, who I think requires quite a bit more support than maybe we as a team could offer. And that's where one of our peer support workers has been really helpful. And what he does is talk to the service user on a very like down to earth level and then he'll report back to me so I can effectively do a safety plan for him. So this chap’s very, very vulnerable and so the peer support worker will go and sort of explore those vulnerabilities with him in a much more casual friendly sense, comes back to me, tells me, and then I can include it in risk assessments and all the paperwork. And so I think that collaboration’s been really helpful in providing support for that gentleman.

Speaker 2

OK. And what organisational changes, if any, were made to accommodate peer support workers?

Speaker 1

I'm not sure if it counts as organisational, but I thought it was helpful when we changed our meeting minutes to allow for peer support referrals and discussions. So it you know, even if there's not much to say, it gives that chance for people to be discussed. For example, I wanna … let's say I'm discussing Joe blogs and I say, oh, I think it might be appropriate for me to talk about it here? And then the Peer support workers will be able to listen to what I've got to say and say yay or nay. So I think that was really helpful to do. And made it a lot more streamlined to access them as well.

Speaker 2

Yeah. Is that in in the morning meeting?

Speaker 1

Yeah. In our daily morning meeting. So it used to be just any updates, but then we change it to any peer support updates or referrals and then that way it was much more streamlined to refer people into them.

Speaker 2

OK. And what operational challenges have you encountered with the integration of peer support workers and how have these been addressed?

Speaker 1

I would say from my experience, very few operational challenges. I think the only thing is that we cover a massive patch of the North. So it's about making sure that people can cover where they need to in the days that they work. And there's not a lot we can do to address that. So yeah, that would be the big one.

Speaker 2

OK. In your view, what are the key factors for successful integration of peer support workers?

Speaker 1

I think the way that they were introduced to the team was good sort of bringing them into meetings and really promote the work that they can do. And I think as well that a peer who puts the work in as in being in the office and being visible and sort of amongst really does help promote that. Ohh well, you know I can refer to them. They'll be able to do that or they'll be brilliant with this person and again, it's just being able to turn around and talk to them about stuff and them getting stuck in that way.

Speaker 2

How do you monitor and assess the outcomes of peer support worker service?

Speaker 1

I don't know. I don't really monitor and outcome stuff. I suppose I talk to the two peer support workers about my service users and supposedly where they're getting up to seeing if the service users engaging and then I suppose if they're not, we either readdress how we're working with them or whether it's still appropriate that peer support remains involved. Which again then I know they take to their supervisor and then they can come back and I suppose again, like I was saying, one of them's really like, good at asking loads of questions and understanding more. To me, that's like measuring an outcome because he's clearly interested in what he's doing and wants to learn more. So to me, that's really positive. I would say.

Speaker 2

What indicators do you use to assess the impact of peer support workers on service user outcomes?

Speaker 1

I suppose when we care plan, there's a section about are you happy with the work of health, mental health professionals and I always include peer support workers in that. So far, no complaints, which I suppose is good. But yeah, I suppose just touching base with our service users and how they're finding it. And yeah, I suppose in the care planning, but other than that, I wouldn't say I do it a great deal. I think it's one of those. Unless something’s said I wouldn't look to change it really.

Speaker 2

And what benefits or challenges have you observed since the introduction of peer support workers?

Speaker 1

Benefits. I think it's a different angle and a different way of seeing mental health and recovery from mental health and like I've sort of said or really like a much more human way of engaging with people, which I really, really promote. No particular challenges again. It was just sort of the criteria to start with, but. I feel like we've addressed that and it's much more clear now, so yeah, and I feel like as well with service users, when you explain it to them, they're normally really keen for it because I think they quite like someone a bit away from like or like a care coordinator role or STR worker role. I think they're quite like that sort of different angle of that. So yeah, I think it works really well.

Speaker 2

So the last question is based on your experience, what improvements would you suggest for the better integration of peer support workers into early intervention services?

Speaker 1

I think when they start in the team, very clear criteria as to what they do and don't do that would be my main thing, just cause again, like I've said when they first started, I wasn't too sure what they didn't do, but once that was clarified, it made life significantly easier. I think them being in the office is really helpful as opposed to peers working from home. Actually we like peers in the office and then we can learn from them, they can learn from us and we all just sort of work together more as a team and maybe when they start off maybe shadowing some visits which I think they did do when they started here, dragging my memory now I think, yeah, getting involved in some visits, just meeting some people, even if it's just to see how we sort of work as a team. I feel more confident when they do that. So yeah, for me it would be, yeah, like sort of almost like a menu of what they do and just being in the office is the best thing you can do. But to, like, be the same as any member of staff really. Yeah.

Speaker 2

So you've answered all the questions. Is there anything else that you'd like to ask, if you got any closing thoughts? Feel free.

Speaker 1

And no questions, I just think, yeah, they've been, like, invaluable to the service really and yeah, the chap I work really closely with, who I've seen most weeks, he's done brilliantly to sort of just show such an interest and it's quite clear that it's not just “ohh I'll rock up to work two days a week as a peer. It's what else can I learn?” What else can I do? How can I help? And I think we need more people like that, so yeah. That's me done. Thank you.

**STAFF 2**

Speaker 2

So what is your understanding of the peer support worker role within early intervention service?

Speaker 1

Sort of give them emotional support I suppose, as much as anything, and practical support and it's non clinical, isn't it? But as I understand it, it's supposed to be people who have lived experience of mental health problems, supporting people in the service of particular mental health problems. I think it's very important for people not to have people who are saying depression and anxiety are the same as having psychosis when it isn't. You know, like just cause someone’s had anxiety and depression or ADHD or whatever, I don't know how helpful that can be to people with psychosis. In terms of somebody who has psychosis, it's nothing like anxiety and I think there's a danger because I myself have been in battle, but I think there's a danger, not saying it happens here, but there's a danger I think that the agenda can become more about the person doing it than the person receiving it. I think also when there's lack of clinical knowledge of the person delivering it, I think they're sometimes doing things potentially worse or actually making things more entrenched. With not having any clinical knowledge, like for example if someone's got delusions and thinks, you know, there's gas in the house or something and they go on and on about it , well, there is a chance that that will make somebody hold on to their delusional beliefs more. So just little things like that where there's no training whatsoever.

Speaker 2

Sure.

Speaker 1

Come with ‘Ohh yeah, I have that’. Well. Yes, it was like that for you, but that’s sort of irrelevant. Yeah.

Speaker 2

Yeah.

Speaker 1

I'm not saying this happens here, but I know with other recovery groups this tends to be a theme sometimes with lived experience, that people end up chatting away about their experience rather than entering into exploring, ‘how is it for you?’

Speaker 2

Yeah, yeah. So sort of talking about themselves a bit too much and not focusing on the person?

Speaker 1

Yeah. We're also assuming that because they've got mental health problems, it's the same as other people with mental health problems, but they're not even in the same ballpark. Umm, you know, like a mild moderate to be depression. There's no way this is similar in any way to someone having had an acute psychotic episode. Well they’re the two points I’m saying: that experiences should be matched to similar people. And it can become, as you said, more about that person, the support worker, talking about their own experiences. And a lack of exploration of what it's really like to the service user, you know? And that's not a, that's not a mean thing. It’s just that there’s purely a lack of knowledge.

Speaker 2

Question 2 is how does the peer support role align with the overall goals of the early intervention service?

Speaker 1

Again, I think it's good in terms of cover, isn't it? You've got support, you've got paid support. Peer workers have come out the other side and that's what we're trying to show service users, aren't we? But again, at that point, it's not really the same thing. But yeah, it's a positive message isn't it, that despite having mental health problems and symptoms and things, even now we can do and see and not wait, you know, to recover before we do things.

Speaker 2

And how do you perceive the value added by peer support workers to the early intervention service?

Speaker 1

They encourage people, taking people out and sort of almost a bit like a sort of a befriending service and informal sort of role. Yeah, and encourage and a belief in recovery. And give kindness caring.

Speaker 2

Yeah. OK. And how were peer support workers initially introduced to your team?

Speaker 1

How were they? I don't know as I only came back to work after August.

Speaker 2

All right, so you weren't here at the time. That's fine. And in what ways do you interact or collaborate with peer support workers?

Speaker 1

I sort of like talk to them informally about what I'd like them to have. But again, I feel there's a lack of openness to, seeing that a service user’s experience is different to their own. That's not just for the ones here, but in general. And I don't know whether that's out of fear or an assumption that because their mental health problems are not the same as everybody else is.

Speaker 2

And how did you initially feel about integrating peer support workers into your team? And did you have any concerns or expectations?

Speaker 1

They're the only concerns that I'm sort of saying, that maybe mixed messages are given or, maybe my expectations are too high. I would hope that the peer support workers are listening. Trying to encourage the person and trying to get a feel of understanding what it's like for that service user and I don't think a lot of that goes on. I'm not saying here, I'm talking about recovery groups cause I've got a lot of contact with another recovery group at the moment and that seemed, you know, very kind and caring. But there's just a bit of, you know, it doesn't come over that they really sort of like want to understand what it's like for someone else, just encouragement and ‘come on’. It's one step psycho Babble as well which isn't helpful. So ‘oh, we're all in the same boat or you're not alone’ or ‘one step forward’. All those sort of general things. Glib things you know. That can be said, but encouragement? I think that's a really good thing, isn't it?

Speaker 2

Yeah. And how has your involvement with peer support workers evolved overtime?

Speaker 1

Well I’ve not been back too long. Yeah, so, but yeah, I'd sort of say. It's not STR workers, is it? It's just peer support.

Speaker 2

Yeah, peer support.

Speaker 1

Yeah. Well, I think just getting to know the person who does it a bit and observing them and talking to them to a little bit, but as I say, I don't feel it's … I think slight education is needed about psychosis in particular. Now I don't get a feel of that peer person sort of wants to do that?

Speaker 2

And what kind of training or support did you receive to help integrate peer support workers into your team?

Speaker 1

Well, none at the moment, I’ve just come back.

Speaker 2

How has the integration of peer support workers affected your daily work routines and the overall service delivery.

Speaker 1

Yeah. Well, it hasn't for me. But sometimes I suppose I sort of offer it to patients, you know, would you like someone in the same boat? And how would that be supportive? You know, not clinical, not formal. Just someone who can talk about things and he's very sort of empathic.

Speaker 2

How do peer support workers fit into the team dynamics?

Speaker 1

Ohh. Well, can I comment on the ones here? How do they or do they think it's OK?

Speaker 2

How do they fit into the team dynamics?

Speaker 1

I think it's just someone you can sort of talk to about a patient you want emotional support for them and use their experience. I think it's good. It's informal. You can have a chat about the patient in the office and ask what you would like? But I don't think there is enough of that going on. I really don't think it's just alright to assume but maybe my expectations are too high. There's assumptions I think about what I think that person should be doing, which again I think is based on … well we've all got mental health problems, which I think is toy and glib. And not professional really. And our peers are working in EIS. I think peers doing it should have a reasonable understanding of psychosis in its variations to do that job properly. You know, if they can't, if they don't have any knowledge about psychotic symptoms, either starting teenage or becoming an acute episode, you know, that’s the whole thing, isn't it? I worry about that. I would think that the peer support worker ought to have knowledge around that if they’re gonna be useful in an EIS.

Speaker 2

And can you provide examples of effective collaboration?

Speaker 1

And. Well, again, you know, I’ve have sort of heard people saying that a peer’s been seen by a patient and gave good feedback. I mean, that's good that they see them quickly, you know, and are committed to the role. Again, I don't think it's effective to just say we’re all in the same boat. They're not.

Speaker 2

And is there anything that's made you sort of just think that?

Speaker 1

Hearing that peer talk, he speaks to people in the office a lot and no questions are being asked of that person about the symptoms. What's the matter with so and so? How would you like me to? Would you like to talk about this? Which area?

Speaker 2

Right.

Speaker 1

Which area would like to focus on? In terms of dynamics, it doesn't seem … it just seems to be like nothing hardly going on? Hardly any communication going on. So you have to take him by how he is. I don’t know if he’s had experience of psychosis. I really do think from the EIS service perspective, peers need to be experienced in psychosis.

Speaker 2

Yeah. This one might not apply because you were off. But I'll ask it. What organisational changes, if any, were made to accommodate peer support workers.

Speaker 1

Yeah, I don't know. I mean, just to say as well, I get these views from having had psychotic experience myself, and it was certainly no help whatsoever for me saying, oh, when I had depression or when I did this or why don't you do it and you … there’s just no point talking to people. And it's I think it trivialising as well. It could trivialise what that person is going through, you know. Well, it's just a lack of … there's this massive space between some of them. I don't know. I'm saying this, but I don't know this peer person's mental health history, just from comments and things I believ it’s anxiety and depression. I just wonder in terms of emotional support and empathy and compassion of this, wonder how much can there be because there's so little clinical knowledge and a closed sort of attitude to wanting to see it differently.

Speaker 2

So really it's about empathising with the person. Although we can share our own experiences, it is about walking alongside the person and what they're going through.

Speaker 1

That's how I see it. Ability to show empathy for and listening and really trying to - rather than assuming - and come on I’ll take you shopping and whatever, and just being cheery and whatever. But maybe my expectations are too much. Come on. But you know I have been involved myself, I suppose with other recovery type groups and then, you know, you don't have to know everything about the diagnosis at all to have compassion and empathy and a willingness to engage with that experience rather than just rattling on about. And. Not saying that person is, but you know I'm. I'm. I'm saying it in other organisations and experiences of these lived experience, I think.

Speaker

No, no.

Speaker 1

I think the person should be very much, you know, listening in the role and sharing in that experience, no I don't see peer support as doing the same as STR support.

Speaker 2

Yeah.

Speaker 1

STR support I see is doing some practical things and social inclusion and physical and doing those sort of things. Whereas I see peer support as very much. UM. Not the practical side of things really. And the hope and encouragement of getting better.

Speaker 2

And that's what we aim to do as peers, absolutely what you've said, is to empathise and to encourage and to inspire hope.

Speaker 1

And I don't see how any of those things can be done if you're not really listening and trying to engage in that. There's experience assuming that that doesn't lead to any learning. And when I think when you know somebody's doing that, you don't open up. Or you or you know, we all get a sense, don't we? When we go to a doctor or someone else, whether they're really interested or not, we're saying that, I mean, I know there's some people who perhaps don't require that level of emotional support, you know. You know, I've got individual and some people feel supported, don't they? By someone taking them for a walk and being predictable and turning up, some people feel support by having a laugh, don't they? But I do think that, yeah, the compassion and empathy bit is really important.

Speaker 2

That that is the main thing really for peer support.

Speaker 1

And you know it's like we can't understand. We can't always empathise, can we, with you know, somebody else's experience, if we've not had it, but I think to try and understand the emotions, we can then go … it's like that must be terrible for you. How distressing. How frightening.

Speaker 2

Exactly. And that's what I was just literally just thinking, if you've not had the same experience, you can identify and empathise with the emotions attached, because even someone who's had psychosis might have had a completely different experience, one person's psychosis could be different to another person, but they might have felt really scared.

Speaker 1

Yeah, exactly. That's what I think. To not have it. That's what I said right? And not having clinical knowledge but, you know, to me that's related to, you know, if a child's scared of the dark aged two, you don't say, don't be stupid. You put the light on to help.

Speaker 2

OK.

Speaker 1

And yeah, that's what you're saying, just having that ability to say ‘God, that was really, really scary. That must have terrified you, but you know you're amazing with what you've coped with and what you've endured’.

Speaker 2

Yeah. Yeah. And that is what should you know, be happening with peers. That is the main aim of it. If it's not, then it's not really fulfilling the role of a peer. So in your view …

Speaker 1

I mean, I've not seen some people in action, you know, but the way it's talked about in the way it's communicated from other people, there doesn't seem to be … well I've not heard anything.

Speaker

Yes.

Speaker 1

From either way of empathy, whatever, I mean, I'm, you know, but I can only say what? I'm seeing - this is my experience and observation, yeah.

Speaker 2

And in your view, what are the key factors for successful integration of peer support workers.

Speaker 1

Well, like I said, I've only been back since August, but I think if it was me doing it, one of the practice development things I would be doing is awareness enlightenment with that peer support worker I think, and also some education for the team and also discussing maybe with the managers what I would really be wanting from this and shaping the service and certainly for someone like myself, I would refer more if I felt somebody was empathetic and compassionate. And I mean maybe. I mean, I don't know, advertising, marketing that you know, so we don't. I understand it, as you've said. Yeah, I'm not sure whether people's perception of that role is the same. So I mean shared understanding will be a good thing, wouldn't it? So the person doing it, the team that manages everybody that we want, what we wanting from that role?

Speaker

Yeah.

Speaker 2

Just thinking back to what you said as well about seeing people in action maybe like a joint visit or something, I don't know.

Speaker 1

Yeah, yeah, yeah. You know, people haven't had that, they're just gonna do their own little thing aren't they? You know key values of the service, compassion and all that, and recovery and trying to do things despite having signs and symptoms. You know those are some key messages aren't they? Recovery is not waiting, it’s ongoing developmental kind of thing of the service isn't it? I think it's also a sort of mistake sometimes I think, well, when their condition is completely gone, when you're through this, some of our clients might never be, they'll have symptoms maybe in lesser or greater degrees, maybe all their lives. To sort of say when you're through it or when it might not be, that recovery doesn't mean in this service, does it? Psychosis is not like a broken leg as in it's healed now. It can be dormant and then it might come up again. And I think that would be useful for people to realise, you know, it's getting in the same ballpark, isn't it understanding recovery?

Speaker 2

Teaching people how to live with their remaining symptoms and to lead a meaningful life rather than expecting to go back to before they were.

Speaker 1

Yeah, I mean, look, that's sad. But yeah, we all know. I mean, yeah, that that's common or maybe not?

Speaker 2

And how do you monitor and assess the outcomes of peers in the peer support service?

Speaker 1

We don't. Other than that person saying, you know, we don't monitor it and we don't really and we don't know what they're doing. Well, the quality you know, apart from talking things out and things being said like that.

Speaker 2

And what indicators do you use to assess the impact of peer support workers on serious user outcomes?

Speaker 1

I would do that completely by asking the service user how it's helping them. And then maybe you know doing the QPR or something like that?

Speaker 2

And what benefits or challenges have you observed since the introduction of peer support workers?

Speaker 1

I haven't. I haven't as far as any sort of challenges.

Speaker 2

So they.

Speaker 1

Sorry, I think as well I think the peer support worker should be aware of the targets and the care plan. So they're coming from the same angle.

Speaker 2

Yeah. And based on your experience, what improvements would you suggest for the better integration of peer support workers into early intervention?

Speaker 1

I said some of that and yeah, common understanding about what each other does and some trainees, you know, some openness, some learning needs to take place I think about the nature of the people we’re nursing.

Speaker 2

And is there anything else that you'd like to share about your experience with peer support workers in the early intervention service?

Speaker 1

I think that's it.

Speaker 2

That's it. Yeah. OK.

**STAFF 3**

Speaker 2

I'll start. Alright? So the first one is, what is your understanding of the peer support worker role within early intervention service?

Speaker 3

So providing support to service users. Somebody that's got lived experience of various mental health problems and being able to provide services, giving hope. You can recover others by sharing advice and tips on things that they might have done to help their recovery.

Speaker 2

How do you think the peer support worker role aligns with the overall goals of the early intervention service?

 Speaker 3 I think they're aligned really well. I've had a really good experience so far with the people that I've referred.

Speaker 2

And then how do you perceive - it's a similar question really - how do you perceive the value added by peer support workers to the early intervention service? Some people see it as like a bridge for building trust with like other stuff like you said, hope or ...

Speaker 3

Yeah. No the same. It definitely has like bridged a gap I think. The people that I've referred definitely really trust the peer support workers and kind of have a more informal meeting with them. They're not asked about medications and all that sort of things. It, you know, it's it's more. I don't wanna say, like a friendship, but it's more of a relaxed relationship. It's less formal, yeah.

Speaker 2

And and how well were peer support workers initially introduced to your team?

Speaker 3

Because it feels like such a long time now, I can't actually remember now.

Speaker 2

That's alright, yeah. And the next one is, in what ways do you interact or collaborate with peer support workers?

Speaker 3

They are present in the morning meeting in the morning. We share an office, so we will have, you know, conversations about any concerns that they might have about people, or if there's something that they should know about risk or something, then we will chat to them then, or I've spoken to peers over the phone before, when he's had concerns about one of mine. So yeah, they're very approachable.

Speaker 2

Yeah, sounds like you’ve got good team work going on and collaboration. How did you initially feel about integrating peer support workers into your team? And did you have any concerns or expectations around that?

Speaker 3

Yeah. And. I was a bit unsure how it would work. At the time, there was concerns.

Speaker 2

Just to reassure because it is all going to be anonymised.

Speaker 3

Somebody (a peer) that we had at the time - some of the things she said in the office. In the office I was a bit like “I hope they wouldn't then go on to say those kind of things”. So I was maybe a little bit more reserved about referring certain people on my caseload that maybe might be quite vulnerable to the things the peer was saying. Yeah, but absolutely no concerns with the people that we've got working with us at the moment. So that was my initial sort of concern because that was the peer we had at the time. Yeah, that was the peer support forat the time but as things have gone on, it’s been great.

Speaker 2

It's understandable especially because we only see people when they're really unwell as well. Yeah, and we don't keep people in services. To have concerns is a caring thing as well. I worry that someone's not well enough and we do get it.

Speaker 3

Yeah, and I think that was her difficulty at the time and also, and I did think. I wondered had she maybe had the training, but then thought ‘she's not in a place at the moment herself, where she's taking it on?’.

Speaker 2

So, yeah, it does happen and has your involvement with peer support workers evolved overtime?

Speaker

Now. Then.

Speaker 3

I feel like since the two new peers have started and we’ve got to know them since they started, I know them, and we've had really good positive feedback from and service users about them, yeah. They just get on and do what they need to do really. Suppose it eases some of the concerns a bit. I like it when we get good peers because you can trust that they've not got those potential problems that I suppose can make you worry otherwise.

Speaker 3

And it's a real worry.

Speaker

Yeah.

Speaker 3

More eyes and ears for all of us. For people to get that reassurance that they've seen them as well, and they've no concerns about them, because partly I think sometimes maybe they would be more likely to disclose things peer to the peer than with us.

