Mental Health Europe

Equal rights.
Better mental health.
For all.

December 2024

Short Guide

Peer Support in Mental Health Care

Contents

Introduction

The goal of this short guide is to provide the target audience with a better understanding of the role of peer supporters in the recovery journey of people with mental health problems or psychosocial disabilities, to show how peer support is implemented in European countries and provide recommendations for transfer of practices across Europe.

The publication is targeted to general public, including policymakers and any other stakeholders interested in the topic especially those thinking of becoming involved in peer support.

This guide is the sixth instalment of Mental Health Europe's series of short guides. The previous publications covered the topics of psychiatric diagnosis, personal recovery in mental health, psychiatric drugs, ending coercion and restraint in mental health services, young people's mental health. The publication has been drafted by the Psychosocial Approach Expert Group and it has been informed by contributions from Mental Health Europe's members.

What is Peer Support for mental health?

"Peer support is simple. It is the very natural, very normal, coming together of humans where they share their experiences of living with very natural, very normal, human distress".

Ciara Glynn Peer Support Worker (PrSW) 2023

"It's not walking in front leading or from behind pushing — it's walking alongside".

(Scottish Recovery Network, 2013)

Peer support is when people use their own experiences to help each other. Peer support is distinct from other forms of psychosocial support in that the supporter is someone who has been in a similar situation or position and can relate personally to the recovery steps that someone else wants to take. In peer support, everyone's views and experiences are equally valued, rather than considering the expertise of one person better or more important than another's (1). Peer support can take different forms, ranging from peer-to-peer self-help groups at community level to peer supporters being part of the mental health care systems, working alongside other professionals.

Sociologists who have studied the social structures of large asylums and mental hospitals have frequently commented on the importance of friendship and mutual support for patient survival in often grim and oppressive institutions. However, this was not considered as part of the healing process until the advent of therapeutic communities in the middle of the 20th century. Although at first based in hospitals and run by doctors, in these places patients were encouraged to support each other by sharing their experiences and ways of overcoming the challenges they had faced in their lives. While some found such communities helpful, others found them oppressive and dominated by the same rigid power structures as the old institutions. Meanwhile users of services who felt that the mental health system was inadequate to their needs, had let them down, misunderstood or damaged them formed self-help groups such as the Hearing Voices Network and the European Network of Users and Survivors of Psychiatry (ENUSP).

In the past 20-30 years there has been a slow shift, largely due to the increasing power of service user voices, towards listening to the experiences of those caught up in the mental health system and incorporating their perspectives within services. The shift in service focus towards recovery in many European countries (see our Short Guide to Personal Recovery) in which the goal is for people to find ways of living the kind of lives they want irrespective of continuing mental health issues, is one example of a transformation originally conceived and led by people with lived experience of mental

distress. It was recognised from the beginning of the Recovery Movement that peer support in all its forms is a key part of the process of recovery and that the development of peer support within mental health teams can be a catalyst for systemic change. Support services staffed by people with lived experience of mental health issues are now being implemented in formal healthcare settings and have begun to spread across a number of European countries and worldwide.

Different ways of engaging in Peer Support

Peer support takes many different forms and often combines different kinds of support under the same organisational umbrella. In this Short Guide for simplicity's sake, we will refer to three broad categories:

1) **Informal support groups** such as friendship groups, activity groups (e.g. gardening, walking, sport, cinema etc.) Such groups are often entirely local (e.g. linked to a GP practice or run by a local voluntary organisation) and may be organised by people with lived experience of poor mental health. The activity may be inspired by ideas of what constitutes a healthy lifestyle but there is no formal therapeutic input, and participants can share as much or as little as they like about their own particular challenges. Such groups are particularly successful in mitigating loneliness or feelings of isolation and the loss of a sense of purpose in life.

2) **Self-help groups** providing mutual support and education for people with particular challenges or diagnoses e.g. addiction, hearing voices, bipolar disorder. Here the emphasis is on empathy, discussion and self-advocacy - educating participants and the public (including families and carers) about the particular condition and how to manage the personal and social consequences of living with it.