Speaker 2

Yeah, yeah, yeah.

Speaker 3

And obviously they were aware that there's that confidentiality in any risks that you know, they would have to escalate. What is it easier for them to say to them than to us.

Speaker 2

What kind of training or support did you receive to help integrate peer support workers into your team? I think.

Speaker 3

The senior peer did a talk with us during one of the morning meetings explaining the role of a peer support worker and how it might look going forward. That's good and he explained the sort of things that a peer can do so. And we've had plenty of leaflets around the office that we can read and give to to other people.

Speaker 2

So OK. And how has the integration of peer support work has affected your daily work routines and the overall service delivery?

Speaker 3

It’s had a positive impact. Impacting like I said about more eyes and ears for us. Yeah, it's helping get people out that perhaps weren't getting out. People that we might not have time to see weekly because there's no risk there for a need for us to see them weekly. However, peers have got the time to be able to go and do that and get people back into the community, taking them, you know, for walks and to the cafes and yeah, to appointments like with inspire, that they might not want to go to by themselves.

Speaker 2

Yeah.

Speaker 3

So now they try to go out with peers which has a really good impact on our team.

Speaker 2

How do peer support workers fit into the team down? And I know you pretty much answered it, but how do they fit into the team dynamics?

Speaker 3

They fit in well, they do. They join our meetings. They raise any concerns that they've got and they’re approachable, and they'll come and see the key worker if they've got any concerns about anybody or they want to try something with somebody and maybe want a bit of advice on how to do that or - Yeah, I think we work well together.

Speaker 2

Can you provide examples of effective collaboration?

Speaker 3

Yeah, so there's been somebody that a peer’s got and the peer has raised concerns about one of mine when he's missed a few appointments, there's been concerns raised about another one of mine when he's seen him and he's been quite agitated. He’s raised concerns about his presentation, so we've been able to act on it quickly. There's been somebody that was giving some good feedback about a peer the other day saying that some of the things that he said that they really resonate with and some advice that he gave them in certain situations that they've put into practise and it's worked well for them. So yeah, quite a few, yeah.

Speaker 2

And this one is what organisational changes, if any, were made to accommodate peer support workers. No, I don't know that one. Yeah, sorry. There might not have been any and. And what operational challenges have you encountered with the integration of peer support workers and how have these been addressed?

Speaker 2

I don't really feel like I've had any problems. No, that's good. And in your view, what are the key factors for successful integration of peer support workers?

Speaker 3

And. Effective communication between peers and the peers. Appears being approachable. To service users. And then just being kind, caring.

Speaker 2

Yeah.

Speaker 3

Yeah.

Speaker 2

Yeah, and. And there's just four more now, how do you monitor and assess the outcomes of the peer support worker service? Is there any tools or anything alism real Diaries that? But now you say it might just it might be just. It's not just really the, let's say, the feedback on things from. Service users is 1, you know.

Speaker 3

Yeah.

Speaker 2

Yeah, this is a similar question. What indicators do you use to assess the impact of peer support workers on service user outcomes?

Speaker

I don't know.

Speaker 2

Yeah.

Speaker 3

If there's any like official forms or anything but. Service users just tend to. Give us positive feedback freely. I've not actually asked anybody like ohh. How's it going? With whoever they just openly said you. Know. Ohh, thank you for referring me to whoever you know. It's it's going well.

Speaker 2

And and what benefits or challenges have you observed since the introduction? Of people port workers.

Speaker 3

And I guess the only challenge really was what I said before about one of the peers that perhaps wasn't in a good place themselves. Yeah. And the concerns about, you know, them having. Contact with people going through, I think similar situations for them and.

Speaker 2

Yeah.

Speaker 3

Then potentially oversharing. But other than that, the benefits have definitely been a lot more than good than bad, yeah.

Speaker 2

And then there's just this last one based on your experience, what improvements would you suggest for the better? And integration of peer support work into the early intervention service sounds like it's gone really well. Is there anything else?

Speaker 3

Guess the only thing I would say is more peers and possibly a female. That's the only thing we're lacking really, which hasn't been an issue up to now, but potentially could be an issue in the future if there was a female that wanted to see the female, but that's the only thing really.

Speaker 2

And that's it really. It's just if there was anything else at all that you'd want to share about experience of it and that's that's it. Ohh, that's yeah it's been. Really positive here. Alright, great. Thanks and switch this off now.

Speaker

OK.

**STAFF 4**

Speaker 2

So what's your understanding of the peer support worker role within the early intervention service?

Speaker 1

Mine is that they come from a totally different perspective than I do. I come from a clinical mental health position and we're supposed to interfere and make people better. Whereas if you've actually experienced perhaps a mental health condition, being under a team working with a care coordinator, having a consultant - it's an entirely different perspective. So what I like is that if I've got a service user that I'm developing a relationship with, but I feel that they need more understanding than I can provide, I ask for peer support and sometimes I will be quite specific and say “please, this one's quite complicated and I’d like that little bit more into this” and the peer is very obliging and does it. That's not to say that the girl peer doesn’t. They do an excellent job. And for me it provides a 360°.

Speaker 2

And how does the peer support role align with the overall goals of the early intervention psychosis service?

Speaker 1

Well, this is a recovery service and we work towards the recovery of that person, not to keep them in service, not to transfer them to CMHT; GP, yes, to keep them out of hospital. So peer support aligns very well.

Speaker 2

And how do you perceive the value added by peer support workers to the early intervention service?

Speaker 1

How do I perceive the added value? Well, they're doing something I can't do.

Speaker 2

Yeah. And how?

Speaker 1

Were peer support workers initially introduced to our team? I don't think they were well introduced at all. I think it was really quite difficult. I know the senior peer spent a lot of time trying to, but from our point of view we as Care coordinators are supposed to do PSI to a really good level and it almost felt as if … well, actually, here we are as peers and we're going to be taking your role. We are going to be the ones not assisting, not from the senior peer, but it felt like the peers were saying ‘We are the ones that are going to be working with the service user. We are going to be doing this. We are going to be doing that well’. The Care Co role as far as I'm concerned is being messed around with so much that you begin to think, well, sure we’re supposed to be doing this but it's only when - I'm going to say bite the bullet and say excuse me, peer support, please – that things changed, then I was like ‘Do you think you can work with such and such and then you realise that's not what they're doing – trying to take my role? They're not doing your job. They're doing a specific area that is outside what you do, so absolutely. But it was badly introduced, yeah.

Speaker 2

And in what ways do you interact or collaborate with your peer support workers?

Speaker 1

I don't tell them what to do. I don’t expect very much back if they've got concerns, but yes, please. But what they actually do in their sessions I think is confidential because they are here to do things that perhaps I don't. Can I have the question again because I've not got it, could it be in any way, right? So what I do is if I have somebody and I say hey, you know we've got peer support workers in our team and explain what they do? Well, they’re people who have lived experience. You know similar or maybe have experienced the same things that you're experiencing or have experienced and don't want to experience again. And they're willing to talk with you about how that worked with them, what they didn't have. So I go along and then I e-mail the senior peer support worker.

Speaker 2

Great.

Speaker 1

Also when I've had a carer, if the patient has been under HTT, and the carer is highly anxious about what is going on and they're not taking it from me, peers are the way forward and this is what we do and this this will work. I have used the senior peer, asked “can you do this?” If they know that it can be got through from somebody's experience, it’s a good thing. So yeah, I've used peer support for carers.

Speaker 2

Used PSW for carers. Yeah, yeah. So how did you initially feel about integrating peer support workers into your team, and did you have any concerns or expectations?

Speaker 1

I think I didn't have any expectations because I didn’t have a clue really, apart from these new people are coming into our team? No idea really what was going on. No idea really what they did. And as I said before, what were they actually taking from the role that we were doing? And it's as you go along with this, you find it's separate, so it's not the same.

Speaker 2

And how has your involvement with Peer support work evolved over time?

Speaker 1

Oh, I think it's got better. I sincerely hope it's thought that it's got better. I don't feel that I'm doing the right thing unless I have considered peer support within the first 3 weeks. I think that's the most important, and if the person is open to peer support I e-mail the senior peer. Yes I'm hopeful it has evolved.

Speaker 2

Really good. How has the integration of peer support Workers affected your daily work routines and the overall service delivery.

Speaker 1

It hasn't because we don't see what they do but I know what they do. Subjectively, I know what I know. And I know from my service users who saw peers and so on, so “And we had a really good talk and we went for a coffee and we did this and that”. I think that's great, but I am concerned that what they actually do is not visibly recorded. And I don't mean on Rio. I mean when we get the assessor people coming in.

Speaker 2

Yeah, yeah, yeah.

Speaker 1

And they say, “ohh, you know you've done quality standard 80 work and you've done this and you've done that and yet there's no separate question for peers and what I see as an integral part of this team. Yeah, which says EIS has peer support going. What's going on with peer support? It's the same as EIP and don't ask about PSI. They only ask about CBT. CBT seems to be this thing that they focus on and yet people only get it for about 10 weeks, but they can have a clear support for six months with peers. And the invaluable work that they do. So we sort of run along two train tracks. We're running along. This with the same aim and objectives, to get the person to where they need to be.

Speaker 2

Yeah, that makes sense. So how do peer support workers fit into the team dynamics?

Speaker 1

I’ve not got a lot from the dynamics because we are agile workers. So we're not supposed to be in the office all the time but I would say they’re not excluded.

Speaker

Yeah.

Speaker 1

They're more included than I am because I tuck myself away in an office out of the way. I don't want the gossip and the other bits. So no, I don't really come sitting in the big office. Peers are out doing the work, which is what is the correct thing to do?

Speaker 2

And can you provide any examples of effective collaboration?

Speaker 1

I don't think it needs to be collaboration in that you sit and you do a care plan together. I don't think it's collaboration in the way a case manager and an STR will discuss that case in depth. What I do is say hi peer, how's it going with Fred blogs? Everything OK? Yeah, that that is all I need to know. That is the collaboration that I expect, I'm not expecting more than that. If there's something wrong, then bring it back. Fine. Absolutely fine. Sort it out. But …

Speaker 2

Sounds like it's a bit more informal and there's like a trust there that you know they will come and and let you.

Speaker 1

Well if I didn't trust them, I wouldn't ask them to do the work and I think in the first few goes, if I didn't feel comfortable that things were going well, I don't think I would have asked anymore but it's become that I refer more.

Speaker 2

Apparent that it's extremely valuable, as in not having a formal way of collaboration?

Speaker 1

Yeah, I yeah, I don't think you need to do formal. In my mind, if I've asked for a peer support worker, I have to trust that peer support worker to do what they need to do.

Speaker 2

Collaborate without having formal tools sort of thing, yeah?

Speaker 1

Yeah, I don't think it's needed. It's extra paper work. We don't need that. And I'm just trying to think, I'm pretty sure our peer worker isn't here for me to poke him. I'm pretty sure I've also asked him to talk with carers when they've had another family member that's had difficulties. I'm not worried about asking the peers if I think there's a need and it would be beneficial for the family and ultimately the service user to involve peers. I don't have a hesitation in that. They can always say no, but then I beg.

Speaker 2

OK, So what organisational changes, if any, were made to accommodate peer support?

Speaker 1

I’m aware that they were given a laptop, they were certainly given a phone. Mm-hmm. They don't appear on our rota, so they do the ‘safes’ that we do.

Speaker 2

And what operational challenges have you encountered with the integration of peer support workers and how have these been addressed?

Speaker 1

I don't think there has been, from my point of view, an operational challenge. As I said when they first came, there was a sort of hostility. Paranoia. What they're doing, we've changed so because I think care co’s are on shifting grounds continuously and in a way, in a in an odd way, I think peer support has stabilised that because they are consistent. Yeah. Yeah.

Speaker 2

In your view, what are the key factors for successful integration of peer support workers?

Speaker 1

I really do think it shouldn't have been kept quiet. And I think it was kept quite quiet. And then suddenly you told you're getting peer support and you're thinking who will support them and what are they and how do they differ from our STRs and how do they do this? It would have been nice, I think, to have had a build up of talking about peers in group meetings and when staff get together, and so you can ask all the questions that you need and discuss, but that didn't seem to happen. It seemed just to be dropped.

Speaker 2

Yeah.

Speaker 1

And I don't think it was well organised.

Speaker 2

So how do you monitor and assess the outcomes of the peer support worker service?

Speaker 1

Through my service users. They will tell me if they want to, what they talk about with peers, what they do. I haven't found one that said to me I need to change my peer support worker. I have heard those who say I need to change my STR worker. But not peer support worker.

Speaker 2

It's a similar question, this one, but what indicators do you use to assess the impact of peer support workers on the service user outcomes?

Speaker 1

It's highly subjective. If I say to a service user, how are you getting on with your peer support and they say fine, we'll go for a coffee and … I'm happy. I don't need to sit there with a tick box. Did your peer support say …? Are you having a good day? Did you peer support say to XYZ? Did they do this? Did they …? Absolutely no. I think if you start to do that, you will lose the flavour of what peer work is. It's informally formal.

Speaker 2

That's right. Yeah, yeah.

Speaker 1

And you wouldn't want to mess with something that's working well. You don't want to mess with something that's working.

Speaker 2

And what benefits or challenges have you observed since the introduction of peer support workers.

Speaker 1

Benefits all, that service users get a more rounded approach. It's just not a medical approach or a psychological approach. It is a realism approach in that they are, they have the opportunity to talk with somebody who's experienced what they've done and got through it. So for me, that challenge is … the challenge is, well I probably think in my own peculiar way that every service user should be allocated to peer support at the start, that you shouldn't have to refer into a peer support service, that they're there from the start. And perhaps they follow that person's journey through from the ARMS group, maybe they do six months. If it's a psychosis group, maybe they do the full year and then they wean away from the service user, promoting independence and then they're not needed for the third year so. I don't know why that hasn’t happened here?

Speaker 2

And last question is based on your experience, what improvements would you suggest for the better integration of peer support workers into early intervention services?

Speaker 1

Get over yourself. By that I don't mean peer support workers getting over themselves, I mean the professionals that they work with, just get over yourselves.

Speaker 2

Do you mean like with the concerns that staff had about the role?

Speaker 1

And yeah, and that's it. I think some staff are still a bit iffy about peer support, yeah. Or maybe they use them to lessen their workload, and that's not appropriate, because that's not their role. Your workload remains exactly the same. What you've done is you've enhanced what you're offering by accessing peer support. So it's. Yeah, I think it's get over yourself, use support, peers are valuable persons in the team.

Speaker 2

Yeah. Yeah, yeah. So that's all the questions, but is there anything else that you'd like to share about your experience with peer support workers at all?

Speaker 1

I think we need to recruit more, and sometimes in the 3rd year of our psychosis service, maybe because it's about that time that you're thinking, well, what are we going to do to move forward with this patient, how are we going to help that person, so start to do a sort of taster … Would you like to do peer support in the future because there are some patients that would be absolutely brilliant, but we don't sort of do anything with them. Yeah. Give them the opportunity. So that opportunity could be there, I think.

Speaker

Yeah, yeah.

Speaker 1

I just don't want peers altering. I don't know whether there are plans to do this training for peer support workers we do this and you can move up and you can do whatever … that really isn't my business, it's taking away the essence of what they provide if you formalise things. I wouldn't like to see peers go because we interfere. I just appreciate what they actually do. I don't know. But I appreciate you. Can see you can see a difference. You can see a difference.

Speaker 2

Brilliant. Thank you.

**STAFF 5**

Speaker 1

What is your understanding of the peer support worker role within the early intervention service?

Speaker 2

The peers maybe have had some problems in the past, but they are in recovery or they have recovered and therefore they can share their lived experiences with service users that I'm supporting, because I think it's always important that I say to people that I don't know how they feel, but somebody with a lived experience could maybe understand more and make it more real for that person.

Speaker 1

Great. So how does the peer support role align with the overall goals of EIS?

Speaker 2

Well, one of the goals for EIS, especially for us as support time and recovery workers, is about recovery and for that person to have a goal to work towards, but sometimes it's a little bit scary for some people to know that, you know, they're going to eventually be going back to work. Back to college, to study wherever that might be. And sometimes it can feel that it's not reachable. But you know, we can do a lot of work with people, getting on buses, getting to cafes, you know, and we have social groups. But I think sometimes to sort of reinforce the recovery model, sometimes it's nice to speak to one of the peer support workers. Maybe I ask their, you know, opinions. I invite them to our coffee mornings. I've made referrals and I think just for people to understand that people have recovered, you know, that they have maybe walked in their shoes and they can understand. And I think it's important that what has worked for our peer support workers on their journey might help our service users as well.

Speaker 1

That's great. Thanks. Question 3, how do you perceive the value added by peer support workers to the early intervention service? So you've just mentioned a bit about that. How do you think peer support workers add value?

Speaker 2

Well, I've worked with peer support workers for many years, from when I first started. I'm with people in the group and then we started with a gentleman peer. He wasn't with us for too long, but I think, you know, the peer support workers are really, you know, embedded into our team and they're very valuable. I think why it works for us is because we sit in the same room as them, you know, so we're not separated, because it shouldn't be them and us, we're a team and everybody else has got their value, haven't they? Their opinions, their life experiences? I'm working with such and such person, they’re struggling, so I ask the peer “how did you manage?”. And it's really nice to have a chat with the peer support workers to get their opinion. “And what helped?”. But now I think they're valuable because we've all got strengths in the team, whether we're qualified, whether we're, you know, psychiatrists, you know. Nurses, we've all got value, haven't we? I always think we're cogs in a big machine, you know. But no, I think it's great, the peer service.

Speaker 1

That's great to hear. OK. So on to question 4. How were peer support workers initially introduced to the team?

Speaker 2

When the young man who started before the senior peer came in, we knew a little bit about the peer support workers, their role, and then it was for them to come in and maybe try and educate us really about their role. I think maybe some service users aren't ready, you know, for that support really, but I think when they are, maybe the case managers or we started to think it could be valuable, you know, we do make referrals, but now I think it is just about recovery, in't it? You know, and people need to see that people have come through whatever it is that they've been through and then back functioning, you know, doing whatever they want to do, you know? One of the ladies that I do chat with, a peer, she said, you know, I do have my off days as a peer support worker, you know? But I think as well because maybe they've had some life experiences, I think we have to maybe be a little bit mindful not to put more stress on peers as well. You know, that maybe, considering you know, yeah. Maybe the problems or things that our service users might talk about, you know, that we need to look after them really. But I suppose it's about the peer support worker saying “No, that's too much for me”. You know, say “I can't really take that level of responsibility” but you know, if we're all gettting on as a team, we can all express our opinions, can't we? And you know what's helpful and what's not helpful.

Speaker 1

Okie Doke, that's great. In what ways do you interact or collaborate with peer support workers?

Speaker 2

I would say that I collaborate with the peers well on a daily basis, even though I'm only part time, but like I said, because we sit in the same room as, you know, our peer support workers, you know, I think we should all be together, because if they were in a separate room as a team, in their own little room, I think you can be segregated, you know. And I think it's important that we all sit together no matter what, you know. See, we have a walking group or we've had a Christmas meal or we have our social groups. You know, I always invite, you know, our peer support workers. A staff member was talking to me a few weeks ago and she was talking about recovery and I said, “have you heard about the peer support workers that work in our team?” And she said “Ohh no”. And I I spoke about it and I said maybe I could ask, you know, one of our peer ladies just to come in, have a coffee, so she can tell you a little bit more? Not necessarily make a referral, just for this person to have an understanding that there are different roles within the team and not just STR worker referrals, but there are other referrals, like to the peer service. And if the service user knows what different roles are available, it's up to them to say I'm interested in working with the peer support worker. To understand more about recovery, so I try to involve people as much as I can and I've been on their walking groups as well, with service users. So that's another opportunity for people that I'm working with to meet and collaborate with other team members as well.

Speaker 1

So that's brilliant. And how did you initially feel about integrating peer support workers into your team? So did you have any concerns or any expectations at the beginning?

Speaker 2

I wasn't sure at first because obviously, you know, we get our referrals from our case managers when people are ready for STR input, from whoever that might be. So I had a little bit of an understanding about the role. I suppose because it's a new role, they would have to develop it for themselves anyway. So I suppose they didn't come into the team with expectations from us, and I suppose it's, you know, people with experience of, you know, the people that I've worked with, but they, they've worked and had different lives before they come in. So they give, they bring a lot of experience, don't they? So I suppose it's been quite valuable for them to create their own role as well as you know. So it's not just set in stone because if we've never had that role before, how do you know how it's going to work?

Speaker 1

Yeah. Okie doke. That's great. How has your involvement with peer support work evolved over time?

Speaker 2

Well, when the first peer support worker came to work within our team, one of my roles was to go out with this person and meet service users. You know our service users that I was working with and just generally sort of introduce people, because they might not know the area, or might not know the type of work that we're doing. So yeah. So from the start up or with work with the peer support workers, it's so it's not “ohh you know 12 months on I didn't even know they were in the team”. I've sort of supported them from the very beginning. And I, you know, get on with everybody. But I'm one of these people, I'm very I'm very easy going, you know? And I take everybody on face value and you know, if a person’s got knowledge to share with me that's great. And equally I share it with them you know, so there's I feel even though our roles are slightly different, I think we gel together because, you know, I've made a few referrals. I've probably not made as many referrals as maybe other team members, but when I've chatted with the service users I’m supporting, if I've recognised maybe they need a little bit more understanding about recovery, I've spoken to the case managers and we've agreed for the referral to peer support, so and that's worked, with obviously the consent of the service user as well. And I have actually shared these beautiful peer leaflets as well. Yeah, yeah, so. You know, have you heard about this? So I do try to promote it as much as possible.

Speaker 1

Brilliant. Yeah. So what kind of training or support did you receive to help integrate peer support workers into your team?