Some such groups have arisen because of the perceived inadequacy of an exclusively medical approach (e.g. the Hearing Voices Network (linked to the International Hearing Voices Movement). They reject an "illness – based" approach to psycho-social problems and value their independence from mental health services, while recognising that they often play an important role in members' lives. However other groups have a closer relationship with mainstream ways of thinking about mental health issues as medical problems and seek more and better treatments rather than a new approach.

3) Peer Support as part of or in partnership with mental health services, sometimes known as **intentional peer support**. It is this form of peer support that is the main focus of this Short Guide. This is in no way intended to devalue the other forms of peer support described above nor to imply that this development has superseded less formal ways of achieving the same end of supporting recovery.

Here the service recruits new team members with lived experience of mental health issues who are prepared to share what they have learned on their own recovery journeys and offer practical advice and support in managing daily life. The relationship with the service user will include companionship, friendship and help with access to resources available in the local community. It is a relationship of equals and the form it takes, the setting and the activities will usually be negotiated between the service user, the peer support worker (PrSW) and the mental health team. It could take the form of a meeting for coffee in a local cafe, a trip to a leisure facility or a meeting with a housing worker or benefits adviser. It should always be tailored to the individual needs of the service user.

A study in the UK identified 8 core principles of peer support which were described and illustrated with quotations and practice examples. They include: Mutuality, Reciprocity, Safety, Recovery Focus, Progressive, Inclusive, Strengths-based and Non-directive (2). This can be challenging for existing staff

some of whom may resist or even be hostile to the new way of working (3) and careful preparation is needed at all levels of the organisation before new staff are recruited.

The beginnings of intentional peer support

The idea of appointing people with lived experience as Peer Support Workers (PrSWs) within specialist mental health services is comparatively recent. Beginning on a small scale in the 1990s, it has, within the last twenty years, developed with varying degrees of enthusiasm and formal approval in many different countries. In some countries (e.g. Ireland) it is part of the national mental health strategy, while in others it is left to local or regional services to decide whether and how to implement it. It is however a significant departure for mental health services in Europe and many lessons have been and are being learned about its benefits and potential pitfalls. It is part of a different way of approaching mental health and mental health services – a Human Rights-based Approach - well articulated in a report by the UN Special Rapporteur on Mental Health in 2017:

"I see the global state of mental health not as a crisis of chemical imbalances but a crisis of power imbalances, requiring urgent policy responses to address the social determinants of mental health as well as the reflection of powerful stakeholders on their role in perpetuating an abusive status quo. In other words, the crisis in the field of mental health should be managed not as a crisis of individual's conditions or disorders but as a crisis of societal obstacles that hinder individual rights".

Dainius Pūras, UN Special Rapporteur Mental Health on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health June 2017

Why we need Peer Support in Mental Health

There is now good evidence that intentional peer support integrated within mental health services can bring benefits to both users and to the services as a whole. Benefits to service users which have been identified include increased and sustained involvement in the community, improved social functioning, enhanced quality of life and decreases in hospitalisation (4). Another study reported similar benefits which included enhanced motivation, heightened social interaction, making healthier lifestyle choices, increased confidence and improved mental health (5).

Reported benefits to the organisation providing the service include fostering a more recovery-oriented culture within teams in which service users are seen as active partners as distinct from passive recipients of services. Here though it must be remembered that PSrWs by themselves cannot be expected initiate change in a resistant culture.

Perhaps above all – as we can see in the comments below - the PsRW can offer validation, hope and a role model for the possibility of a better future:

*"..**And the peer support worker was just like a breath of fresh air** on the ward. She was just so…she didn't share a lot of what she'd been through, but she shared enough to know that she'd been through things that had been really difficult for her, and now look at her she's working, that's incredible. And it just gave me that hope that…I could do that. And I think it like, saved my life [laughs] because she was just…she told me…about some experiences and they were very very similar to mine, and…the fact that she was working was so inspiring to me. And she'd come and see me and sit with me and encourage me to do a little bit and then a little bit more, and then it just build up from there. Umm and I just thought, I just want to do that, that's what I want to do. And I sort of kept my eyes out". (Excerpt of interview transcript, Watson 2021)*