Speaker 2

I don't think we did really. Obviously we knew about the role because obviously within team meetings and our case manager, sorry our manager, would talk about this role. You know starting I suppose nobody knew how it was gonna really go, I suppose. Suppose I've trained myself. Really by, you know, asking. You know, I managed to say, would you shadow this person? Would you tell them a little bit about the role? Would you tell them a little bit more about the service? You only learn I think you know any new Member staff, you only learn once you're outside. You're not in the office in front of the computer. You need to be out in the real world. Don't you need to be engaging with service users? That's how people learn. I suppose that's how we learn from them as well as by having open conversations and and far as I've never pried about a peer’s past, they’ve talked about their experiences and how they've come through recovery and that has been valuable for me, you know, because different things work for different people, don't they? You know, and I know one of the ladies that I sit with, you know, one of the persons that she's working with, if they've had a a bad day. They were so well, this worked for me when I went through a similar experience, you know? So I'm learning. I've learned about recovery, so suppose no, we didn't have a lot of training. But you have to gel with things, don't you? So.

Speaker 1

So how has the integration of peer support workers affected your daily work routines and the overall service delivery?

Speaker 2

I don't think it's affected us as STR's, it's not affected our role because the road is different in a way because we do a lot of physical health, we do a lot of bloods. We'll do things like housing, you know, sort of more on a social level. But I think if there's, as I said before, if it's focusing more on recovery when a person's maybe a little bit … they don't know how to go forward or, you know, they just need a little bit more of a, you know, this could be you in the future, then a referral to peer support is good, you know, saying “this could help you on your road to recovery”. I think to use utilise you know, the peer support workers, or even the model, as I've shared with other people about. So it's not really affected us as in STRs because we're still getting our referrals, but different referrals than what the peer support workers would have. I'm sure peers do lots of different things within their role that I don't know, but I know it's, you know, getting out and about in the community, sharing experiences and, you know, confidence building they're talking about maybe coping strategies because, you know, I haven't got lived experience of, you know, mines more physical mental health. So I can't say to somebody “when this happened to me this what helped me”. But I think from the peer perspective I think it's more valuable. When I couldn't sleep at night, this is what helped me when I couldn't switch off my mind, this what helped me. Whether they do share their experiences, I wouldn’t think it would be right to talk about your experience as a whole to a service user. I don't know what your opinion would be? I think if you've gone through some struggles and you've got your role as a peer support worker within the team … Yeah. You've had experience and you're in recovery, but I don't know whether talking about your issues would be helpful for service issues because it's, I think that confidentiality issue. We shouldn't, really, you know … I wouldn't talk about my personal experiences. I mean, say for instance I've had a bereavement in the family, I wouldn't talk about a bereavement for me with the service user if you understand? So I don't know, you know. Peers could use their experiences to say what helped them when they were anxious, when they couldn't sleep, when they had anxiety, whatever it might be. But I don't know whether people should share their whole story. I don't.

Speaker 1

And you've talked about peers gelling with the team, but the questions is, how do peer support workers fit into team Dynamics?

Speaker 2

Well, I know they come into the morning meetings every morning, either physically or on teams. I know if they've had any concerns about service users or they've worked with somebody that they bring it up as at risk or sharing information, cause obviously, our team meetings have sections or headings. So obviously you know when that heading comes up they can share that information, so always present in the team meetings, and in the bigger staff meetings. I know peers have their own little meetings on teams that I'm not aware other than peers meet and have their headphones on, so I don't know what their meetings are about, but no, they're … I've always invited people to like the garden groups. Any of our events, you know, or send a little e-mail or you know, if you wanna turn up that would be great. But I don't know obviously from other Staff’s perspective, and I know one of our staff I was working with this morning has asked for help from one of our peer support workers for a little bit of work with one of our service users because obviously they've recognised that that short term intervention would be very, very valuable. So the longer people are in the team, the more the rest of the team can see the strengths and values calmly because you can't just turn up into a team and one week later be embedded, you know, and actually that as a new role we would develop in it so you know.

Speaker

MHM.

Speaker 2

What more help can they be within the team and for the service users? So I suppose you know it is developing. I know that one of our peer ladies is doing a craft session on Monday in our team and we had a working group last week. So we've, you know, … me and one of our STR's we've shared that and we've said to people, you know, you're gonna come and one of our STR's is gonna be present in the group as well. So we do share, you know, good practise and what's going on because we want our service users to be involved in as many groups as we can and it's not just about. We do a social group on Wednesday in Preston, and one during the following week. We do a gardening group. So it would be nice for obviously peer support. But we will support try and get service users to come because it is a bit difficult sometimes to motivate people to come to groups, whether people are anxious, whether it's more transport or to be anxious on the bus or something like that. So we’re hoping people will come to the group.

Speaker

OK.

Speaker 2

On Monday, one of our STR workers has promised cake, so that's that might help.

Speaker 1

Yes. You can't go wrong with cake, can you? So you've just provided some great examples of effective collaboration there, but can you think of anymore?

Speaker 2

Any more collaboration?

Speaker 1

Examples.

Speaker 2

I would say collaboration, you know, I know some of our peer support workers have gone to MDT's and reviews, because you know, like an MDT shouldn't just be with the psychiatrist and the case manager, it should be with everybody who's been involved with that person. Whether, you know, sometimes, you know, they can be physically present or maybe send an e-mail if they have an update, you know … and I know as well one of our peer support workers, I can't say for everybody, but one of our peer support workers, even with me, if she's been a little bit worried about somebody or she's noticed a change with somebody, you know, she'll ring, or she makes sure that she's contacted, you know, cthe ase manager, you know, so, you know, team effectiveness is about communication, isn't it? So. So yeah. So that's collaboration, isn't it?

Speaker 1

It's good collaboration, yeah.

Speaker

Yeah, yeah.

Speaker 1

What organisational changes, if any, were made to accommodate peer support workers?

Speaker 2

Organisational changes?

Speaker 1

There might not be any you know of?

Speaker 2

I can't think of any really - organisational changes? I know there's, I suppose they would have their own remit, wouldn't they? Like STR's, we have our own criteria, and peers will have their own criteria. You know, Job description?

Speaker 1

Yeah, yeah.

Speaker 2

I suppose supervision, I think, would be a real important one to change. Obviously we all have supervision, but I think if you, as a peer support worker with lived experience, I think it's offering that supervision and making sure that people attend it, you know, it's not if you want to have supervision but making sure that you do four weekly, whether they do it together as a group, we'll do it one-to-one. Our manager has supervision with our peer support workers because it can be stressful and if you have some vulnerabilities, I mean you don't wanna go home and be worrying about it. So I think that is a really important thing, supervision. I mean, I wake up in the middle of the night and say “Oh my God, I didn't do something or I never wrote that up”. But if you've got some vulnerabilities you would not want people to be taking home worries after work and not being able to switch off because that's not the job, you're there to help people and to enjoy your job and to give support and help and value to our service users. You don't want people becoming unwell because it's too stressful.

Speaker 1

OK. What operational challenges have you encountered with the integration of peer support workers and how have these been addressed?

Speaker 2

Don't know what you mean, say it again sorry.

Speaker 1

It's the operational challenges that might have been encountered. You know, the day-to-day way that the EIS operates … have there been any challenges or?

Speaker 2

I can't think. I mean, I know there's a referral form obviously that has to be done so they can, you know, monitor referrals … where they're coming from, whether they're appropriate.

Speaker 1

And do you feel that that's working the referral process?

Speaker 2

I mean, I filled a few in. In our morning meetings it comes up STR, PSW referrals obviously will come up, you know, in the peer support worker updates section. You know that gives peers an opportunity to say what they're doing - we're having a group this week, we're having a walking group this week, so their role is acknowledged within a morning meeting. The referrals. I mean, I've put a few in, I don't know. Is there as many referrers at the moment because at the moment we've only really got one peer lady because someone's gone off on maternity and you know all the reasons. So we’ve only really got one peer person within our team. So I suppose if there was any referrals, it would be all going on that one person, wouldn't it? I'm an STR worker and I don't know how many I might work with, maybe twelve service users, but issues operationally I don't. I don't know how many people peer support workers would work with. It’s only a part-time post as well, so they wouldn’t have too many service users? Peers can be a bit too thin on the ground really with your support. So operationally, I don't know, I'm sure it is in place in the job description. Yeah, yeah, yeah. Yeah. And I think it's just about, you know, things change, don't they? You know, and as people are more embedded into a service, you know, peer support workers wanna develop that role in a different way as well? So I suppose that it can change can't it – the job description.

Speaker 1

Yeah. So in your view, what are the key factors for successful integration of peer support workers?

Speaker 2

I'm a bit old school. I work 33 hours at a work, 3 long days or sometimes I change my hours but I'm always present in our office from 8:00 and I'll go home at 8:00. It's very rare that I will work from home because I don't think people can work from home. I think you need to be a physical presence in the office cause, I think, … you know you can have supervision like, let's say, if you were supervising me and we're on teams, you know that's fine. I think people need to be physically present because that's where you have your conversations. That's where you have your ad hoc supervision from a case manager or you've been passing another member of staff because to be embedded in a team, I think you've got to be physically present, you know, I think that works. You know, I would say I'm a bit old school. I mean, I don't mind doing teams, but I like to be in and I like to chat with the staff and I like to chat with the peer support workers because that's the job. You know. Not at home, sat in the bedroom on a computer.

Speaker 1

That's brilliant, because we're finding that right across the board being present and being able to have those conversations and stuff is really important.

Speaker 2

Because they're valuable because I'm going to say one of the peer ladies is like me, on time all the time, always in at 8:00, you know, and we always have, you know, a 20 minute chat. Where we're at, you know … and I think that ad hoc chats and supervision is valuable. You wouldn't have that on teams, you know, I think it has its place, working from home on MS teams. You know, we work with patients, we should be physically present, you know, we should be present. That’s how everyone recognises each other's value. Those conversations. I'm wondering if you could help me with this? or could you advise me with that? It's valuable, isn't it? You know so much more content.

Speaker 1

Yeah, definitely. So how do you monitor and assess the outcomes of the peer support worker service?

Speaker 2

Well, I chat with the service users that I’m working with, so a couple of the people …so I said “how's it going with you know?, the peer support worker”? “Ohh it's it's really going well”.

Speaker 1

Yeah.

Speaker 2

Or it's like that, write it down, this is what helped me. So it's great to hear the strategy that this person has shared and that's worked for them, worked for our service users, and I know that one of the ladies that I support, I mean, I'm stepping back now with her as STR because I had quite specific work to do with around housing, but now that's now settled. I can step back and leave it up to peer support. We can still stay involved for a little bit, but my role is not needed anymore because we've done the social, you know, part of, you know, the house and stuff like that. But this person still needs reassurance about recovery and about their anxiety and still getting out and doing sociable things. But that would be a role for the peer support workers to support it and if it was anything different - if it was more around, you know, bills and finances and stuff like that - then yeah, we would step in but I think for the peer support workers, it's about helping people with their recovery.

Speaker 1

So what indicators do you use to assess the impact of peer support workers on service user outcome?

Speaker 2

Well, I think if people have been discharged from peer support workers and they've been discharged from ourselves and they're getting on with their lives and getting on the bus, going back to college, doing whatever it is that that person wants to do, joining in with groups and getting here independently or meeting people independently, I think that's where you measure recovery, where that person is. Because I've been in this team for years and I, you know, I might work with people for so many months and then would have stepped back and my call back and I can see people from where they were at that time when they were maybe discharged from the ward, or when they first come into services and where that person is now. We had a walking group the other day. It takes some organisation by text and people tell the people it's on, you know, trying to arrange the logistics of how that person would get there. And I suppose my measure of somebody's recovery is when I’ve known people to be very unwell in the past, it is the fact that I said to this person “We're going to be meeting at this park, but it's a little bit out of the town. Are you happy to get the bus to meet me in the town centre?” So two people met me and then we got on the bus together with these two, two stops to go for this walk, which was really nice. It was a very successful walk. But when you think about it, it's, you know, 6 or 12 months later. People wouldn't have had that motivation to even get on the bus to meet me, you know? So that's how I measure people's recovery – it’s how well they're motivated and how, you know, you're not forcing so much as to do something. This could be really nice. It could be a pleasurable experience. It's people being motivated to get up at 8:00 in the morning, have the breakfast, get on a bus, get on another bus with me. Enjoy a walk and a social group and then get the bus back. So yeah, I'm gonna go into town now and do a bit of shopping. That's how I measure people's recovery because you're not needed anymore. But it's nice to see people blossom, you know, and do the things that you know, that they want to do and not go on frightened to go into town and frightened to get on the bus. So when people have worked with our peer support workers or they work with service users you know, that's what you hope to see, isn't it? You know, not everybody may go to college or go to work, or whatever. It's whatever their goal is. But it's somebody doing something and it's meaningful for them, and that's how you measure it?

Speaker 1

What benefits or challenges have you observed since the introduction of peer support workers?

Speaker 2

I've mentioned lots of benefits. I don't know whether I've noticed any challenges. I don't know whether other teams or other team members have noticed any challenges.

Speaker 1

Yes. Yeah.

Speaker 2

I haven't no. My observation is that they've embedded into the team very, very well, you know, and they're valued and you know, you know, and the role is just really, really nice. I think a nice role to have, isn't it really, you know? And you're helping others, aren't you? When you've been in a difficult place yourself and you've come through it and you're able to use that experience to help other people. And as I say, I know one of our case managers have you know, made referrals or asked our peers workers for ad hoc support for, you know, some things. So that tells you that they've embedded in the team and that they're valued you know, people have got experience and they can bring, you know, whatever their job role or whatever their role is in the past as a strength in the team.

Speaker 1

Great. And based on your experience, what improvements would you suggest for better integration of peer support workers into EIS? Is there anything you can think of?

Speaker 2

Well, as I said before, being present in the office, I'm here from morning til night. I'm old school. I think you have to be present. But you know where you're coming in the morning, have a chat, set up your day, get involved in meetings, whether it's a morning meeting, whether it's a monthly meeting, whether you know it's sometimes on teams, depending where you are. I'm just being involved with as much things as you can you know … because then people know you're about and you exist. Maybe having some sessions in the team meeting, just telling the team about any of the successes that they've had, you know, with the service users that they're working with. And doing more than you know they did when we first met with that peer support worker or, you know, talking about good practise I think is always a good thing, isn't it? Because then that motivates, you know, our case manager. So actually, you know, such and such might really, you know, benefit from that role sometimes. One of our ladies, one of service users. I'm not working with her, but she comes to the social group and I they talked about recovery and I said “have you met peer support” and they said no. So I had a chat and invited peer support, so I don't know whether they met I think they might have missed each other but I think the more you have a conversation with our service users that this role exists, then it's up to them to say I think that would be really useful for me. And giving out some of the leaflets, you know they might not feel it's a value now, but maybe a couple of months later, it may be you know the right time, really.

Speaker 1

Brilliant. Thank you. So closing thoughts, is there anything else that you'd like to share about your experience with peer support workers in EIS?

Speaker 2

I would say that I like them very much. I've got on with from the start and I think it was a shame when the other gentleman started first, you know, he had a wealth of experience but obviously couldn't continue. That was a great shame. I think what could be helpful within our team is that having more male peer support workers, because you know, not everybody wants to talk to a woman you know, say they're interested in football or whatever … I’m not saying … I can’t be sexist, but I don't like football but for somebody that might he might not want to, you know, but he might want to. And take to the gym. With a woman you know, a male service user might not want to, you know, go to the gym. So yeah, I think more different diversities, different sexes, you know, male, female could be helpful because you know, we work in a big society, but you know, and I think it's, we've had more ladies as peer support workers. So I think maybe some more gentlemen could be a good thing really, because I think you're bringing in a different dynamic as well.

Speaker 1

Yeah. And that's been said before. Yes. So yeah, it's an interesting point. Brilliant. Something to work on. I'll stop recording now.

**STAFF 6**

Speaker 1

So what do you understand about the peer support worker role within the early intervention service?

Speaker 2

So the peer support role for me is something that's really important because it allows the people who we are working with to understand hope and understand recovery and have someone that they can speak to who isn't just someone who has learnt something, but someone who has been through it and understood it. I think particularly I like it, I like the idea that families can see it as well. I like that idea that the family can see that someone can get back to being functioning. Someone could see that, because it must be so scary for families. So that’s what I see the main part of the role as being.

Speaker 1

And how does peer support role align with the overall goals of the early intervention psychosis service?

Speaker 2

So obviously peer support is recovery based. The EIS is about that sort of really intensive intervention to get them well and then for them to disappear as far as I'm concerned and then they have a life outside of mental health services. And for me, that's what the peers can show that there is a life outside of mental health services.

Speaker 1

And how do you perceive the value added by the peer support workers to the early intervention service?

Speaker 2

For me, they've been … I think when you look at particular individual cases, there's been an open honesty with the peer workers that we haven't had with some of them we've worked with, we've been able to understand the person in a way that we wouldn't have understood otherwise. And I think sharing makes them less of a patient and more of a person to us when we spend time with them.

Speaker 1

Oh, that's really nice. And how were peer support workers initially introduced to your team.

Speaker 2

I don’t know, I wasn’t here it had already started. I don’t know how it started. I do know when I first came it felt a little separate from the team. It was how it was introduced to me, so I took over from someone and they said to me … we don't … they sort of work on their own type of thing, this is how I was told about the peer service, and that isn't how it's worked. While I've not seen it, that's what it was introduced to me as, I suppose that's the best way to answer that.

Speaker 1

And in what ways do you interact or collaborate with Peer support workers?

Speaker 2

I’d love to get to some of their walks as that sounds like a good way to spend your day, but unfortunately, I can never get there. And so for me, for me particularly, I do, we don't do supervision in any sense of the traditional way because I don't think it fits with them. But you know, I do work with them to look at what they want for their future, or what their role is, and provide that sort of work professional-based support but not clinical in any way. So that's sort of my role with them.

Speaker 1

How did you initially feel about integrating peer support workers into your team and did you have any concerns or expectations?

Speaker 2

I think I was given some concerns from the person I was taking over from. I didn't see why there would be at that. I think I think it's a good idea. I think, for years I've sat in rooms with people who have suffered from an illness that to me I can't understand and I don't want to understand something that I haven’t experienced … I haven’t experienced it so … it’s like having gold dust, isn't it? That someone understands what a patient is going through, so I didn't, I didn't have any concerns, but I think I was given some worries that it probably wasn't fitting or that it wasn't going to work, but I didn’t have any concerns.

Speaker 1

And how has your involvement with peer support workers evolved over time?

Speaker 2

I think. Obviously I work with the senior peer quite closely and for me it's been about bringing into how we make ... I'm all about how we improve and how we make changes and the senior peer in particular has been so central in what we're doing to improve and for me he gives a feedback that comes from a different angle on a different place and that's been so helpful. I think he’s part of every improvement we have in different ways. And I think that's changed because it's not, that's where they’ve become more part of the team for me because they're looking at what we can do to improve and they do it brilliantly.

Speaker 1

And what kind of training or support did you receive to help integrate peer support workers into your team?

Speaker 2

Absolutely nothing.

Speaker 1

And how has integration of peer support workers affected your daily work routines and the overall service delivery?

Speaker 2

So could you repeat?

Speaker 1

Yeah. So how has the integration of peer support workers affected your daily work routines and the overall service delivery?

Speaker 2

Not particularly, I think it's another viewpoint which we take into consideration, but it's another part of our MDT, isn't it? I don't think it's made it any different. That's sort of extra piece.

Speaker 1

And how to peer support workers fit into the team dynamics?

Speaker 2

I think at times it's been really good. There's been a lot of difficulty in terms of, if perhaps having the right peers. Sometimes if you've got a small group of staff and ones absent for long, it’s not just one that’s absent, it’s 50% of the peer workforce that's absent. And I think that's been the difficulty. It's such a small team within us. It's been difficult at times because we struggle to get momentum because of that and it's not for the want of trying, it really isn't, but everyone has sickness, it's everywhere, but if you've only got two people in the team, it's decimating very, very quickly. And then I think that's been a struggle because when something's brand new, what you need is absolute consistency in order for people in the team to get used to it, and I don’t feel like we’ve had a good run at it, well we have to an extent, but then we haven't had a long enough run of it to keep the momentum going.

Speaker 1

Yeah, yeah. And can you provide any examples of effective collaboration? Working together with the team and any examples.

Speaker 2

I think there's been a couple of time where one of the peers was working with someone who was quite tricky for us to engage and understand and she said something really remember the words. But she said something really simplistic to us, and we were sort of sat round talking and we just said, oh, what, what do you think is going on? And then she sort of said it and we all felt really stupid because it was just so obvious we would never have got that ourselves. And I think that was that for me was a moment where I was like, yes, this is really helpful. And another instance has been where we've got slightly outside of the role and they've worked with family members or some family education and support was back at the very beginning when someone was in hospital and I think that's been so tremendously helpful, because the family have been able to go ‘oh this can be better than this at the moment’. Tey’re two examples where I’ve kind of gone ‘this is what peers are here for isn’t it’.

Speaker 1

What organisational changes if any were made to accommodate peer support workers.

Speaker 2

I don’t think we've done that very well. You know, we still get emails every month asking why they haven’t had clinical supervision and it's almost like, as an organisation, we brought something in - Like I said, there was no training or support as far as I'm aware - it was sort of ‘gtet on’ and I think it’s the strength of some of the senior peers that have made it work. Yeah, but silly things like sometimes the training is not aligned correctly - they're aligned under a healthcare assistant role, and those things aren't helpful because it's a specialised role. You know, and we're not treating it that way, you know, on the one hand we’re saying, particularly on the pay scheme, we're saying not going to pay you the same as those, but also we want you to do that mandatory training with supervision and I think that we're asking people not to blur the lines between support workers and peer support workers, but our organisation potentially isn't.

Speaker 1

Yeah, and what operational challenges have you encountered with the integration of peer support workers and how have these being addressed?

Speaker 2

I think I’d just add in there that it’s not just as an organisation that we’ve made that separate role, but also I mean temporary contracts. And months to get people inducted and months to get people into the thingy. And that's the thing. You know, it's so hard to get people through the system, we’ve lost applicants mid way through recruitment, and then we end up with not a gap of six weeks between employment, we end up with a year, very quickly because it's hard work to get people in. It doesn't feel very access to work to me at times and I'm not saying .. I think there should be some changes in the way that that's done. The induction process could be much more broad and integrated within the team, because then that happens, they're coming down and then they’ll disappear for a bit and then the team are like ‘who are they?’ again by the time they come back, and they're on a temporary contract and you're already counting that down.

Speaker 1

And how do you monitor and assess the outcomes of the peer support worker service? That could be any way at all.

Speaker 2

We get an annual evaluation of the peer service, which are extremely easy to understand with the scales and the understanding. And we've done those sort of reviews and things. So that's been in terms of that has been the really obvious. We can go and say this has been helpful, it's been supportive. But for me, I supervise in terms of like case managers and hearing them just coming back and saying, such a body has been working with whoever and they find it really helpful. Staff feedback is the monitoring I need to do, yeah.

Speaker 1

What indicators do you use to assess the impact of peer support workers on service user outcomes?

Speaker 2

They do a sliding scales questionnaire and like I say you do see those results in the annual evaluation. I think it's similar again, isn't it? But sometimes it's just the individual stories. You know, there was a case manager saying in supervision ‘Oh, the pers out with the service user doing this and that and it’s great’.

Speaker 1

So what benefits or challenges have you observed since the introduction of peer support workers?

Speaker 2

The challenges have certainly been recruitment. The challenge has been around training and that ‘in and out’. I do you think we start with ‘oh, such and such has settled in really well, and then they disappear on the peer programme for a bit, and then they come back. And I think that's been really challenging for staff because they don’t know whether someone’s here or not here. We don’t want to introduce a peer to a patient and them not be here for a period and I think that’s been the difficulty, you know, like I said, I might say to someone ‘oh have you considered a peer?’ in supervision … and we've got a few who really refer, but then some case managers reply ‘well my patient really struggles when peers aren’t around as much’. I think that sort of inconsistency is where it’s been, which is just the way it’s worked unfortunately. It’s caused some staff to feel a little bit against it. The benefits I think I've listed them. I think it's definitely given us a fresh point of view. I think. Some creativity that's been brought into the team, it's that sort of thinking from a different angle and I think we've, I definitely think we've got some our patients better because of peers.

Speaker 1

Based on your experience, what improvements would you suggest for the better integration of peer support workers into the early intervention service?

Speaker 2

I’d change the way they come in a little bit. I think I'd have them come in a permanent. I think that would give some stability. I'm not saying someone has to stay in a permanent job, but I think they're in a permanent job. Then I think you would say to staff, this is a member of our team. This is not a temporary contract and then when they do go and do this big induction period, this feeling of meaning and worth to it because this is someone who isn't leaving in 12 months time. So I think that would be my big change. Is I would make it a permanent peer contract.

Speaker 1

And is there anything else that you'd like to share about your experience of peer support workers in the early intervention service?

Speaker 2

I think one of the things that I'd like to particularly and it's something that the peers in early intervention do that I don't think any of the other specialities do as well and it's the way they work as a group. They work in their separate localities and they work as peers across the network together. And I think they do that better and I don’t know why, probably the next 1 is probably the leadership team work really well together. But the nursing staff in fylde couldn't tell you a nursing staff in east’s name. I know we’re talking bigger numbers, but actually there’s something about peers in the sens eof the word working together. And sharing and learning from each other which is so helpful and the peers do that really well and I’d like to understand that a little bit better because I think that we could steal from that, I think it's very good. They have their own meetings, they all meet up, they know what's happening. They steal from each other. They borrow to each other, they do everything. In a really like and then they go back and sit in their own localities and work well within those teams. Very clever. I’d like to know how it works?

Speaker 1

Yeah, that's it.

**PEER SUPPORT WORKER DATA**

PSW 1

Speaker 1

So we're going to question one. How do you understand your peer role as a peer support worker within the early intervention service?

Speaker 2

OK, so I understand my role to be using my lived experience. To enable a positive recovery if you like for service users and to walk alongside them and encourage that positive recovery and instil hope, really, I think. And hopefully I do that. And I think it's just nice, but service users as well, it’s useful for service users to talk to someone who's had that lived experience and has faced those emotional challenges because it is emotionally charged a lot of the time, those feelings that you have, and I think it's nice for service users to know that someone has, although you might not have had exactly the same experiences, had similar experiences where you've felt the same emotional challenges.

Speaker 1

That's brilliant. Great answer. Thank you. Question 2: How do you think your role is perceived by service users and other staff members, so we can either take service users first or staff, whichever you prefer.

Speaker 2

Users first. Yeah, I think - I think service users, I feel, are grateful to meet someone like me just because I think they know that we’re non-medical - I'm down to earth. And they can sometimes feel safer saying things to me than they would somebody who's got a medical background, not to take anything away from medical staff, but I do think sometimes they do feel safe talking to someone who's not medical who again has had similar experiences, and I know that sometimes a couple of our service users have seen me as a bridge when they've been feeling challenged by the team. They'll use me as a bridge between themselves and the team. And we've kept that relationship going, if you like, that otherwise might have broken down. And I also know that some service users say, well, one in particular said, that I'm making them feel seen and heard. So I know that, you know, we do have valuable input for the service users.

Speaker 1

And staff, how do you think they perceive your role?

Speaker 2

I think some staff are really, really encouraging and they really appreciate and value the role we do. I think other staff aren't quite so sure about the role we do, and the difference between the STRs and our role. And I think I would, I would say that those staff probably don't see the emotional side of things that is quite important to service users to be able to talk about. So yeah, I think there's a mixed bag of perceptions. A mixed perception really to our roles. But yeah, on the whole. I do feel valued. Just the ones who haven't quite got the hang of what we do. You know that they're a bit more distant if you like, yeah.

Speaker 1

Right. OK. That's great. Did you receive any training in preparation for your role? If so, what?

Speaker 2

I did the peer facilitator training ‘with you’, which was for eight full days and that was one of the best courses of I could have hoped for. And I've done a lot of courses in my time.

Speaker 1

How did you find that?

Speaker 2

Uh, I absolutely enjoyed every single day of it, and we still all have a WhatsApp group together. And it was so informative and so well placed for what we do for the role we do. And and …

Speaker 1

I'm wondering what aspects were most helpful if you can think of any.

Speaker 2

I think because obviously we've been service users or have had lived experience of mental health, you don't always look at things in professional way if you like, and the training course helped me to see things in a professional way, you know and how I might be perceived in a professional way, if you like?

Speaker 1

Right. And how we are introduced and integrated into the EIS team?

Speaker 2

Well, it was a bit strange the first week. Yeah, a little bit strange for a few weeks. Just because my line manager was off sick, so another peer took me under her wing and I shadowed her for a while. So yeah, I found it really helpful to be shadowing somebody. So I did that for about 3 or 4 weeks. And then when my line manager came back, she came out with me on a few appointments and decided I was OK to be let loose on the public. And the team, the team themselves and medical staff, they were brilliant. They're really welcoming. And I'm lucky that I do work in a really nice team and very lucky. So yeah, they were all very welcoming and because the role had already been established by other people, I think that made it easier. You know, it wasn't a new role, if you like.

Speaker 1

Great, OK. And what factors do you think contribute to successful peer support integration?

Speaker 2

What do you mean by integration? Do you mean back into the community?

Speaker 1

Integrating into the team. So I’m interested in how peers integrate into the team and maybe if what ingredients lead to successful integration. What factors do you think have helped?

Speaker 2

I think word of mouth really and just having conversations sitting down with individual members of staff and having conversations because obviously they're not privy to what we've been through when they come to us, so you know, having a conversation about what do you think? This service user might be suitable for peer peer support, so just having those individual conversations and saying “well, I've kind of been in that position before, I might be able to offer some advice around that”. Or, you know, I might be able to walk alongside that person and understand how they're feeling or what might need to be put in place. Help give them, you know, strategies to try. I think definitely having conversations with staff helps.

Speaker 1

Brilliant. Can you describe your collaboration with other health care professionals? So you've just mentioned there about sharing information, offering help, that kind of thing, so what else helps or hinders this collaboration?

Speaker 2

I know what hinders in our team, or has done in the past, like when we've received referrals and our staff are so, so busy you know, they're under a lot of pressure and what normally happens is when we get a referral for a service user to our peer service, w have a chat with the keyworker and then we would go out on a joint visit. But actually getting time for the key workers to join us on that joint visit, or getting you know they have time for an appointment to do that joint visit, that very first one, it's really, really difficult. It can be like a month or five weeks down the line. You know it's difficult because they're under so much pressure. So yeah, that's that. That is difficult. But then I think after that, when we get the initial service referral underway, yeah, things go quite smoothly after that. Yeah. It's just that initial joint visit that's always a bit of a difficult thing to arrange.

Speaker 1

OK, thanks. And can you walk me through a typical day or week in your role as a peer support worker?

Speaker 2

OK. So although. OK. Well, no. We'll do today cause we've got this interview. So I'll - so today I've had two appointments to service users and sometimes I'll, I don't generally have more than three in a day. So I'll always have at least two if I can do two appointments with service users and I'll go into the office and catch up with the team to see if there's anything I’ve missed out on. Then I’ll take part in the MDT's in the morning, sit and listen, just in case there's anything that comes up that might be relevant to a service user that I'm working with Catch keyworkers when they come in to discuss service users in between appointments. Write up notes on Rio. What else do I do? At the moment I'm busy organising craft afternoons and looking for ideas for that, and sending flyers around. We have a peer slot in MDT every morning, just in case we need to say anything, so obviously I've been shouting about this, this peer research. I don't know if anybody's taking me up on it, but I've been talking about that every morning. Yeah. So it's very varied, and I love it because it's so flexible and varied and every day is different. Never boring, just absolutely love it, love my job. And I'm very lucky.

Speaker 1

That's good. So how does this fit within the broader EIS service? Your typical day.

Speaker 2

Well, in general, a lot of staff would use the EIS the offices, the base itself. I don't generally have too many staff in, so we all come and go as we please. We all have our own little routines. I think in general, we all carry on our day kind of unhindered and we're all really trusted to get on with what we should be doing, you know, with our own caseload. Yeah, but there's an enormous amount of trust placed in us, I think from other staff, Yeah, but the base itself is a really welcoming place to be. So in the context of the day, I always go into the office and I'm always smiling and laughing and with other people, so it's just a really nice thing. We feel like we’ve integrated really well into the EIS. I hope we do anyway, but I do feel like we do something unlike anyone else in the team.

Speaker 1

And what challenges have you faced in your role and how have you overcome them?

Speaker 2

The challenges I've faced personally have been quite a personal thing, but not knowing that my role is permanent. So it's a fixed term role and it's been extended once, which I didn't expect, I didn't know that would happen. So it's a double edged sword because although it's nice to have had it extended, I still worry, you know that at the end of that, you know don’t know if it's going to be extended again. Should I look for another job, a completely different, job? But I love this job so much and so that has challenged me and I've tried not to let it worry me because obviously I've been through worse things. But I think I've just carried on, spoken to team leaders about it, you know, and have no worries. And I've spoken to yourselves about it. You and another senior peer have been brilliant. And yeah, I think you just have to talk about things, don't you? That's how I get through things. I talk about it and so I've overcome, I've overcome it in some way. Obviously it's not resolved because I don't whether I'm going to have a job s in three months, six months. Whatever. So that's one of the things I find challenging. I think the other thing at times is that because we've got that lived experience of mental health issues, some of the things we come across can be quite close and triggering to what we've been through. And that has happened once with me and it kind of took me unawares as well because, I don't know, I just didn't expect it, just was very unexpected. But again, I’m a good talker, I talked to my line manager, team leaders and they all put support in for me so you know, we all looked after each other - We all look after each other if there are any problems, so that's good.

Speaker 1

It is good. That's brilliant. So how do you evaluate the effectiveness of your work with service users?

Speaker 2

Do you mean from a personal point of view, or from the feedback?

Speaker 1

It could be personal, it could be from feedback. It could be the QPR questionnaires. Just how do you evaluate the effectiveness of your work.

Speaker 2

We do use the friends and family test. And we use the QPR. I think sometimes with the QPR and friends and family test, service users just tell you what you what they think you want to hear. I think that's just my point of view. My best feedback is when I'm talking to someone, I think a service user and they tell me how they feel about the work we've done and that always makes my heart sing, because you can really feel how important you are to people with their feedback. I mean, it's nice to get something in writing too. But yeah, it's when you have those conversations with people and they tell you how much you've helped them and how you’ve made their journey a little bit easier I think.

Speaker 1

And you see progression in their recovery too?

Speaker 2

Yeah, we do. We do. Yeah. In fact, somebody I saw this morning, she's progressing so well, but also with that progression comes a little bit of extra pressure for them as well, so she's now at college. She's progressed to being able to get out, go to college. But you know, she's, she's noticing that she's feeling a little bit more pressured with that. And so at the moment we're working on practical strategies around that, you know, and how she's going to get through that in the classroom. But yeah. Nice to see the progression.

Speaker 1

Yeah. And so do you think you are having a good impact then?

Speaker 2

I hope so, I feel like we are. I feel like the ones that I've worked with, I've never had any negative feedback from them so far, touch wood. So yeah, I feel like we have a really good rapport with the service users.

Speaker 1

Brilliant. How is your performance as a peer support worker evaluated? What metrics or feedback mechanisms are in place?

Speaker 2

Well, we have supervision once a month. And that would be with line manager and that goes on record. I'm having mine with the team leader at the moment, just because my line manager is off sick and that goes on record.

Speaker 1

Have you noticed any changes in your role or responsibilities overtime and what prompted these changes?

Speaker 2

No, I've not really noticed any massive changes. I don't think other than the introduction of the QPR. Everybody’s doing them, STR's are doing them, the key workers are doing them, we're doing them and it's a little bit overload for the service users, so we're kind of holding back on the QPRS at the moment, just because it’s, you know, it's just too much. Too much, too much, I think. And depending on the member of staff, our role was a little bit taken for granted, a little bit, and we were being asked to do things that we shouldn't have been doing. And obviously my line manager took those things up and we ironed that out and we no longer do those things that we were asked to do and just stick to our recovery role. But yeah, I don't think anything massive has changed.

Speaker 1

No, that's fine. And what changes or improvements would you suggest to enhance the peer support programme?

Speaker 2

I would personally like permanent posts. I would like us to be at least the band 3 because I do think we deserve to be a band 3 because we carry quite a lot of responsibility with the job we do. In fact, I don't think anybody in the NHS should be band 2 at all. I think everybody should start on band 3, but definitely I do think that if we were band 3s, I think we would have a little bit more respect, not that we're disrespected, but I feel, I don't know, like we might be valued even more than we are now if we were band 3. Yeah, I think that's the biggest thing with me. I try to get across what we do. I think people, most people are clear about what we do. Just the others that don't really get it.

Speaker 1

OK. Well, we're nearly there. Is there anything else you'd like to share about your experience as a peer support worker?

Speaker 2

I do feel very privileged and lucky to have the role because we work with really vulnerable people. And for us to be there for them, and for us to be allowed into their lives and to help them, you know, it's a massive, a massive privilege really. When they're feeling so vulnerable and for them to have that trust in us. So yeah, I really appreciate my job. I love it and I'm very lucky to be doing it.

Speaker 1

That's brilliant. Thanks very much. I'm going to stop recording now.

PSW 2

Speaker 1

So my name is L and I'm here to conduct the study on behalf of chief investigator to reduce bias. We've got 15 questions to go through. We want to hear the good, the bad, the ugly … everything. As honest answers as what you can give so it gives us a true picture of embedding peer support in early intervention. Yeah, so let's see how we go.

Speaker 2

OK.

Speaker 1

So. With question one. How do you understand your role as a peer support worker within the early intervention psychosis service?

Speaker 2

That’s an easy one then. So I basically help people relate (ermm) via life experience and also being someone to talk to rather than being talked at.

Speaker 1

Yeah. Yeah, good point that. Yeah. So you're not giving advice as such, you’re ...

Speaker 2

No. When I go to see somebody new, I tell them I'm not there for any clinical or medical knowledge, I’m there to relate and see how they feel and to make them aware that they aren't alone. They aren't the only one who's been there going through it.

Speaker 1

Yeah, yeah. So it’s like giving hope that, giving hope to the person?

Speaker 2

Yeah.

Speaker 1

Especially to see someone who's …you know … recovered. And how do you think that your role is perceived by the service users that you support and also other staff members? How do you think it's perceived by each of them?

Speaker 2

Staff wise, I think they've actually jumped on it (peer support) and look at it pretty much as a balancing act because they know that they're the ones who do the assessments and things like that. So some people are less inclined to be outspoken to them because they feel that they're going to be judged. So when I've related with what I've spoken to some of the clients about, they've gone ‘oh so that’s why they've done this’. So that's, you know, why they've got a little bit of more of an insight as well. So they've actually jumped on it and getting quite well with it and I fit well within the team so there’s no issues there. The patient side of things? It's a little bit similar, they actually can relate .. ‘cos I'm up front at the first appointment to tell them what I'm not there for and what I am there for, they're a bit more relaxed and a bit more open because they don't feel like they're being judged because they're not sat with somebody with, like a checklist, you know, where you’re ticking things off and asking direct questions because our conversations can be more fluid. We don't have to go through a structure where an assessor would need to.

Speaker 1

Yeah. So it's like bridging the gap.

Speaker 2

Yeah … yeah, it is and this might sound a little bit off, but I can use better relating language, where as the assessors and case workers will need to use the medical terms and things, where I can just say ‘You feel like crap’ and it feels more like an equal setting and it's not a patient/doctor relationship, it's more patient/patient just discussing the symptoms.

Speaker 1

Yes. Yeah. And before you started doing the role, or in preparation for your role, did you receive any training in preparing you for your role, and if so, what was that?

Speaker 2

Oh. I don't think there's any training that you can be given for peer support since it's life experience, you can get given training on the systems and your expectations and the procedures, but regarding what's it like to hear voices or what's it like to be suicidal? You can’t have training, you can go through the medical text, but no, I don't think it could be open for everybody to do it.

Speaker 1

What about was there any training in relation to actually how you would operate as a peer?

Speaker 2

Yeah, there's ways to show empathy and things like that, so we did that kind of training and how to broach matters and how to relate to people.

Speaker 1

What was it? Can you remember what it was? The training?

Speaker 2

I can’t remember?

Speaker 1

Was it ‘with you’ training and what aspects do you think were most helpful?

Speaker 2

Yeah, it was ‘with you’ training and it was good to get a lot of peoples different opinions because it was an open discussion forum, the downside to that particular training was that in some subjects it was too open. There were people who were working in care homes or housing shelters and things, so they would have a different approach to what a peer advisor would have and they've got different aims, so even though we were talking about it, I had to take the snippets that would work and apply for myself and do that which is good. So there wasn't any direct peer training for peer directions I suppose, it was basically, this is what we do if we work in a care home, this is what we do if we work on a ward … this is what you would say if you were going to be a counsellor and so you had to take snippets of everything and piece it all together to see what would work for me.

Speaker 1

Right. OK. So we're going on to the next question now, which is how were you introduced and integrated into the early intervention team?

Speaker 2

I arrived and said ‘hello’. I'm kind of a no nonsense person, so I'm not shy, so I introduced myself. It took a little bit of a while to integrate because obviously it was a new position. So people were like ‘what is it you do?’ kind of thing and obviously with me, learning it was finding that balancing ground of how to describe what I'm supposed to be there for, but I made the effort of being incorporating myself into the team and stuff, and we found equal terms and yeah, now it's just something that we discuss between ourselves as well.

Speaker 1

Quite an informal integration and introduction then it sounds like?

Speaker 2

Yeah. Yeah, the senior peer came and said, you know, this is xxxxx he’s peer support. This is xxxxx, This is xxxxx … da …da ..da …and introduced everybody which is what he did, which is normal stuff … but I think having to discuss what it was wasn't an issue for me because I'm someone who asks ‘so what do you do?’ kind of thing where I think if someone was a little bit more reserved or shy there might be that little bit of a gap, but I didn't notice it myself.

Speaker 1

Right, OK. And now what factors do you think contribute to successful peer support? I am just.

Speaker 2

What contributed to what sorry?

Speaker 1

So what factors do you think contribute overall to successful peer support integration?

Speaker 2

In the team or for patients?

Speaker 1

Yeah. So what makes it work overall? So it could be within the team and with patients.

Speaker 2

I think it is being approachable and being also inquisitive. I don’t think it would work if we were secular. I think we do need that interaction so for example, we can work from home and we work our own calendars, but I make the effort to come into the office to talk to people, so therefore I'm a constant reminder that peer support is here. Yeah, I can also ask questions about something that may have cropped up in one of my discussions that I’m not too sure about, or they can ask something about ‘would peer support cover this?’ or ‘would that be a good catch for that?’ So I have them interactions. I could work from home but I don't think … it, to me it doesn't work.

Speaker 1

So having that integration with the team and educating them around what a peer is on a regular basis?

Speaker 2

Yeah, and I'm always visible. Yeah, like, like, this this morning, people come in. How you doing? Doing things like that. So it's not. It's not. I'm not always singing from the rooftops, or here give me a thingy, but I'm always in the back of their mind or here’s me, I’ll ask him a question kind of thing.

Speaker 1

Yeah, yeah, yeah. Some visual presence in that. And yeah, I understand that.

Speaker 2

Yeah. I'm a big guy, so I’m not easily missed.

Speaker 1

And I think you've actually covered it really well already, but I will ask the question, can you describe your collaboration with other healthcare professionals and what helps or hinders this collaboration?

Speaker 2

Yeah. Like, like I said before, it's that interaction and being a person rather than just a name on an e-mail address.

Speaker 1

OK. Yeah. Yeah, definitely. And I think it builds that relationship and that trust as well, doesn't it?

Speaker 2

Yeah, I walk in and they’re all talking or laughing and it's a bit of a team, so you know, like I've just asked one of them: “I'm off to see this client. Is there anything you need, does any prescription need dropping off” kind of thing? So we have that coverage because that’s the way that person is. Not making them go … You know, I mean, just a journey to drop off prescription if I'm already going so.

Speaker 1

Speaker 1

Yeah, yeah, yeah. And this one is, can you walk me, walk me through a typical day or a week in? Your role as a peer support worker.