*"**The peer support worker I had, sort of validated my existence as a person** and my purpose in life. And they were someone who believed in me and my place in the world and the importance of my existence, and they didn't want to get rid of me, they wanted to watch me fly, and saw me as an ability and not a disability. If she hadn't have had that [shared lived experience] and was just trying to interact with [me] in a way that was supportive but…without getting it, it wouldn't have worked, and I wouldn't be sat here now. Because I would never have found trust in my psychologist, in anyone. I think back then I didn't trust anybody, not even 10%. Somebody asked my name… 'why do you need to know my name? F*** off', simple as that. And I think what I needed at that time was to find somebody that I could actually trust. And when I found that trust in [the peer support worker], it kind of helped me to think maybe there's trust elsewhere too." (excerpt of interview transcript, Watson, 2021)*

There remain challenges however:

*"**Throughout the interviews peer support workers expressed pride and joy at bearing witness to the role's effectiveness and development within the services**. Playing a significant role in this had a*

positive effect on their recovery journey. The passion for the role was evident when peer support workers spoke about the future development, they expressed caution in relation to expansion and recruitment. Several peer support workers felt that a pause on employment was wise until these challenges with integration are addressed. But will these challenges ever be addressed? Are we trying tirelessly but failing miserably to force a square peg into a round hole? There is no debating the effectiveness of peer support, this is evident in the words of the people who access our services. Yet uncertainty around the development of the role here in Ireland continues, so too does the battle."
Ciara Glynn (6)

Peer support in practice – Lessons learnt

We will now look at some of the most important lessons we have learned about peer support so far and point readers towards more detailed accounts including hearing from participants about their own experiences.

Preparing the ground - whole service transformation

Perhaps the most important lesson is that the decision to incorporate peer support workers within mental health teams should not be a question of how to "bolt on" extra social activities to a mainly medical service philosophy. Rather it should imply an organisational commitment to shared principles and goals which will transform ways of working and thinking across the whole service. This Human Rights Approach has at its heart a focus on Recovery i.e.. achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from a mental health condition.

In their paper *Peer Support in mental health and social care services: Where are we now?* (7) Emma Watson and Julie Repper state:

Mental health organisations with greatest success in employing peer workers are those that are already committed to shifting the culture of services to be more focused on enabling people using services to recover and live well in their communities. As part of this they have a clear understanding of the importance and value of the lived and life experience of all staff, and are actively developing practices that empower people using services through shared decision making and co-production at every level.

In other words, this is a change which involves the whole organisation providing a context within which individual professionals and teams can benefit from the introduction of intentional peer support. It is the absence of this shift in culture in both local services and some of the bodies responsible for planning peer support and training that has led groups such as the National User Survivor Network in the UK to question whether PrSWs are being coopted to deliver the traditional medically dominated types of services that users campaign against.

All too often, projects employ people with relevant lived experience to deliver professionally developed interventions, rather than to draw on experiential knowledge to support and empower people to make their own decisions about how to manage their condition, their treatment and their lives as a whole (7).

Repper recommends that organisations thinking of establishing peer support within their services should set up a Project Steering Group whose membership should include people with a sufficient level of seniority to address and solve organisational issues as well as service users and clinicians.

Teamwork challenges

The issue of conflicting service philosophies can percolate down to the day-to-day work of mental health teams at local level. One of the most challenging aspects of the new roles for both PrSWs and existing staff is how to move beyond traditional professional/patient boundaries and power relations. How does confidentiality work in team meetings when someone has been a patient? Do we have to change the way we talk about patients now that this former patient is a colleague? What happens if a PrSW starts to become ill? Alex - a PrSW in the UK- found that within days of starting her new role she became unwell and disempowered. It wasn't until a space was created outside the service (known as the Common Sense Group) where professional roles and qualifications did not matter, that she was able to discuss relationships on equal terms and regain sufficient confidence to find her own voice again. This Common Sense Group involves members of the mental health team (including PrSWs), the local authority and the local community. It meets regularly, is non-hierarchical and is a forum for creative ways of involving the whole community in positive mental health.