Speaker 2

And yeah, it's basically you book your own appointments so you kind of know what's coming up, but on a Monday morning, I always go through the Rio notes for all the patients I’ve had, just in case something's changed through the week. So I like to keep on top and then I always say to my clients I ring you in the morning of our meeting just to make sure that you still feel you are wanting to meet because obviously people can have bad days and things, so I always drop them a quick text saying are we still OK for today's visit? If they say yeah, great. If they say no. Anything I can help with? No, OK, can we arrange again because I always advise them that they don't have to see me if they don't want to. It's not an assessment. They're not going to lose anything. So if they have a bad day, don't feel forced. So I always keep that a bit open for them. Go visit them, talk about whatever's on their minds at that particular day, if they don't want to talk about anything in particular, we just chat and have a bit of normality. If they want to go out for a walk, we chat and go for a walk or we go to the shop, or we can just sit there and just have a chin wag and have a bit of a laugh and then make them feel a little bit better and then come back to the office or next appointment. I get paid for talking.

Speaker 1

Well, probably a lot more going on there than that, though that's one tool that you're using is you're talking.

Speaker 2

Yeah.

Speaker 1

Just a SEC. There we are. So you've just described - the next question is, how does this fit with the broader early intervention service? So the talking that you offer and the visits, what does that do in terms of …?

Speaker 2

I think it balances it out. I think if the only time they hear from EIS is you’ve got a medical condition, you need to have your depot, you need to have your injections, have you taken your meds - it's all clinical and it's therefore you just ticking a box and that's how it can feel like or that's how I felt like when I was going through it. Where Peer kind of balances it out would put the human factor into it. How you feeling? You wanna go for a walk or do you wanna chat? You know what I mean, you're not alone kind of thing and it kind of gives them that little bit of someone cares or someone knows what's happening?

Speaker 1

And it sounds like it gives them some hope in a way.

Speaker 2

Yeah, yeah, I mean that that like I spoke to a lady for the first time a couple of weeks ago and she thought she was the only one going through it. She said, I know it's silly and I know I'm not because there’s millions of people in the world, but that's how I feel.

Speaker 1

Right.

Speaker 2

… and then when I said, well, have you thought of this or did you mean you're thinking this, which is like you get it? Yeah, that's what I am, you know, she said ‘So you've come through it?’. So therefore I said yeah, it's just I mean, just stop giving yourself a hard time. You'll be six months and things because she had a friend who was like oh so and so has it down the road. After three months, it was better and I said yeah, but that's that person. They may not have the same exact issues that you've got and even if he has, you could take you six months, 6-9 months. And so she's realised not to put herself under pressure for any time because she kept failing and she didn't want to say that to the caseworker because she didn't want that confirmation from them. So it was a little bit humanity kind of thing. I think you balance it out.

Speaker 1

Yeah, that can be open and honest. And yeah, share with someone they know who understands. Thank you for that. So what challenges have you faced in your role and how have you overcome them? That can be any anything at all.

Speaker 2

I think the main challenge I say is getting a referral for something I haven't experienced, you know, because obviously psychosis is a wide spectrum.

Speaker 1

Mm-hmm.

Speaker 2

So there are some parts, some aspects that I've not experienced. So it sounds like a bit of a challenge kind of thing, but I have the approach where when I meet them, like I said, I tell them what I'm not here for. And if it’s something I've not done, I tell them what I've experienced, but I may not have experienced you, but I can still relate and give them that option if they feel that they're wanting to continue then they kind of know from the start where we're both at, and it was having that confidence to say that was the my initial problem when I first started because I felt I just have life experience, and then I realised I can't have a life experience about everything. But it was challenging a bit for me.

Speaker 1

And I would imagine even if you haven't had that exact same experience, you might have experienced some of the emotions and such to, you know, and it sounds like you've overcome it by explaining to the person and leaving it, leaving it up to them, yeah.

Speaker 2

Because we always get those score sheets that we have to sign at beginning. I never give it on the first appointment. I always give it on the second one because I always said the first one is a meet and greet. Get to know each other. Do you want to proceed? And if they say yeah, then the second one I said right and if you wanted to do it and that's when I introduce it because that way I don't want the first one to be all filling the sheet in.

Speaker 1

I get that, yeah. Yeah. So the next one is how do you evaluate the effectiveness of your work with service users?

Speaker 2

I would like to say that from the outcomes scores. However, I've not really had anybody who's ended at the moment, so I haven't got there. However, I can see improvements at times where someone will be smiling or they'll say something silly like I went to the shop on my own. And they’ve been housebound and so it's those little things that you see throughout and like I tell the people don't look for the big things. It's the tiny little steps, the Silver Linings. And that's how I know that I’m making a difference.

Speaker 1

Yeah, they are pretty big though, aren't they? You know, somebody's been housebound because of their mental health, and then they've been to the shop on their own like.

Speaker 2

Yeah. So they always think ohh I need to get better. I keep trying to say to them ‘That's great’. That's an end goal, but.

Speaker 1

Yeah, yeah.

Speaker 2

Take the weekly day and daily things, and that's where we go with baby steps and some of them laugh and they're like, yeah, we know about your baby steps, your Silver Linings and then after a few weeks they go ‘But it works’. I mean, because I watched the movie and I laughed or I had a friend round for a coffee. And I said it's those silly little things that make a big difference. So yeah, and then - So having them acknowledge that I was right or that they've done something different is how I perceive it works.

Speaker 1

Yeah, and they might not have even picked up on those little things if you hadn't had the time to go and, you know, spend that time with them to point it out rather than filling in a form like, say it's interesting doing this and you have covered it. And the next question is what impact do you think you're having?

Speaker 2

Yeah, I think it is a good impact for the people who take on board what the potential is. There are about one or two who just do it because they just go the flow yeah, and I think the people who actually do want to get better and put effort in, they do get a lot of benefit out of it as well. You can't force somebody to get better unless they really want to do it.

Speaker 1

No, no, definitely not. No. You can only have the impact if someone's willing for you to have the impact, yeah?

Speaker 2

Yeah.

Speaker 1

And then how is your performance as a peer support worker evaluated and what metrics or feedback mechanisms are in place to do that?

Speaker 2

I think it can be evaluated in a few ways. One, if the person doesn't want to continue, they can either tell me upfront or tell their caseworkers for whatever reason. That's perfectly fine. Also monitored on RIO because we have to document it all. So if the case notes say that I haven’t been for a couple of weeks, then they can say why? or something like that. And obviously in general because with the meetings that we have with the senior peer for the supervisions and stuff, we can pick up any points and things like that, that we feel maybe missing or we feel we need some more help on, but I generally, like I said before, if I've got a topic where I'm not sure on, because I'm in the office, I'll ask. They'll say they meant this, that they said this medication, what’s it for? Find out if I don't know what it means. So therefore the next time I go, I kind of know. So I'm always improving anyway. So it's not something I'm consciously needing to do, I'm always asking. They said this. What? What's this? I mean, right? I think that's what it refers to and so and so.

Speaker 1

Yeah. So there's a few different, a few different things in place then isn't there? And question 14 is: Have you noticed any changes in your role or responsibilities over time that you have? If you did at what prompted these changes?

Speaker 2

Err no, I don't think there is. I still, I mean if somebody mentions that they want to go to a craft class for example, then I'll look around and search online, see what there is, but to me that's just not part of the job anyway, so I don't think there's any big differences.

Speaker 1

No, that's alright. If it's not. Yeah, absolutely fine. And the last question? What changes or improvements would you suggest to enhance the peer support programme?

Speaker 2

UM. More of a hope that people can bounce off each other for the lived experience stuff because like I said it it's alright being honest and saying on there, but if you had somebody who was hearing voices for example, and you have heard that in, in yeah and you had capacity, then I could say, do you want to take this or what symptoms or what helps you and therefore I can relate it back kind of thing.

Speaker 1

Do you mean peers, like a bigger number of peers?

Speaker 2

Yeah, more of a central information section. You know, you know, you kind of think because we get all these emails saying there's a meeting for this meeting for that and most of it is irrelevant to us personally because it's all clinical and things where it would kind of be nice to have like a section where people have put their own experiences in kind of thing. They don't have to put the names on it, but just something that you could all pick from and learn from. So I think it might be people telling their personal stories, that kind of thing. And you, I mean, don't have to put your names on, but just a section for peer supports to be able to access so they can get a bit of a feeling for something that they may not have experienced and not use it verbatim, but just go, I know somebody who's had that and they felt this way. Is that how you mean it just gives you a bit of a pointer.

Speaker 1

Yeah, I see what you're saying. So that’s it, the last part is just if there's anything else at all that you'd like to share about your experience as a. Peer support worker.

Speaker 2

Only that I think it’s helped me to be me, know what I mean, in a selfish way. The people I work with have shown me that I’m not alone too, there's people worse off. There's people better off. There's … it's more of a spectrum where I know we go and show people you're not alone. You get through it. But even though we’ve been through it, it doesn't mean we're 100% ourselves and it kind of helps to know that you're helping. You're making a difference as well in some aspect and your pain and suffering is helping somebody a little bit.

Speaker 1

Yeah, yeah. You're making good of a difficult situation, a difficult, pretty well, right? And you get something out, which you do, you do get silver lining. Yeah. Yeah, that's great. That's great. We’re done. Thank you.

PSW 3

Transcript

Speaker 2

Alright, so we'll just go through questions if that's all right. Yes. OK. So the first one is how do you understand your role as a peer support worker within the early intervention psychosis service?

Speaker 1

Primarily it's one of using your lived experience to support and walk alongside the service users that are assigned to you on your caseload. So that's the main focus of it.

Speaker 2

Yeah, definitely, yeah. So how do you think your role is perceived by service users and also other staff members?

Speaker 1

I think with service users, because I always take the time to explain and in conversations I keep bringing it back to the lived experience element of it and making sure that they understand that it's not clinical. And I think that builds a sort of relationship of trust that's a little bit different to the clinical staff. And so I think that as a consequence of that, I know that some of the service users that I work with actually do share information that they say that they wouldn't share with other people. So it confirms that sort of relationship, you know make it very clear that if it's something that's totally confidential. Yeah. But if it's something that is about safety and you know their safety or somebody else is compromised, it has to be shared. But I think that over a period of time it builds quite a different relationship than some of the clinical staff. I know. They're crossovers. Yeah. And I think the role of my colleagues. How do they perceive? I think if I were to have those conversations, I suppose, and I probably need to have those conversations with those members of staff that are actually referring on to me, but it's not a question that I've really asked them. But I think because I've had repeat referrals from some people, I think that they're valuing that role.

Speaker 2

OK.

Speaker 1

Their understanding that sometimes that role is triggering a really early intervention in regard to a service users starting to feel unwell and perhaps sharing things, or perhaps because I meet them maybe more regularly than the caseworkers, I notice things and I've got to know them quite well. So there are certain behavioural things that might change and that can be quite, erm, What I'm trying to think of the word - It sort of gets me thinking and triggers a response and I think I need to act on this and I think that that is then helpful intervening at an early stage so that the person that I'm supporting doesn't get so unwell. Yeah, before another intervention is it is deemed sort of appropriate. So that's happened quite a few times. So I'd have thought they would see that as quite sort of helpful and also the social contact, I think they'd see that as very important that it builds perhaps a more regular sort of social contact with that person and starts to build in more of a structure into their life.

Speaker 2

Yeah. So it sounds like overall peer work is being perceived positively?

Speaker 1

I think so. Yeah, very, very much so, yeah.

Speaker 2

Yeah. Are you happy to go on to #3? Yeah. So the next one is, did you receive any training in preparing you?

Speaker 1

Absolutely.

Speaker 2

For your role. And if so, what? What training in preparation?

Speaker 1

Right. Yeah, I think it was the - I can't remember – ‘with you’ training. So I did that training which is the four week sort of training programme. It’s preliminary training that you do on teams with a group of other peer support workers from across the country, really, and that was really, really good. I found that incredibly helpful because when I first started in the role, I was still very much in recovery. Yeah. And to have the support and that ability to share really understand what it is that you're getting into. And I did find that the training was very supportive. I thought I might find it a little, I don't know, difficult to sort of connect with maybe, but it was amazing how quickly you built up relationships with the other people that were on the training and then you had I think it was a four week gap to practice what you’d learned.

Speaker 2

Yeah, yeah. Yes.

Speaker 1

Perhaps trying out some of the things that you'd learned and where you were able to reflect on that and then you have the four week at the end. So that period of training was tremendously supportive because it really opened up. Other people's perceptions of what peer support is, their experiences of peer support and people were doing it in all sorts of different contexts, so it was great. Yeah, really good.

Speaker 2

So what aspects were most helpful for you? So I know you mentioned the connecting with other people and you end up listening to all the perspectives on peer support.

Speaker

OK.

Speaker 2

Is that what you were just saying.

Speaker 1

I think that was the most helpful and I think feeling comfortable in your role, that there are some things you’re not there to do, I think that was the other thing cause you do meet people, you see them in great need and you want to mend you want to put things right and to feel.

Speaker

And. Hmm.

Speaker 1

Quite comfortable with the fact that that isn't your responsibility. That you're there to walk alongside, that you're there to, to listen and sometimes be very comfortable with silences. You know that it's those sorts of things that I think are really reflected on because I am a person that will jump into the silence, feel a bit uncomfortable. And I was learning not to do that and to really give sort of quality time to the listening element of the peer role.

Speaker 1

Yeah.

Speaker 2

How were you introduced and integrated into the early intervention team?

Speaker 1

UM, right. Uh. It's a while ago, so I'm trying to think. I met with the senior peer first and there was various sort of induction things that I had to do. I met the other peer who started at the same time as me, then the senior peer brought me to the Victoria House and introduced me to a number of the staff here, so I just introduced some of the roles and I sat in with somebody while they were talking. I think they were doing a pip form and it was very thorough. It felt very welcoming and you know it. Yeah. That was it. I can't think. What else? Sorry.

Speaker 2

What factors do you think contribute to successful peer support?

Speaker 1

Well, I think having a very clear understanding of what your role is. And then receiving a very sort of open and not invitation, but a response from the clinical team and being recognisable. Uh, I suppose. Affirmations of what you're doing. In some ways, I think that that that would help. I think just sorry, what was the question again?

Speaker 2

So yeah, so I think. Like it's a model. So to let you know you're doing the right thing so.

Speaker 1

Yeah, it is. It is. And you're questioning if you don't and you worry that you're not doing it right? Yeah. I think also having the supervision monthly with senior peer support worker is really helpful because that also gives you time to reflect, and the support is good if you’re not getting that from other members of the team.

Speaker 2

Sorry. No, you're right. So the question was about what factors do you think contribute to successful peer support integration? So maybe it sounds like you're suggesting it could be helpful to get some feedback maybe. On the work you’re doing?

Speaker 1

But yeah, I think that would be really helpful, I think that.

Speaker 2

Yeah.

Speaker 1

You know, I'd have to take responsibility for that. I don't come into the office very much, and perhaps I need to come into the office a little bit more to integrate more with the team. I see that my role is very much focused on the face to face and sometimes just fitting everything in it. It feels like there's no need to. I'm coming into the office to sit on a meeting.

Speaker 2

Yeah, yeah.

Speaker 1

And then I'm whizzing off again, you know. So I often do the morning meeting from home and then get on with the day. But perhaps I'm also missing out on that sort of face to face contacts and those conversations before the meeting that could help and provide opportunities. So, so, so maybe I need to look at that really.

Speaker 2

So can you describe your collaboration with other healthcare professionals and what helps or hinders this collaboration?

Speaker 1

Yeah. Yeah. I think I think, yeah, just reiterating where these, the fact that I'm not, I'm not getting into the office and not doing the face to face interactions with the team. But I do e-mail and I do talk on the phone and if there's particular concerns and I've always had a very supportive and active response from whoever I’ve passed back to the caseworkers.

Speaker 2

And like you said earlier, it speaks volumes really, doesn't it, when someone's putting in the referrals. And yeah, they've obviously got a lot of faith in what you're doing.

Speaker 1

Yes, yes. Yeah.

Speaker 2

Right. So can you walk me through a typical day or a week in your role as a peer support at work?

Speaker 1

So I work for three days. I'll either come into the office, but only occasionally, or I'll start the day at home, go through some emails, and then we've got a 9:30 meeting, which is sort of across the whole team to discuss various cases. Red rag updates all that sort of thing, so you have your morning meeting that is useful. I've always found that quite useful to be in on because you hear names that you then maybe have more contact with so they become somebody that you're going to support. I think there have been times where I've heard within a discussion and there’s something that I wanted to contribute, but I think that comes back to previous questions. I've had confidence sometimes that umm, but that meeting goes ahead and then after that I will just check because sometimes people have emailed me during the meeting or whatever and respond to those. And then I'll have my first meeting booked in with somebody that I'm supporting. So just get myself ready, get out to meet with that person. I make sure I meet peers on time. I'll always give them the choice of what it is that they want to do and then we sort of follow through on that and the conversations are a sort of combination of. Uhm. It's a very general conversations as you get to know a person, then you've got more things that you catch up on. You know, things just generally going on in their life and then it's usually listening and perhaps asking the right sorts of questions that may elicit some sort of response if you could see that something was quite difficult or if you talk about an achievement of something that they've actually done that's massive, you know it can only seem to make some small thing to somebody else, but actually knowing them and knowing where they're at. It can be a really big achievement for them and you know, focus in on that sort of self-care and make sure that I'm doing that on a regular basis because I think that that's something again that is so easy to neglect. I know I do sometimes and you know it's just that sort of reminder. And then if they're wanting to do anything practically, you know, sometimes people want to go shopping and stuff like that, that helps them, then that's fantastic. We do that. Try and encourage a bit of healthy activity like going out for walks and things like that. So and then arrange with them our next meeting. Yeah. Try to streamline it so that we're having the same time every other week. There are some people that I will meet every week, depending on their support needs, and then grab some lunch if I've got time. And then I'm on to the next meeting support meeting with the peer support, somebody that I'm supporting and very much that just responding to them who they are, where they're at.

Speaker 2

Yeah.

Speaker 1

Finishing the day so I see two people in the day and then I come back and I write up my notes and respond to any sort of like emails that have come through. If there's some training or if there's other admin that I need to get done and make sure I do that I will ring people who I’m not seeing that week to just check in with them and some people will need a text reminder because I know they will. They like to have that so they know the meetings happening the next day. So I'll do all that sort of that many stuff and then it's a sort of repeat of that really unless there's a training that's happening, yeah.

Speaker 2

It sounds like it's very much led by the needs of the person that. How do you think that fits in with broader early. Intervention cycles is service?

Speaker 1

Actually it fits in, in regard to getting well, establishing a sort of social contact and support with somebody to quite an early stage of intervention and providing an opportunity where they can experience recovery. We can talk about lived experience and there's a bit of hope.

Speaker 2

Yeah.

Speaker 1

I think a bit of you know and again coming back to previous questions, I think that the response very often once the person recognises that you've also had, it's not the same experience but a lived experience, then those conversations could really open up and they can see where you're at.

Speaker 2

Yeah.

Speaker 1

And that can help boost confidence, and then questions start to roll very often. So I think it fits with that and.

Speaker 2

It's it gives them hope of recovering. Yeah, yeah.

Speaker 1

Of recovery? Absolutely. It's about that, really, and also I think for some people that I support, you know, if it's necessary to see them every week, it is that sort of thing that.

Speaker

That.

Speaker 1

Momentum. They're trying to create so that they're not, you know, they're not going too long without any sort of intervention. So they can just get over perhaps or help them to move forward, perhaps a little bit.

Speaker 2

Yes.

Speaker 1

Kind of quicker isn't the word because it's not up to you to move them quickly, but if they’re stuck in a cycle.

Speaker 2

Yeah, yeah.

Speaker 1

And you see them and they are on an up, and then you, you know, that lasts for a while, and then they go on a down and I think if you're able to see them every week, you know, when people are experiencing that very sort of roller coaster, sort of, whether it's to do with psychotic symptoms or it may be to do with sort of addiction and things like that to be able to provide weekly support is more effective than fortnightly, if that answers the question, but.

Speaker 2

Yeah, yeah, definitely. So what challenges have you faced in your role and how do you overcome these?

Speaker 1

The challenge is keeping boundaries. I've found that at times quite challenging in regard to feeling very responsible for the person that you're supporting or the people that you're supporting. So I was very conscious of taking holidays, being aware that they're not then going to see me for, you know, 3 weeks and you start to worry and I think it was you know recognising that there's a whole support network around this person, and you're not the only one. Because you can sometimes see people very well. I can see but I don't know what's in that person's mind. You know, I feel I can see an answer, and I want to provide that answer for the person but it's coming from it at a different angle, it's providing an opportunity and it's providing choice. And it's enabling the person to see choices, but it's up to that person to make those choices. And I think that's, that's something that occasionally I step over and say ‘I think we should be doing this’ and you know. And it's holding back from it. Yes.

Speaker 2

What do you think helped you sort of manage it and obviously not doing those things that you feel like doing?

Speaker 1

I think obviously through the supervision that I get with the senior peer support worker, but also I think you know in the roles I've had in the past, so particularly as a youth and community worker, there was great emphasis on reflective practice, yes. And being a teacher for 20 odd years, again it's one of those things that you do, you just reflect on it, you think about it, you think well, how is it you evaluate what's going on do you think? That was a better way of dealing with that. What were the issues? And I think also the training that I has been key to helping.

Speaker 2

So how do you evaluate the effectiveness of your work with service users? Did sort of discussed it before. What else do you think that you could do that would evaluate the effectiveness of peer support?

Speaker 1

When you do the QPR. So it's a series of various questions that you'll ask at the beginning of the meeting at the first meeting with the service user yeah and it's something you'd then do at the end of working with them. It gives us a sort of measure of recovery.

Speaker 2

Yeah.

Speaker 1

But so I've never done that. I think that the main evaluation, it's an ongoing thing and it's I think what I've learned because a lot of the service users that I have supported either seemed to trickle on quite well for quite some time and others go through this, you know, very up and down and I used to feel that perhaps evaluate I don't know. Perhaps. Uh. I think of when things have been going well for quite some time and then they take a massive dip and the service user might disengage for quite some time and that the feeling I was a failure, that I'm not meeting the needs in some way and I think again sort of stepping back and looking at the bigger picture, I think what I feel is? This answers the question, but I feel that the measures that you take in a role like ours, they're very difficult because I think to be concise and accurate about it is difficult. You don't know the effect that the conversation you had whilst walking alongside somebody for a period of time might have had. It could happen a little bit later on for that person when I’m not involved anymore. You know, they may reflect on it and see the positive and it may that that little bit of hope that they're trying to provide – it’s there but they’re not ready yet.

Speaker 2

No, that's it. No.

Speaker 1

And it may be something that kicks in later so I think it's - Probably we need more or people would like a more solid evaluation of the role, but I think it's a very difficult one to measure.

Speaker 2

So it sounds like you use the tools that you're provided with and you also look at the service user now. They responded and you know, and they say people who are unwell and it might be that it's years later that they've looked back on.

Speaker 1

Yeah, yeah. Yes. Yeah, yeah, yeah. Absolutely.

Speaker 2

And this is a similar question again. So what impact do you think you're having?

Speaker 1

I would hope I am but I don't know that I am, but I would hope that as a peer support worker, I. Think it's not a role that I had heard the word and the term for before. But it's really understanding what peer support work is about. It’s been a journey and an education in itself. And I would I'd hope that that the value of that role through what I'm doing is being effective. The actual role itself has been recognised by other members of the team, and I think it's really embedding peer support because once you start with peer support and you start to really understand what it is and the impact that it can have, you can see how you could apply it in so many different areas of healthcare education. You know it's very powerful and I think people want it.

Speaker 2

It's such as showing maybe the team about recovery as well.

Speaker 1

Yes. Yeah, it's putting that human face on it. I think. I think it's, you know.

Speaker 2

You know, cause sometimes they don't see. Yeah, yeah.

Speaker 1

I would worry that that the clinical team would see only one side of a person the unwell side the side that needs to be treated, now you know my relationship with the other members of the team that they are incredibly so supportive and compassionate in the way in which they deal with people, but I think to then have somebody that's got lived experience as part of the team. That can be an opportunity for education, for challenge and that challenge can impact how services are shaped really, and I think that can be key and I don't know whether I feel that it’s fully Explored within the team, it's very subtle and. I'd have to say that because I don't perhaps have those conversations with team members, I need to have them with the team much more directly. Much more, yeah. Explicitly for us to really understand what people’s views are, you know.

Speaker 2

So how is your performance as a peer support worker evaluated and what metrics or feedback mechanisms do you employ?

Speaker 1

OK, I think coming back to the QPR, that would be one, but it’s quite a crude tool. In a way because it's asking very particular questions and depending on how the person may be, something like ‘Do you see a purpose in your life?’ and the person like say yes I do. I have this particular belief and that could be part of the psychosis and they may score very highly and that might go down.

Speaker 2

Yeah, yeah. In the grandiose especially?

Speaker 1

You know absolutely. So, so there are questions in there that can be quite skewed. And I think that that probably does need to be something that we look at, I feel so.

Speaker 2

Could be like using real diary as well.

Speaker 1

Yeah, yeah. I mean the notes that I write. That’s one thing that again I never know if I'm doing it right or wrong. Sometimes I feel like I'm waffling on, you know?

Speaker 2

Yes.

Speaker 1

Or perhaps sometimes I feel like I'm giving a little bit too much information in my notes. Perhaps I need to ask for a bit more guidance around that? I sit there and think like, right. I met such and such person at this particular time at this particular point. And then we talked about this, we talk about and I was initially giving almost blow by blow account and then I was thinking well, I'm actually now divulging information, although it's not sensitive information, but it's information, is it necessary? Is it really? What's the very necessary point and how is that then useful to other people who are part of that care team that they can use? So I think I've got better at it, but.

Speaker 2

Yeah.

Speaker 1

I've had no complaints about it, but it's perhaps the biggest sort of accountability, doing a written account of what you do as a peer.

Speaker 2

And have you noticed any changes in your role or responsibilities overtime, and if so, it might be a no. But if there have been any, what prompted these changes?

Speaker 1

I haven't seen any particular changes at all. It's just the case. You know, my caseload has grown to the point where I can't take on anybody else at the moment. So that's really the only change.

Speaker 2

Umm, I think that's a good change because sometimes it can go the other way as well with.

Speaker 1

Yeah. Right.

Speaker 2

You know a new service, it start off where there's a lot of referrals and then maybe change in the other direction where the drop offs on.

Speaker 1

Yes. Yeah. Yeah.

Speaker 2

What prompted your caseload to increase? There could be some reasons for that that we talked about earlier like because of the good work that you're doing and things like that, yeah.

Speaker 1

Yeah.

Speaker 2

I just see that as like a really good change, that a peer has got so busy they can’t take anymore.

Speaker 1

Right, right, right. Yeah. Yeah. Yeah.

Speaker 2

So what changes or improvements would you suggest to enhance the peer support programme?

Speaker 1

I think there was an away day looking at this. I didn't book the time and there was monthly meetings that we had and it was booked at the Minerva Centre. And this sort of had a chance for people to meet together. I missed out on that and that was my fault because I didn't book the time. I forgot there, but having a regular meeting to look at improving things would be good. I needed to take that time off, but I think that's perhaps - Having that sort of away day and connecting again and perhaps initially getting people together and getting people to put items on the agenda for the day of Things that they want to discuss and talk about and whatever they are or however they want to talk about them. I think that that might really help. So they could be given a bit of time to sort of again sort of reflect and share and think about.

Speaker 2

Yes.

Speaker 1

So how is the peer support service impacting on the service? How we can improve it and yeah, I think that sort of sharing opportunity will be useful. I'm not saying it doesn't exist cause to say I missed that day, but. And the other thing I was wondering about, but I don't know because again, I'd have to hold my hand up and say I don't have the conversations I perhaps need to have with the case workers because I was wondering because it's early intervention service, there are a couple of people that I support that I see it. It's valuable to continue to support them, but maybe there needs to be a time limit on some of that support. I also wondered where they're having more conversations. With. I mean, there's only myself and another peer worker really here, but we should perhaps have more conversation of trading places with, I don't know how, whether that would be good or bad. I really. I was just when I was. Thinking about because.

Speaker 2

And in the placing of.

Speaker 1

In so much as we you're sharing, your lived experience, would it be beneficial? For the person to also get lived experience from another peer support worker, so, so, so they're getting, you know, different a different perspective and is that something? That I don't know. I'm just wondering whether that's something that would improve the service and maybe that also could be useful in not creating a dependency on the person that you're supporting or that that feeling of being responsible as the peer support worker.

Speaker 2

Yeah, yeah. And then you mentioned earlier as well about being a bit more explicit about the education given to staff, and that as well?

Speaker 1

Yes.

Speaker 2

So these are all the questions done now. And so it's just if there's anything else at all that you'd like to share about your experience as a peer support worker?

Speaker 1

I think for me, I really didn't think I was gonna get back into employment after deciding to finish at the college and just thinking I couldn't do anything. And I needed to financially I needed to and I looked and I saw the job. So you know. It was a massive opportunity and I think in a way in which my experience has been a really positive one because I've been supported back into employment and something that I see is really worthwhile, you know and that sort of thing. Then consistent care. That I've received, you know, through, you know, interactions with other members of the team and through the senior peer support worker who has been absolutely brilliant. You know it really has because it's given me a focus and a purpose. So yeah, you know that that I'd say has been so positive for me.

Speaker 2

Thanks for taking part.

PSW 4

Transcript PSW

Speaker 2

So we'll jump straight in with the first question. How do you understand your role as a peer support worker within EIS?

Speaker 1

How I perceive it?

Speaker 2

Yeah. How you understand it?

Speaker 1

So the idea of the role within the EIS is to go and visit people and see what sort of support they're in need of and enable them with the help of my own past experience of mental health to - I'm trying to find the right words - enable them to live what they perceive as a normal life again? Be that anything that they were once doing that they'd like to do again, but have maybe lost confidence in. I don't see that having mental health illness means they can never do that again, so to instil confidence back into somebody and to be able to live a life that they want to live.

Speaker 2

Brilliant Okie Doke question 2. How do you think your role is perceived by service users and other staff members? So if we take staff members first, how do they perceive your role?

Speaker 1

As I've just said, really, a lot of staff members come to me when they're Putting a referral in or even before. So for example, last week I had a staff member come over to me and ask if I would just come and meet somebody who they want to refer in to peer support, but the service user is reluctant to do that because they've just lost trust in anybody. There is a massive stigma behind mental health and it feels that anyone that they come into contact with are instantly judging them. So staff members have found it really useful to have peers in the team to make contact with someone who suffered from psychosis and other mental health conditions to give hope. To say that I have walked a similar path. I have walked the recovery path. And look at me now, and so we can help. You get to where you want, and so that's what I'm getting from the staff on the team that that's how they perceive it.

Speaker 2

Brilliant. And what about service users? How do you think they perceive you?

Speaker 1

I'm not sure at first a lot were really shocked to learn when you go in and say that you've had your own mental health struggles, they're really shocked to see someone who's, you know, got their life back together. Because I think a lot of people don't think that that's ever possible again once they've suffered from mental health. So I think it gives them a lot of hope that they can regain the life that they once led.

Speaker 2

Brilliant. That's great. Thank you. Question 3, did you receive any training in preparing you for the role? If so, what?

Speaker 1

And it was from Calico, and it was the specifically designed peer training course.

Speaker 2

How do you feel that that prepared you? For the role.

Speaker 1

So I was put into the role before starting the course and to be honest I didn't really know what I was doing and I was the first peer on the board. And no one really knew what I was supposed to do? So the course gave really good insights into offering anything from conversation starters through to more intense support for somebody.

Speaker 2

And what about in this post so, that that was in your previous post, wasn’t it?

Speaker 1

Yeah, I think it's really still relative to any post, any peer post, whether it's ward based or community based. I've taken a lot of that training into this post, but I also think experience helps as well within your position. And so the more experienced you are, the more able you are to read peoples body language and see people’s social cues more, for instance, I’m working with someone at the minute, and I think it is just with experience that after just 1/2 an hour visit I really picked up on the social cues. That they've had enough talking and they wanted me to go out. So it's understanding boundaries a lot whether someone's not confident enough to say I'm absolutely mentally drained after just half an hour conversation.

Speaker 2

So did you do the ‘with you’ training?

Speaker 1

No, it was Calico.

Speaker 2

So sorry, I see what you mean. So you did the training before you came into this role, but you didn't do any training for this role?

Speaker 2

OK. What aspects were most helpful do you think?

Speaker 1

I’m trying to think back as I did it ages ago. Understanding, I think what aspects include understanding how stigma really affects people and because although it really affected me, people can deal with it in different ways. And it's just giving you that broader understanding of you're going into some to see somebody in their home and you can't just presume that they can deal with it in the way that you dealt with it. What else we learned? One thing that really sticks with me is the magic wand question. From the training, I still ask people at the first visit ‘if I had a magic wand and I could wave it now, and your mental health troubles would disappear’, what would the normal day look like for you? Cause sometimes when you go in to speak to someone, explain what peer support is, ask them what support they're in need of, you just can't think what that is. But then if you give them that question, if I had this magic wand and I could wave it, what would tomorrow look like? That then sparks the conversation of what, in effect, normal life looked like before they were hit with mental health illness, and then that really helps build a relationship with somebody.

Speaker 2

Sounds like it's good for setting goals as well. How were you introduced and integrated into the EIS team?

Speaker 1

Definitely, yeah. And so I didn't understand or have much knowledge at all about psychosis and the team leader at the time gave me loads of links to what psychosis is. It's in depth, which was really interesting. I went and shadowed all different members on the team, so the whole team and the therapists, the STR workers and the care coordinators, just to see what all the different roles were and how they all worked and how they all came together as a wider team.

Speaker 2

And you found that that was helpful in getting to know the team and integrating into it?

Speaker 1

Really helpful. Yeah. Yeah, I did. I didn't know what a care coordinator was before I started. I knew what an STR worker was, and I knew what a an OT was. But I didn't know what a care coordinator was, or specifically what they did. IPS as well. That was another one. Yeah. And just to see the value of all the different roles. And them coming together to see how they can support an individual.

Speaker 2

OK. So you've mentioned some of the things that are good for integrating into a team. Can you think of any other factors that contribute to successful peer support integration?

Speaker 1

And I think joining the business meeting, joining PSI meetings helps. At first staff knew of peer support but didn't really know what peer support was fully and so I was invited to the business meeting, invited to PSI meetings just so, so that I could explain in depth what we are. What differs us from STRs? Because that was a bit of a problem at the start with staff not knowing what was different between peers and STR's, and just Being asked by the team leader to sit with different staff members and just have a conversation with them so that they knew exactly what they were referring into, what service they were referring into with peer service peer support.

Speaker 2

Can you describe your collaboration with other healthcare professionals? What helps or hinders this collaboration?

Speaker 1

I don't think anything hinders, possibly. If anything staff members are still not grasping the difference between an STR and a peer, but there aren't many who don't grasp it now so it's not really a problem. I'd say only a couple of staff members think that we're similar to STRS and ask what peers do. And. Sorry, repeat the question?

Speaker 2

So you've mentioned there about what could hinder it. What other collaboration with other health professionals do you think helps?

Speaker 1

Yeah. So with the care coordinators, when they fully understand what A peer role does. I think it really helps when they're going out and that's the initial person who is seeing the service user and a lot of the times they're really distressed. It might be, you know, they've never had any mental health problems before in their life and all of a sudden they've got psychosis and they don't know what's happening to them and they feel very fearful. So it's good for them to understand what we do? So that they can promote peer support from an early stage and also for a service user to understand that they can request that peer support at any point in that three years. So the service user knows that that's available for them with the therapist. They ask quite often if we can work alongside them. Therapists do too. So I think that's a really important part of peer support because as they're working clinically with their service user, it really complements when we're going in with the therapeutic support as well and all the therapists on the team. I’ve had a therapist refer in so it’s not just care coordinators. The therapists are doing it as well because they see it as hand in hand, really, with the therapy being clinical, peer support being therapeutic. They think you need both sides of that. So I think that's a really good thing.

Speaker 2

Brilliant. That's great. Thanks. So, can you talk me through a typical day or week in your role as a peer support worker?

Speaker 1

So I'll just say a typical day because I don't think any two weeks are the same. So a typical day would start off where I would jump on the morning MDT meeting to see if any new referrals have come in and just check if there's any one I'm working with who's struggling or in crisis and to have a quick update on them and then I would set off visiting people and we aim for two visits a day in between that time. I will try and go back to the office after the first visit. Just to check in with everyone, have a chat and because a lot of the time referrals are sometimes missed for peer support. Unless you can make your presence known in the office and remind people that you’re still here as peer support, I think cause it is still a relatively new role so people can instantly think of STR workers rather than peer workers, so I make it a priority. To be in the office at least two days out of three at some point to have a chat with people and really push for peer support. And then I would go on my second visit in the afternoon to support someone who's been referred into the service.

Speaker 2

Great. That's brilliant. And how does this fit within the broader EIS service? As in terms of your typical day or week and what you just described there, how does that fit in with everyone else within the EIS?

Speaker 1

As in what they do?

Speaker 2

Yeah.

Speaker 1

And so if I take the example of the therapist, I would be working with the same person as they are and the care coordinator. Then we would check in hopefully face to face if not via e-mail. So they just give a quick rundown of what they've done with the service user that week or the previous week and ask what I intended to do with the service user on the visit and then just have a quick catch up of how they think it's going, how I think it's going. If they ask me to do anything in particular with this patient and it does fall under peer support, then of course we'd take that on board and then I would try and see if the service user was up for that on the visit. But always explaining that Peer support is always patient led and it would never be a false support. So sometimes coordinators have said you need to do this with a person. For instance they need to go to the gym. They're saying the weight’s bothering them, you need to get them to the gym. If I turn up at that person's house and they don't want to go to the gym, I'm not forcing them to go out or pushing them into going to the gym. If that's not what they want to do.

Speaker 2

OK. Yeah, great. Thank you. What challenges have you faced in your role and how have you overcome these?

Speaker 1

So challenges is like I mentioned. With staff members not fully understanding what is the difference between an STR and a peer and it's just going over and over and keep chatting to that staff member, be it care coordinators or a therapist and explaining what we can bring to the team. Is about taking people out in the community to gain the confidence, getting people on buses, etcetera, etcetera, what STR's can do, what we can do on a more therapeutic deeper level with a greater understanding of mental health so that, yeah, that's been the main challenge I'm facing, getting people to see that there is a difference, because STR's have been on the team since it started. People are just so used to referring to STR's and do forget peer referrals still now? And so it's just making peers present In the the team. Which is difficult because we only work part time and we're only there three days a week. So on a Thursday or a Friday, if someone's thinking of putting a referral in, it might just slip their mind that they could actually refer to peers where I think if you are present in that office and you're chatting to someone, someone's more likely to think well, actually …, and have that conversation with you. Do you think this person could be appropriate for peer support? And then we'll have a look through the referral form and agree a yes or no. And then I can just have a chat with that staff member to say what peers can do for this person who's being referred to either STR or PS. I think staff are still instantly going for the first thought of STR's rather than peers.

Speaker 2

OK. Thank you. Just a few more questions left. You might be pleased to know, but you're doing fabulous anyway. How do you evaluate the effectiveness of your work with service users.

Speaker 1

So we still use the sliding scales. So I'll do that on the first or second visit. And then I'll do one on the very last visit and we also have a check in. After about 5 or 6 visits, just to see how we're going, how they feel the supports going, if there's anything else they need from peer support or if we're, you know, on track to what they want to do. So we have on the 1st visit, we'll set some goals and so then we'll sit down and have a chat after a few weeks and see how we're getting on. The goals that they've set themselves and just reassess if we need to take it slower, we'll take it slower. If not, we can add to the plan if they're happy with how it's going. And I also do the Family and Friends test quite often with people. They fill it in thinking about peer support they have received.

Speaker 2

Great. That's brilliant and feedback as well, yeah. Great Okie doke. What impact do you think you're having?

Speaker 1

On the team or service users?

Speaker 2

Just what impact do you think is the peer support work having generally or specifically on service users, staff of more generally?

Speaker 1

Positive impact? There's not been many people that haven't engaged. Obviously, you're always gonna get people who don't engage with someone, but on a whole I've had positive feedback and I think it really does help. Like I said at the beginning when you first meet somebody and they're really shocked to see someone turn up. You know, that I’m holding down a job, it can be as simple as that. And you know, I've been where you are and I didn't think I'd be able to leave the house at one point and to now, you know, I've got my life back. And so I think it's a really positive step for the NHS to bring peers in. I think it has a real positive impact on service.

Speaker 2

OK. Thanks. So, How is your performance as a peer support worker evaluated? What metrics or feedback mechanisms - you've already talked about that having your sliding scales, questionnaires, family and friends test? Anything else?

Speaker 1

No.

Speaker 2

So have you noticed any changes in your role or responsibilities over time?

Speaker 1

With the role, I think more staff members are considering peers for what peers do rather than either not considering them or considering them and expecting them to do an STR role. So I think that's definitely changed. I think we're a valued member of the team. Whereas at the start, I think people didn't really know what we were supposed to do and I think they really see us as a good connection in the team now, like a jigsaw. You know the missing jigsaw piece. That is what one of the therapists said that they said peers were like the last piece of the puzzle to come into this team.

Speaker 2

Brilliant. That's great to hear.

Speaker 1

Yeah.

Speaker 2

So in terms of your job description, your roles and responsibilities, you don't feel that you're doing anything beyond that or anything that has prompted a change to what you were doing?

Speaker 1

No.

Speaker 2

Right. And what changes or improvements would you suggest to enhance the peer support programme?

Speaker 1

The peers or teams.

Speaker 2

Is there anything that you can think of really, whether it's peers or teams?

Speaker 1

I think it should be mandatory for any teams to watch the Pippa video, or be encouraged by the team leaders so that they have an understanding of peers, and any new members coming into the team should be encouraged. It would be really beneficial if every care coordinator when assigned someone new to their caseload discusses peers in a bit of detail when they first meet somebody. So I know that a lot of them go out and they discuss what peers do? This helps, and you know, other staff on the team so, PSWs, therapists, IPS. Sometimes these professions say that service users already have a lor of support from the team. They’ll go through in bullet points, where I think Peers should be given a bit more of a description because not a lot of people know what peers are and what they can do. And just what positive help it can bring to somebody.

Speaker 2

OK, so closing thoughts, is there anything else you would like to share about your experience as a peer support worker in EIS?

Speaker 1

I think I've said quite a bit, I think. No, it was difficult at the start, because when I first started, they hadn't had peers before and nobody really knew what a peer was supposed to do and. So I think if the NHS would like more peers, teams should be given information they need to read before peers start so that they know exactly who's coming in. Exactly what peers can do with a referral and just how much help they can give.

Speaker 2

Right. So preparing that groundwork before implementing these support workers.

Speaker 1

Yeah, it's really hard if you're coming into a team. I did it when I was on board. You walk into a team and nobody knows what you are, or what you're supposed to do. Which is it does have its positives because you know you're making the roll yours. So there’s no one saying ‘you have to do it this way’. And so you can make the roll yours, but also you do need everybody to be on board with peer support so they know what and who you are. What you're doing, how you can help and therefore more inclined to referring in.

Speaker 2

That's brilliant. Thanks very much for taking part.

PSW 5

Speaker 1

All right, so. How do you understand your role as a peer support worker within the early intervention service?

Speaker 2

And. So do you want me to, like, explain what my role is? And so I have lived experience of mental health illness and I use that experience to help service users. So sort of like promoting hope and recovery and things like that.

Speaker 1

And how do you think your role is perceived by service users and other staff members?

Speaker 2

Yeah, I think it's perceived quite well, especially with other service users. I think they like it. So you sort of build up the trust because obviously you've been through similar things to what they have as well. What was the question with the teams?

Speaker 1

What about staff members? How do you think staff members perceive the role.

Speaker 2

Not sure to be honest. I think like the feedback I've had from other staff members has been really good and they've … yeah, I think they appreciate what we do and everything so …

Speaker 1

Did you receive any training in preparing for your role, and if so, what?

Speaker 2

And. I didn't receive any training before starting the role but when I was in the role I had ‘with you’ training. Yeah, and that was the eight weeks.

Speaker 1

The next question: what aspects were most helpful?

Speaker 2

Of the training? So I don't know. I think like … it really showed you that you were on the right path, so yeah. We learned the words and I got to know the other people quite well and we set up a WhatsApp group. That was good.

Speaker 1

And Question 5: How were you introduced and integrated into the early intervention service team?

Speaker 2

And. So the senior peer took me under his wing and helped me in that and then he introduced me to the team and everything. So that was really good.

Speaker 1

And what factors do you think contribute to successful peer support integration?

Speaker 2

Once you get to know the team and everything that helps. Not sure what else really.

Speaker 1

That's OK. So getting to know the team helps and can you describe your collaboration with other healthcare professionals and what helps or hinders this collaboration?

Speaker 2

As you get to know the other health care professionals, they start to maybe like refer more to the peer service and that, so …

Speaker 1

So as you get to know them, they refer more. Do you think there's anything that hinders the collaboration at any time or not?

Speaker 2

I think maybe if they're unsure about the peer role and what we do.

Speaker 1

Can you walk me through a typical day or a week in your role as a peer support worker?

Speaker 2

And. So maybe like a typical day would start with the team meeting. And then lke I would have a visit in the morning with one of the service users so that could be like at a cafe or at their house or something. And then like I probably would have another visit in the afternoon with a different service user, then I write the notes on Rio as well. Yeah. And I think that would be about it really.

Speaker 1

And how does this fit with the broader early intervention service?

Speaker 2

And. How does it fit? Yeah, so?

Speaker 1

The aims of the service are about recovery, aren't they? And getting people support early on in their psychosis journey, so how does the role of a peer fit in with that service?

Speaker 2

And. I think it like. I think like it said, like it helps to have someone who's been through similar experiences. And yeah, I suppose if it's like early on in the recovery, then that could have an impact because it's having that sooner rather than later sort of thing.

Speaker 1

And what challenges have you faced in your role and how have you overcome these?

Speaker 2

There was a lady that I was working with and she didn't really like me much and I suppose I kind of just overcame it with like deciding to close peer support in the end because, yeah, it wasn't really working out, so.

Speaker 1

And how do you evaluate the effectiveness of your work with service users? How would you know if you were doing a good job?

Speaker 2

And from the feedback we would get and also like we use questionnaires as well, so when they first come to the peer service we do like a questionnaire about how they're feeling and everything and then when it comes to an end, we'll do another one and then compare the answers.

Speaker 1

And what impact do you think you're having?

Speaker 2

I would hope that I'm having a good impact. I think a lot of the feedback I've got from service users has been positive, so yeah.

Speaker 1

And how is your performance as a peer support worker evaluated and what metrics or feedback mechanisms are in place?

Speaker 2

Sure. I think we do the thing where each month we record how many peers we've seen and how many times and yeah, I can't. I can't remember what else but.

Speaker 1

So have you noticed any changes in your role or responsibilities over time and what prompted these changes?

Speaker 2

I don't know. I don't think that much has changed.

Speaker 1

And the last question is what changes or improvements would you suggest to enhance the peer support programme?

Speaker 2

Sure. I think I think there was talk of the role becoming a Band 3 instead of a band 2. I think that would be good because like when I compare to the harbour where I work I feel like I do more work at EIS because it's like obviously I write the notes on RIO, whereas in the harbour, I don't do that. So yeah.

Speaker 1

And is there anything else at all that you'd like to share about your experience as a peer support worker in the early intervention service?

Speaker 2

And. I think just that I've been really enjoying the role in. It's really rewarding to see people like progress in their recovery and everything, so yeah.

Speaker

Thank you.

**PSW 6**

Speaker 1

I've started recording now, so I’ll just jump into the first question. How do you understand your role as a peer support worker within EIS?

Speaker 2

So from my understanding, my job is like to go and meet with the service users that have been referred to us and kind of thing. Support them. Help them kind of get back into the community by using my experience and share methods and things that I've found useful … just to be kind of like someone supportive that actually can relate to what they're going through because I know like obviously the care coordinators support them, but sometimes they might not relate as much, so it's kind of good to have someone relate to.

Speaker 1

That's a great answer. Thanks. How do you think your role is perceived by service users and other staff members? So is we take service users first, how do you think they perceive your role.

Speaker 2

I think they say it is a good thing from the people that I've worked with so far. I have had some good feedback so I think they see us as kind of like, someone friendly who can relate to what they're going through.

Speaker 1

That you're someone that's friendly that they can relate to, yeah?

Speaker 2

Yes. And I think they do find it helpful. And a lot are then able to build a better rapport.

Speaker 1

Yeah.

Speaker 2

And then with the staff. I think the staff in my team that I've worked with. They really like having peers on the team, we do get quite a few referrals through. From speaking to them, I think they quite like having the peers and they think it's an asset to the team. It helps that.

Speaker 1

OK, that's great. #3, did you receive any training in preparation for your role? If so, what?

Speaker 2

Yeah. So I shadowed the team members when I first started and I am currently on the peer support worker training. So I feel like I've got a lot of training help.

Speaker 1

I know you're halfway through the training at the moment, aren't you? What aspects are most helpful, do you think at the moment?

Speaker 2

I think shadowing was very helpful because I kind of could see how my role would fit in. The actual peer support worker training that I'm doing, I find that helpful because there's a lot of resources that they give us and we do a listening activity, so there's a listener, a speaker and an observer, and that helps your listening skills. And I found that helpful.

Speaker 1

Good. And how were you introduced and integrated into the EIS team?

Speaker 2

So on that first day I kind of got introduced to everyone that was in the Office. And then Anyone else. Because people are hybrids, anyone that came into the office, they’d say this is me, I’m a peer support worker. And introduce themselves. In terms of integration I’ve been invited to the works do and if anyone's going to get a dinner order, they'll ask me if I want something.

Speaker 1

Very good. Yeah, it sounds like you've integrated well there already.

Speaker 2

Yeah.

Speaker 1

What factors do you think contribute to successful peer support integration?

Speaker 2

Umm. I think like the other people having an understanding of what Peer support is. That's helpful. And just like communication. That's a big one for integration.

Speaker 1

That's right, it is. So you talking to them and getting to know them and having conversations, that kind of thing. Yeah. Yeah. And being present as well in the office. So can you describe your collaboration with other healthcare professionals, what helps or hinders this collaboration? So if you. If you look at what helps it first.

Speaker 2

Yeah. The way I've collaborated mostly is about the people that I go to visit, I'll talk with their care coordinators and go off their feedback when we've seen them or they have sat and they said this. So we're both sharing information for when we next see them. And we've got a few ways to do that. So we can e-mail, we've got the work phone, so we can ring each other and then speak to someone if we walk in the office at the same time. That's helpful. So I think in the team the communication's quite good between everyone.

Speaker 1

Brilliant. Is there anything that hinders it, do you think? You mentioned earlier about hybrid working, so I suppose care coordinators not being present can hinder it as well.

Speaker 2

Yeah. Suppose a little bit and then say they're in, but I'm out on a visit, and then when I go back to the office, they're out on a visit. Sometimes you can be like 2 passing ships, can't you?

Speaker 1

That's it. Yeah, but you've got e-mail and phone.

Speaker 2

Yeah, yeah.

Speaker 1

Halfway through. Can you walk me through a typical day in your role as a peer support worker?

Speaker 2

Yeah, So usually I'll go into the office and we all have a morning meeting - 9 till 10 every day. So that's good because we kind of all know what's going on then. And I'll usually have a visit, so I'll go out. On a visit I’ll meet up with someone and I'll do what we've planned and then if I have another visit, I'll go to that one. If not, I'll go back to the office, write up my notes, have a bit of a chat to the people in the office, ring up anyone that I need to, book calls for the next working day, speak to my senior peer - just to kind of keep each other updated. That's about it really, cause I'm not … I'm only halfway through my training. I don't think I'm booked up yet.

Speaker 1

And how does your typical day fit in with the broader EIS service?

Speaker 2

I think it fits in well. So obviously we visit the service users. Say the care coordinator visits one week and the peer calls the other week, so it kind of helps out the team that. The service user’s getting more visits and we can kind of feedback to the rest of the team … such and such a body is not doing so well this week, maybe? Give them a call and see how they are.

Speaker 1

Yeah, so it fits in well with everyone else. Great. What challenges have you faced in your role and how have you overcome these?

Speaker 2

I think because it's my first role in the NHS, so for me, it's like a completely different world. So it was a bit of a different sort of experience at first. So it's a little bit overwhelming but because the team are so supportive and there is so much training, I feel like that my nerves have got calm pretty much straight away from that. My only barrier is, I'm also at university, so it was like fitting it around my role but actually it’s worked perfectly well.

Speaker 1

That's good. So not much of a challenge then compared to what you thought it might be.

Speaker 2

No

Speaker 1

Okie Doke and how do you evaluate the effectiveness of your work with service users?

Speaker 2

So when we first visit someone, we'll fill in - I cannot remember what the forms called - but we fill something in and then after the 8 weeks we'll assess again and then when they’re discharged, we'll assess them again. But then I suppose in between you kind of see if there's improvements - talking to the care coordinator too, you can evaluate it a little bit unofficially in your head to see how it's going. Any tweaks you need to make, but then we've obviously got the official things in place as well to evaluate.

Speaker 1

Okie Doke and what impact do you think you're having?

Speaker 2

A good impact. I've only got two people so far that I visit. I have done some shadowing with my Psw, so I've seen people that are only just starting with the EIS, and four have been discharged and some of the ones that we've seen who are being discharged. They have said that it's had a really good impact and you can kind of tell that. That's been really beneficial for them and even the people that I've just started to see on my own. They're saying that even if it's just, you know, having a chat with them, they're saying like that that's really beneficial just to talk to someone who understands is beneficial.

Speaker 1

Yeah, it's having an impact. Yeah, it sounds like it, yeah.

Speaker 2

Yes.

Speaker 1

Great. How is your performance as a peer support worker evaluated? What metrics or feedback mechanisms do you think are in place?

Speaker 2

And so we've got supervision sessions that we do every month. I'll sit down with my senior and kind of just see how we think I'm doing. Any problems, but I can also get feedback at that time. So. Yesterday I booked two visits, but I didn't give myself any travel time. So the senior just kinda said “Ohh. You need your superhero kit to be able to get between them calls … like you'll get used to it”. So like it's just stuff like that. Just picking up on things and then we do have like the scoring sheet.

Speaker 1

Yeah. Okeydoke. Thank you. Have you noticed any changes in your role or responsibilities since starting?

Speaker 2

Umm. I think obviously for me my responsibilities are increasing as the longer I'm here and the more training I've done.

Speaker 1

Is the role what you thought it would be in terms of its job description and are you doing things outside of that?

Speaker 2

No, it is what I thought it would be. Yeah, it's pretty similar to what I thought it would be.

Speaker 1

And what changes or improvements would you suggest to enhance the peer support programme?

Speaker

Umm.

Speaker 2

I'm just trying to think about it, you know, cos I've not been doing it that long. Maybe the opportunity to become permanent Peer support workers because I know quite a lot of the peer workers are on 12 month contracts. Apart from that, I think from what I've seen anyway, I do think that everything's good. You’ve got the meeting every Tuesday. So like that keeps all the peers in the loop and I do think from what I've experienced in my team, we're valued in my team and they do make use of us. I haven't really picked up on any negative things.

Speaker 1

OK, that's fair enough closing thoughts. Is there anything else you'd like to share about your experience as a peer support worker in EIS?

Speaker 2

Oh. Just that I'm really enjoying it and I do think it's good. I hadn't heard of it before. I saw it and then I researched it before I applied and I realised that that's actually really beneficial and something I'd like to do, so I'm really enjoying it a lot.

Speaker 1

Brilliant. I'll stop recording now.

Speaker 2

OK.

**ALL SERVICE USER DATA**

**SU 1**

Speaker 1

So first question is, can you describe what you understand about the role of a peer support worker in your care?

Speaker 2

Just to stay nice and strong. When I’m walking along with a peer I feel nice and safe.

Speaker 1

You feel safe. OK. And what do you understand to be the main purpose of having peer support workers in the early intervention service?

Speaker 2

Before I met them I was in a right state but I’ve sort of turned my life around now.

Speaker 1

Yeah. So you've answered this a little bit there with what you said, but what benefits do you think that peers could bring to the early intervention service?

Speaker 2

To meet other people. That’s how I see it anyway. Because I'm totally out of my shell now, because I wouldn’t even leave the house, but now I go on a walk with my peer and I’m doing stuff like that, and seeing people. I never used to go to the shop on my own, but now I do and go to the coffee shop. I still feel nervous.

Speaker 1

How did you first become involved with the peer support?

Speaker 2

Came in. I came in because I was really ill.

Speaker 1

And how did you feel about engaging with the peer support worker?

Speaker 2

I was very shy and wouldn’t talk hardly. I ended up in hospital afterwards. Since then I’ve come along because of my support worker and I’ve been pushing myself to get better.

Speaker 1

Yeah, sounds like you’ve worked really hard.

Speaker 2

And it’s took me three years to get out of the house on my own.

Speaker 1

What influenced your decision to participate in peer support services?

Speaker 2

Because I'd never heard about what they do then I thought I needed it. You see I was hearing voices and I lost all my family and I thought that if I walked and walked I would find him, because I’d lost all six of them.

Speaker 1

Obviously we've got nurses as well and the clinical team, but would you say there's something different about the peer support, is there, is there anything that made you think that peer support might be a bit different?

Speaker 2

Yeah, because I went to one place and they weren’t very helpful, then I came here and they were nice.

Speaker 1

In what ways do you engage with peer support services?

Speaker 2

Just going for a coffee and they listen.

Speaker 1

Were your expectations of working with peer support workers met, and if so, how?

Speaker 2

Treated me nice.

Speaker 1

And can you describe how the peer support workers interact with you and the rest of the healthcare team?

Speaker 2

They treat me nice and like they’ve known me for years, because I don’t hardly talk to anyone, I’m really quiet. I’ve got used to them and I can talk to them.

Speaker 1

And how does working with a peer support worker differ from your interactions with other healthcare professionals?

Speaker 2

They’re both the same.

Speaker 1

And what kind of activities or support do you receive from peer support workers?

Speaker 2

Checking on me and being supportive.

Speaker 1

So how are these integrated into your overall care plan? So the activities you do with the peer support worker, how did that fit in with the rest of the care you received.

Speaker 2

It’s fitted in a lot.

Speaker 1

Have you provided any feedback about the peer support service?

Speaker 2

Yeah, maybe or Yeah.

Speaker 1

So some verbal feedback you've given. Were there any changes or improvements made based on your feedback?

Speaker 2

Yeah I’ve changed a lot.

Speaker 1

In your opinion, what makes peer support work well in this service?

Speaker 2

I think they work well together as a team.

Speaker 1

And are there any ways it could be improved?

Speaker 2

No

Speaker 1

How has working with a peer support worker impacted your recovery journey and can you share any examples?

Speaker 2

They’re done a good job on me, I’m not just saying that, I can feel it in myself. When I came in I was very low, I’d been in hospital. they do a good job of helping me.

Speaker 1

Yeah. And now you're going out on your own. And what aspects of peer support have you found the most helpful or challenging?

Speaker 2

Getting out, that’s been the biggest help. To go round town a lot, go to the shop and for a coffee. Those places are a long way from the house.

Speaker 1

Before we go. Is there anything else you'd like to share about your experience or peer support workers in early intervention services?

Speaker 2

Just that it’s really nice.

**SU2**

Speaker 2

So question one is, can you describe what you understand about the role of peer support workers in your care?

Speaker 3

They basically just help you really. You set an appointment with them and then meet up with them.

Speaker 2

And what do you understand to be the main purpose of having peer support workers in the early intervention services?

Speaker 3

You get support, so if there's anything going on, they voice their opinions.

Speaker 2

And what benefits do you think that peer support workers bring to the early intervention? So what's the best thing about it?

Speaker 3

You get to go out. You get to go out from your four walls, so it’s people contact.

Speaker 2

Yeah. OK. Thank you. And how did you first become involved with the peer support worker?

Speaker 3

'Cause I'm a recipient of the early intervention service. I’m a mental health patient.

Speaker 2

So you got, like, a referral, was that it? Yeah. And how did you feel about engaging with a peer support worker in the beginning?

Speaker 3

But I wasn't that fussed, but I realised the benefit of going out, so I tend to meet up with them.

Speaker 2

And this question is what influenced your decision to participate in peer support services?

Speaker 3

I spent most of the time on my own, so I took it as a social thing to do really.

Speaker 2

Yeah. Getting out and social inclusion? Yeah, yeah. And in what ways do you engage with PS support services?

Speaker 3

Well, I'll meet him every two weeks. We just go out, we have a chat, shop and then we need to get back home. Yeah.

Speaker 2

OK.

Speaker 2

Were your expectations of working with a peer support worker met, and if they were, how were they met? So before you met the peer support worker, what did you imagine you'd get from it? And was that met? Did your expectations come true?

Speaker 3

Well I didn’t expect anything to be honest. You see they always talk about themselves.

Speaker 2

Who is that?

Speaker 3

The peer support worker.

Speaker 2

Yeah.

Speaker 3

It's more about him than me. It's usually what goes on.

Speaker 2

OK. And can you describe how the Peer support worker interacts with you and the rest of the healthcare team?

Speaker 3

Well they interact with me OK. They’re not that pushy.

Speaker 2

And how does working with a peer support worker differ from your interactions with the other healthcare professionals? Or how is it different?

Speaker 3

They take you shopping. Other support workers don’t. They’re always keeping time as well. You only spend about an hour with them.

Speaker 2

Yeah.

Speaker 2

And what kind of activities or support do you receive from peers support workers?

Speaker 3

I am mainly just go shopping. Got for a coffee somewhere We have a chat. It’s let's go shopping.

Speaker 2

And how were these integrated into your overall care plan? How does it fit in with your care?

Speaker 3

It’s just social really.

Speaker 2

And have you provided feedback about peer support services?

Speaker 3

No, I’ve never been asked.

Speaker 2

And were there any changes or improvements made based on your feedback obviously?

Speaker 3

Not really

Sspeaker 2

And in your opinion, what makes peer support work well in the service?

Speaker 3

Well they’re always willing to take you out somewhere. Always willing to have a chat. They don’t tend to be that bossy, occasionally you have moments where they want to do something different. It’s not always comparable with me so.

Speaker 2

Now, are there any ways that you think it could be improved?

Speaker 3

Probably, in one sense you’d say ‘see them more often’ because you only see them twice a month. So seeing them more often would help. More interaction. My peer support worker always says he’s going to phone me but he never does.

Speaker 2

Right. Yeah. So that bit more interaction and contact.

Speaker 3

Yeah.

Speaker 2

OK. And how was working with a peer support worker impacted your recovery journey and can you share any specific examples?

Speaker 3

I'd say that they help with your adjustment to the world.

Speaker 2

Like getting out and.

Speaker 3

Yeah, getting out, doing something. It takes you out of your comfort zone.

Speaker 2

OK. And what aspects of peer support have you found most helpful or challenging?

Speaker 3

I find it most helpful when we go out for a coffee. Have a chat.

Speaker 2

And has there been anything challenging?

Speaker 3

Him talking about himself and wanting to do what he wants to do, not about what I want to do.

Speaker

Yeah.

Speaker 3

Sometimes I feel is it worth seeing him because it's all about him. It's never about either what I don't want to do or about me, all he ever does, it's all about him.

Speaker 2

Yeah, maybe that's something to feedback, perhaps.

Speaker 3

Yeah, yeah.

Speaker 2

OK. And closing thoughts, is there anything else you'd like to share about your experience with peer support workers in early intervention, anything at all?

Speaker 3

Not much really.

Speaker 2

Oh, that's alright it. Yeah. You're happy with that? Yeah, that's us.

**SU 3**

Speaker 2

So there's 18 questions to go through. All right, so question one is, can you describe what you understand about the role of peer support workers in your care?

Speaker 1

Yeah, they’re a support worker, but with lived experience of having mental health issues.

Speaker 2

Brilliant. And what do you understand to be the main purpose of having peer support workers in the early intervention service?

Speaker 1

Because they've got lived experience they can relate more on that level than other people that haven't got live experience.

Speaker 2

Yeah. And what benefits do you think peer support workers bring to the early intervention service?

Speaker 1

Yeah, I think they're definitely bring benefits because of their lived experience and it makes a difference. Yeah, just. Yeah. You can't. Yeah. Without actually going through it yourself, you can never truly know.

Speaker 2

OK. And how did you first become involved with the peer support worker?

Speaker 1

Umm. After being in the early intervention service they put me through to one after a while.

Speaker 2

Yes. Yeah. And how did you feel about engaging with a peer support worker initially?

Speaker 1

Yeah, it was OK yeah. No problem.

Speaker 2

OK. And what influenced your decision to participate in peer support services?

Speaker 1

Yeah, it was put through and offered so yeah, I went with him.

Speaker 2

Yeah. You thought it sounded like a good idea.

Speaker 1

Good. Yeah.

Speaker 2

And what, and in what ways do you engage with peer support services?

Speaker 1

I see my peer support worker once a week.

Speaker

Yeah.

Speaker 2

And what sort of things do you do?

Speaker 1

We go for walks or sometimes go to a cafe or. Yeah, I've got social anxiety, so I'm supposed to be doing like graded exposure therapy. So that's you know, I mean, go to the cafe and have more people around me.

Speaker 2

You. Yeah. Getting getting out a bit. And where are your expectations of working with the peer support workers met? And if so, how?

Speaker 1

Yeah, yeah, yeah, definitely met. Yeah.

Speaker 2

And. And in what way would you say they were met?

Speaker 1

Yeah, just speaking to someone that has, I'm saying that has the experience of having the mental health problems. Yeah, definitely makes a difference.

Speaker 2

Brilliant. Can you describe how the peer support workers interact with you and the rest of the healthcare team?

Speaker 1

Yeah, I see the peer support worker once a week and through the mobile texts. Yes. Through the mobile and through meet ups, yeah.

Speaker 2

Yeah, and how does working with a peer support work differ from your interactions with other healthcare professionals.

Speaker 1

Yeah, it's the having first-hand experience. Yeah, it just a different thing, yeah.

Speaker 2

Yeah, yeah. What kind of activities or support did you receive from peer support workers?

Speaker 1

Yeah. Have like walks. I think they call it.

Speaker 2

Walk and talks?

Speaker 1

Yeah, walk, walk and talks. And yeah, been going to the cafe.

Speaker 2

Yeah, OK. And how are these integrated into your overall care plan? How does it sort of fit in?

Speaker 1

Yeah, just like. Just seeing one extra person.

Speaker 2

Yeah. And have you ever provided feedback about the peer support services?

Speaker 1

Not sure, not like not that I can remember.

Speaker 2

Have you ever said to anyone that what you think of it or, you know even like verbally or anything.

Speaker 1

Oh, yeah, sure. Yeah. Yeah, yeah. So it's been just in that. Yeah. General. Yeah, nothing like ...

Speaker 2

In terms of filling out a form?

Speaker 1

Nothing like that. I can’t remember doing, no.

Speaker 2

No. Yeah, yeah. Get what you mean. Were there any changes or improvements made based on your feedback?

Speaker 1

Uh. Not as far as … not like officially as a form and stuff, maybe just in general talk. Yeah, because I say that. Yeah, I'll say to my care coordinator what I've been doing with peer support, that kind of thing.

Speaker 2

Yeah. Yeah. So you've fed it back like that. And in your opinion, what makes peer supports work well in this service?

Speaker 1

Yes. Like I said, yes, the first-hand lived experience kind of thing, it's just yeah, it's definitely useful, yeah.

Speaker 2

And are there any ways it could be improved?

Speaker 1

Ah. I'm not really sure off the top of my head. Yeah, I think it definitely helps but I can't think of anything that would improve it.

Speaker 2

Yeah, they think the peer support service itself is there anything else you'd like to see from it or not? Or is it all right as it is?

Speaker 1

Uh. Yeah, maybe if they could be longer sessions in case patients want to travel out further or something.

Speaker 2

Yeah, yeah, yeah.

Speaker 1

It's yeah. Sometimes you can only do so much in just an hour type of thing.

Speaker 2

Yeah, yeah. And how has working with a peer support worker impacted your recovery journey and do you have any specific examples?

Speaker 1

Umm. Bit difficult to say because I haven’t been that good, I went down you know? It’s difficult for me to say you know?

Speaker 2

Yeah. Well, that's. A big one, isn't it? It's yeah.

Speaker 1

There's no way, you know what I mean, without having it not there. Maybe speaking to someone makes a difference, you know?

Speaker 2

Yes. See what you mean, yes. Yeah, definitely. Definitely can make a big difference. And what aspects of peer support have you found most helpful or challenging?

Speaker 1

And. It's not the. I don't think it's challenging, but I know sometimes when you're really bad, everything's like an effort, but that's not ... That's a good thing, you know what I mean? But it's better to go and see somebody, the worst thing you can do is not see anyone. So. Yeah, so you know.

Speaker 2

Yeah, yeah. Yes, right. Thank you. Sometimes it's, yeah.

Speaker 1

No, that's not. That's not relevant to the question.

Speaker 2

No, no it is.

Speaker 1

The worst thing is to not see someone.

Speaker 2

Yeah, yeah. And it's probably the lived experience side that …

Speaker 1

Yeah, it makes a bit easier. Yeah. Yeah, I think so. Yeah. Yeah. Because you know that they've got that lived experience. They’ve got that kind of understanding and without – it’s just the way it is, like people will say that depression doesn’t exist, then one day they’ll get it and realise – that type of thing.

Speaker 2

Yeah, yeah. You know that they’ve been through it. And is there anything else you'd like to share about your experience with peer support workers in early intervention services? Anything, anything at all?

Speaker 1

Yeah, I think I think it definitely helps you know. So yeah, it's definitely a good idea. Yeah, definitely a good idea.

Speaker 2

So brilliant. That's the last one. That's it.

Speaker 1

OK.

Speaker 2

Thank you so much.

SU 4

Speaker 1

So can you describe what you understand about the role of peer support workers in your care?

Speaker 2

Peer support workers are people who have been through a lived experience of a mental illness, whether it be about a breakdown or something. And they're a support … because sometimes it's difficult to explain to people who don't know, so it's. It's just, yeah. Like it says on the tin - support.

Speaker 1

Yeah, definitely. And what do you understand to be the main purpose of having peer support workers in early intervention service?

Speaker 2

I think it's. It's. I suppose it's risk assessment in a way because – just so that you’ve got someone there - someone that you can talk to so that you, you know, if you feel as if you're going to go and have a breakdown or something, that there's always someone there to talk to.

Speaker 1

And what benefits do you think that peer support workers bring to the early intervention service?

Speaker 2

Again, it's that lived experience. It's having some who understands really what you've been through? Well, everyone, everyone's different. Everyone's been through something different, but it's having that person who understands. You know what you might have been through? Yeah.

Speaker 1

Shared experience. And how did you first become involved with a peer support worker?

Speaker 2

Through a social worker. So through the EIS as the as a sort of holistic thing. Yeah, I mean, I'm quite lucky because I've got a social worker, I've got a support worker and I've got a peer support so I'm quite well off. A lot of support. Yeah, yeah.

Speaker 1

And how did you feel about engaging with the peer support worker initially?

Speaker 2

Personally, I have no problem with that because it's again nice to have someone that maybe understands what you've been through, although it's different for every person, it's quite – It’s good to have that person who understands because when even when I try and explain it to my friends, you know, when I talk to like people in the EIS, it's quite difficult to get that feel that that kind of loss feeling across, so it's nice to have someone who understands. Been through it.

Speaker 1

Get gets it? Yeah. What influenced your decision to participate in peer support services.

Speaker 2

Personally the situation that I'm in, I need to do everything that I can to stop myself sort of having a breakdown or something. So yeah, it it's it's like a sort of self risk-assessment I guess.

Speaker 1

Putting everything into it. Yeah. Yeah. In what ways do you engage with peer support services?

Speaker 2

Yeah, I have weekly, weekly meetings with my peers support. Yeah, we just. Yeah, I'm not. We usually just, we usually go for coffee and coffee and chat and yeah.

Speaker 1

Alright, what were your expectations of working with peer support workers and where they're met and if so, how?

Speaker 2

I don't know if I've had any expectations. I sort of just went along to see, you know, just to see and get that extra bit of support. I didn't have any high expectations, but I didn't really know what to expect. Yeah.

Speaker 1

And can you describe how the peer support workers interact with you and the rest of the healthcare team?

Speaker 2

Yeah, I'd like to say we have weekly, weekly meetings. We have walking group as well. So yeah, that that's really good because it kind of gives you an excuse to go out, although I didn't get, didn't get to it this week, but yeah. Yeah, yeah, it's that motivation, isn't it?

Speaker 1

And how does working with a peer support worker differ from your interactions with other healthcare professionals.

Speaker 2

I think it's more of on a sort of friend level. Like I know my social worker quite well now, I know my STR worker quite well, but with peer support, it's more. It's more of a friend.

Speaker 1

Yeah, yeah, definitely. What kind of activities or support do you receive from peer support workers? I know you've already sort of answered.

Speaker 2

Yeah. We meet for coffee weekly and you know, we'll go for a walk. Yeah, I mean, I kind of know she’s always there if I wanted any extra support or if I did want to, you know, I'm guessing that that could be arranged.

Speaker 1

Again, how are these integrated into your overall care plan? So she silence.

Speaker 2

I mean, I guess it's an understanding of, you know, we work around appointments, so we arrange our appointments around other appointments. It’s flexible.

Speaker 1

And have you provided feedback about Peer Support Services?

Speaker 2

No, I don't think officially I haven't. No.

Speaker 1

And were there any changes or improvements made based on your feedback met, you know, they might not have been?

Speaker 2

Well, I think we've got quite a good relationship. If I can’t make the walk I usually text. You know, if we can't, if we have to rearrange the coffee arrangement, then we it's just. Yeah, it's quite easy to rearrange things. It's not sort of set in stone or anything.

Speaker 1

And in your opinion, what makes Peer Support work well in this service?

Speaker 2

Again, I think it's. I think it's more of a personal interaction, where as other things can be a bit clinical and a bit official. Peer support is a different type of interaction.

Speaker 1

Yeah. Yeah, it's good. Good to hear. And are there any ways in which it could be improved?

Speaker 2

I can't think of any.

Speaker 1

And how was working with the peer support worker impacted your recovery journey and if it has, could you share any specific examples?

Speaker 2

Again, I suppose I mean everyone's got a different kind of story. I think. In my situation it's been. It's been really important because if I felt that I was at risk and having another breakdown or even a worse breakdown, sorry what was the question?

Speaker 1

How was working with the peer support worker impacted your recovery journey and can you share any examples?

Speaker 2

I think the fact that there is someone to talk to and like I say, be a friend, though my friends don't really understand sometimes, although they were there and they went through it with me, but I think with someone having that experience, you can kind of talk about it on an understanding level, yeah.

Speaker 1

And the last one is what aspects of peer support have you found most helpful or challenging?

Speaker 2

No, it's been, it's been really great. I think like I've said before, it's having that person who you know really understands. Because. You know unless you've been through it, you don't understand. So it's no, it's brilliant just having that support. And I know it's someone that you don't really know, but because you know that they've had that same experience, you feel as if you do know them.

Speaker 1

So that's all the questions, but before we go, is there anything else that you'd like to share about your experiences with peer support workers, anything at all?

Speaker 2

Just that it's an amazing service. It's well worth it. I think they should still have them.

Speaker 1

It's lovely to hear. Thank you so much.

**SU 5**

Speaker 1

So the first question, George, can you describe what you understand about the role of peer support workers in your care?

Speaker 2

OK. What I understand about peer support workers is that they are an element of, I guess, my mental health care. I’ve come across a few different job roles and the peer support worker role is one of those job roles I've encountered. I understand that they are people who are not necessarily academically qualified, but definitely qualified in terms of their lived experiences.

Speaker 1

And what do you understand to be the main purpose of having a peer support worker in early intervention services.

Speaker 2

So I think the main purpose is familiarity, like for me personally, having somebody with those experiences? It just it makes so much easier to talk to people who have lived experience.

Speaker 1

And what benefits do you think peer support workers bring to the EIS?

Speaker 2

I can't speak for all peer support workers, I can only speak for the one that I have. My peer support worker benefits me so much and I see how she would benefit other people in a similar way so. Beneficially, she's been somebody that I can go to and talk to and she makes it easy for me to do that. I guess I find it hard to open up and I find it hard to talk to certain people, but for, for whatever reason, my peer support worker has been amazing and super beneficial.

Speaker 1

How did you first become involved with your peer support worker?

Speaker 2

I'll start from the very beginning. I got quite poorly abroad and they flew me back home and I was in hospital for quite a long period of time and then after that period of hospitalisation, I was discharged to EIS. I had a peer support worker and a care coordinator. I didn't even know about peer support workers at all. I didn't even know about care coordinators or anything, so it was all brand new for me. And the first time I came across my peer support worker was when I was in a severe state of crisis with panic attacks, I don't what it was. But my peer support worker came round and I was in a massive crisis. Yeah, she just … and met me at my house with my care coordinator. And then from then on, we kept in regular contact with each other, and we see each other about once a month now.

Speaker 1

Once a month, Okie Doke. So I presume the Care coordinator initially told you about peer support and you agreed to take it up. And then your peer support worker came to see you.

Speaker 2

I honestly can't remember. I had a discussion about it with my care coordinator.

Speaker 1

Right.

Speaker 2

From my memory it was a case of – well it was pretty much an emergency and in my head it was an emergency. My memory's not too brilliant about it, but yeah, it seemed like she came along with the doctor or something like that. So yeah. Well, it wasn't like a formal sort of ‘right, you’re going to get a peer support worker’ at least I can't remember it happened that way. It was more of a crisis and she just came round with whoever, you know, thankfully, and we seemed to gel.

Speaker 1

How did you feel about engaging with a peer support worker initially?

Speaker 2

So like I said initially that I didn't want to speak to anybody. Yeah, I spoke to my care coordinator. I didn't want to speak to friends. I didn't really want to speak to anybody. So I was pretty negative about engaging with her and my instincts were actually definitely negative.

Speaker 1

So what influenced your decision to participate in peer support?

Speaker 2

Well, I kinda just thought it's a good thing like. I did the maths in my head so to speak and figured if there was somebody there that has been through something similar and sorted themselves out, then that person is definitely somebody I should be speaking to.

Speaker 1

So in what ways do you engage with Peer Support? What sort of things do you do?

Speaker 2

Right. So we meet all once a month. Roughly. We usually go for a coffee and we meet each other for about half an hour or something like that and we chat about what's been going on. And we've kind of developed that over time. It wasn't like something that said, right? You're going to go and meet this person for this and for this amount of time, it was just very flexible. We did try like doing some little stuff like going for a walk or like we walked around. It didn't really work out that way. And now we meet each other like once a month for a coffee and it seems to work. So I don't think we're looking at changing it.

Speaker 1

So were your expectations of working with a peer support worker met and if so how?

Speaker 2

Oh it exceeded like my expectations. Like I said at the time, I wasn’t keen on engaging with anyone, so my expectations weren’t big so I was surprised how great peer support work has been. My expectations of her were, you know, the same as my expectations of anybody were else, very low, I wasn't expecting anybody to be able to help me in any way and just completely exceeded by my peer support worker because she’s helped me immeasurably. As cliche as that sounds. Yeah, she's helped me a lot. Yeah.

Speaker 1

So can you describe how the peer support worker interacts with you and the rest of the healthcare team?

Speaker 2

Yep. She interacts with me via text. I think maybe occasionally phone calls. I'm much more comfortable texting people than I am ringing people. So we'll arrange verbally, when we meet, when we'd like to relate, it's usually like two or three weeks – a month. Something like that. And then I'll put that in my diary and then occasionally she sends me reminders, that kind of thing. In terms of how she interacts within the early intervention service between other staff, I don't really know much about that. I know that she attends like progress meetings and she's definitely in communication with my care coordinator. She gave me an update about my care coordinator's health, and so they're definitely communicating that side of things. But we just exchange texts mostly.

Speaker 1

OK, that's great. And how does working with your peer support worker differ from your interactions with your care coordinator and any other healthcare professionals?

Speaker 2

It's hard to say. She's brilliant. She's brilliant to speak too. She's bright and not to say that anybody else isn't bright, but I don't know. And so when I'm talking to people in the EIS That maybe Haven't been as unwell as perhaps me or her, it just feels a bit more like a lack of understanding from other staff members. Maybe it's like an unspoken understanding I don't know. Whenever I speak to my peer support worker, I always feel heard. I always feel listened to. I always feel cared for. I don't really know what it is. She's got a unique perspective and it's so encouraging and inspiring to speak to somebody that has been low and. And then picked themselves up off the ground. Oh, I think this is somebody like me, you know, and that makes it a lot easier.

Speaker 1

And what kind of activities or support do you receive from peer support workers? I think you've mentioned already that you go for a coffee once a month.

Speaker 2

Activities and support. Like I said. We kind of just do what we know helps me. If she was like ‘right we’re going to do painting’ or something like that, I might do it, but I don’t think that would help me. I find it hard to concentrate and I just like prefer to just have a coffee with her and talk about stuff because I feel like that's what we're good at and maybe if we started doing something different for a while, it would be different but maybe not helpful. She said that she's always there for me. Yeah, like thankfully. When I was a bit more unwell I did occasionally message her and say ‘I think we should speed up the next meeting and meet quicker’ or something like that, but. She is. You know, I've got her phone number and she is available for support. And I think if I did say let's, you know, plan an activity, she would do it. It's just that. And well, I suppose I'm a little bit busy. Yeah, I don't know.

Speaker 1

How do you think what you do with your peer support worker is integrated into your overall care plan?

Speaker 2

It doesn't really interfere at all. And thankfully I'm quite independent. You know, I've got a job and I’m pretty stable. You know, I only meet my care coordinator once every couple of months. Something like that. So my peer support doesn’t clash with anything.

Speaker 1

Have you provided feedback about the peer support service?

Speaker 2

Yeah, I think I filled in a like a little sheet of paper. Occasionally I do that. I don't know any other way to give feedback. I think my care coordinator knows that I've got a good relationship with my peer support worker. I think they must have talked about that. I know I don't really go to my care coordinator and say ‘I’ve just had a really good conversation with my peer support worker’. I suppose I should do that. But it just never really comes out that way.

Speaker 1

Were there any changes or improvements made based on your feedback?

Speaker 2

No.

Speaker 1

And in your opinion, what makes peer support work well in the EIS?

Speaker 2

I think what makes it work well is that it’s another string to the bow, to the mental health support team. That's what makes it work so well, it's another avenue. You know, like if something's not working, she's there. It's hard for me to say what makes it work well, because I don't know what makes it work well, like I don't know. What support she's getting? I don't know. What does she do behind the scenes, you know, like it's that kind of stuff that makes it work well. The stuff that I don't really see, I think.

Speaker 1

So are there any ways that that can be improved?

Speaker 2

I guess just get more peer support workers. Yeah, get more.

Speaker 1

So a couple of questions left. How has working with a peer support worker impacted your recovery journey and can you share any specific examples?

Speaker 2

Yeah, it's helped me immeasurably working with my peer support worker. Completely. And made my life better, like I said, I went from a place of having zero confidence in healthcare professionals and to a place of support and specifically my peer showed me drawing that she did. Just this bit of a sketch of some stick men. But in that it showed me that she'd been in a similar place to where I'd been and got through it? And not only got through it, but gone through it. To the point where she's she's making the effort to get other people through it. The support she's given me is incredible.

Speaker 1

What aspects of peer support have you found most helpful or challenging?

Speaker 2

Most helpful. Just having somebody to speak to. And to have somebody that listens to you. That's most helpful. It was a bit challenge. Most challenging thing. I guess I guess the most challenging thing is the thought that my peer support worker will be taken away. Like if I get better and you know … it's like I understand that it's a job, you know, but she's become quite an important part of my life and it will be challenging to say farewell, you know. But nothing other than that, really.

Speaker 1

So any closing thoughts you know, is there anything else you'd like to share about your experience with peer support within EIS.

Speaker 2

Yeah, just like I said. It's been. It's been amazing. She came around, she saw me at worst, and then she agreed to meet me after that and since then, things have just gotten better. Now it's like I've got a really good friend, you know. Mm. And I'm so thankful.

Speaker 1

That's brilliant. I'll stop the recording now. Yep.

SU 6

Speaker 1

So can you describe what you understand about the role of peer support workers in your care?

Speaker 2

Peer support workers have lived experience.

Speaker 1

And what do you understand to be the main purpose of having a peer support worker in the early intervention team?

Speaker 2

To have someone that can go out and about. Someone I've talked to, someone that I can relate to. You know, because they've, they've got their lived experience as well. So we're able to connect a bit more about you know what I've been through.

Speaker 1

Yeah.

Speaker 2

Yeah, it's been helping a lot get me a bit more reseocialized.

Speaker 1

What benefits do you think peer support workers bring to the early intervention team?

Speaker 2

So it's good having someone that I can relate to that's been through a similar situation. And especially with it being psychosis. You know there's not many people that I know of that have that experience.

Speaker 1

And how did you first become involved with the peer support work?

Speaker 2

So when I was out from hospital, my peer support worker gave me a call and we just decided on a date and time to meet up. Just went for a walk and got to know each other a little bit.

Speaker 1

And how did you feel about engaging with the peer support worker initially at the start?

Speaker 2

I was a bit apprehensive at first.

Speaker

OK.

Speaker 2

I don't know. I was a bit like, you know, how's it gonna help me? Well, and once I knew what my peer support worker had been through. It’s nice to be able to talk about similar experiences.

Speaker 1

Yeah. And what influenced your decision to participate in peer support services.

Speaker 2

It's just that it was available to me and I wouldn’t get out if I didn’t see my peer support worker.

Speaker 1

And in what ways do you engage then with PS support services?

Speaker 2

And so we basically just go for walks, have a chat. Bit of a catch up every week and it's just yeah, it's good to just have someone to talk to so that I can realise how well I'm doing, because if I weren't seeing anyone then I just would not go out. Yeah.

Speaker 1

And can you describe how the peer support workers interact with you and the rest of the healthcare team?

Speaker 2

Just really friendly and supportive and able to relate a bit more in depth because we've you know, got our shared experience.

Speaker 1

And how does working with the peer support worker differ from your interactions with other healthcare professionals?

Speaker 2

Like I said, it's a chat experience. And you know, just being able to relate to what we've been through, even talking about like symptoms. It feels just a bit more sort of personal.

Speaker 1

And what kind of activities did you receive from peer support worker?

Speaker 2

And so at the moment we've just been going for walks. But I do know that if I do ever want to, you know, go out and do an activity or whatever, I can do that.

Speaker 1

And how's this been integrated into your overall care plan? You say you see your peer support worker weekly.

Speaker 2

Yeah, it’s weekly. Yeah.

Speaker 1

And have you ever provided feedback about peer support services?

Speaker 2

Not really. I guess this is me presenting feedback.

Speaker 1

Yeah, definitely. And this one is leading on from that. Were there any changes or improvements made based on your feedback?

Speaker 2

Sorry, what was that question?

Speaker 1

So this question is, were there any changes or improvements made based on your feedback? Like you say, you’re doing that now in this interview, so what makes peer support work well in this service?

Speaker 2

I suppose with psychosis it's very hard to relate it to people who haven’t been through it. It's something that you really can't relate to unless you've ever witnessed it all. Been through it yourself. Because it's, you know, so bizarre.

Speaker 1

Yeah.

Speaker 2

Yeah.

Speaker 1

And are there any ways that the service could be improved do you think?

Speaker 2

And. No, I can think of anything.

Speaker 1

And how has working with the peer support worker impacted your recovery journey and can you share any specific examples and all you sort of did earlier?

Speaker 2

Yeah, so it's helped getting me out and about. It's helped me to sort of resocialise a little bit.

Speaker 1

Yeah.

Speaker 2

Yeah, I feel quite comfortable with my peer support worker, you know?

Speaker 1

And what aspects of peer support have you found most helpful or challenging?

Speaker 2

It’s just getting that ability to connect on then you feel there’s a mutual understanding.

Speaker 1

And is there anything else at all that you'd like to share about your experience with your peer support worker?

Speaker 2

I just, I think it's a brilliant idea.

Speaker 1

And.

Speaker 2

Especially with psychosis, it’s something that you can’t relate to unless you've been through it yourself or seen that. I know of where you can go to take part in lived experience groups and other things.

Speaker 1

That's brilliant. Thank you so much.