Integrating PrSWs into mental health teams

The integration of PrSWs into medically oriented mental health teams is often the most problematic area for both new and existing staff. The findings of a small study by Ciara Glynn - a PrSW in Ireland- for her Master's degree have been echoed in many different countries. She is clear that for most of the PrSWs she interviewed their work, although challenging, was a great source of personal pride and satisfaction. However for some – especially in teams without an orientation towards recovery – the process establishing themselves and getting their voices heard was described in the language of a battlefield:

"Fighting language was used by peer support workers when sharing their experiences. Peers described aspects of their integration into teams as a "battle". Similar powerful terms and words like "win-over", "fighting", "war" and "take a stand" were used to articulate the struggle. Peer support workers referred to a revolutionary aspect of the role and how they can challenge or change the system. One participant described "leaving the peer support course in DCU like Che Guevara" and being employed to carry out a "recovery mission" within the services." (6)

Other re-emerging themes in peer support literature include stigmatisation, tokenism, lack of role clarity and team readiness, leaving workers feeling isolated, disempowered, harmed and re-traumatised (2).

Supporting the supporters

As well as team culture and values, a key to success will be the quality of support and supervision, especially when a PsrW joins a team, but also ongoing. At least some of this support should involve mutual learning with other PrSWs for whom the creation of leadership roles for PrSWs within the service could prove very helpful. It may be a big leap for overstretched staff on the front line to think of the advent of intentional peer support as an opportunity to review their current ways of working and move towards co-producing a new articulation of their values and philosophy. To deal with this,

some sort of exercise involving the whole team including the new PrSWs working together would be a good way of welcoming the new colleagues and making clear the importance of their contribution.

There is now enough experience of this kind of peer support for these issues to be foreseen and there are examples of services which are new to this way of working partnering with other services which have been doing it longer for mutual learning e.g. **The Sussex Peer Support Partnership** (8) involving 13 different organisations. At a European level there is a multinational partnership project called Peer Support Sharing practices in Mental Health, whose mission is: "….to share and strengthen all things peer support in mental health by **facilitating access to information for all** and **fostering knowledge exchange** across Europe and beyond".

Recruiting peer support workers

Recruiting PrSWs presents a different kind of challenge for Human Resources departments. Given the high levels of unemployment among people with a diagnosis there is likely to be significant interest in the possibility of paid work helping people - work they may already have been doing as volunteers or friends and mentors. However, simply having lived experience of mental ill health is not sufficient for a role that can only be defined in general terms and will need to be developed at least partly on the job. There is also the important question of who service users from the particular culture or locality where the PrSW will work would regard as a peer. This argues for recruiting a team of workers with diverse experience and from a variety of backgrounds who are expected to work together to support each other as well as working in particular mental health teams or localities. It is important at the same time for employment support workers to remember that persons with lived experience should not be made to feel that they are incapable of considering any other professional opportunity than to become part of the mental health system.

Role and job descriptions

Job descriptions should make clear in broad terms the nature of the role and the tasks and requirements of the work, for example:

PrSWs in the mental health system will provide service users with companionship, friendship and practical support with daily living activities. They will help service users gain access to services and resources such as housing and employment. (9)

However, job descriptions should also avoid being too prescriptive about how and where the work is done because this should be developed mutually between themselves and the people they are supporting.

Training peer support workers

NHS in England has produced a Competency Framework and other materials for training PrSWs that can be adapted to the needs of particular services and localities. However this training system is

controversial among user groups who fear that it is aimed at coopting peer support into the kind of services users have been campaigning against.

In any case peer work is at the interface of local services, communities and cultures so adaptations will be needed. Training as in other professions should be regarded as a continuous process and should - if possible for the first few months at least- be undertaken on a day release basis so that new staff have the opportunity to reflect on their experiences in a space free from the immediate pressures of work. In Recovery Colleges in the UK, Spain and many other places, PrSWs have co-produced and taught modules about the work of peer support and organised train-the-trainer sessions.

Embarking on a career?

Other more far-reaching issues concern pay and career progression for PrSWs. It is still the case that many of these roles are paid at the lowest possible rates with no obvious way of advancing along a career pathway. One solution to this is to create more senior supervisory and training roles for PrSWs and indeed many PrSWs believe they should be trained and supervised by more experienced people doing the same work as themselves.

Trainers with lived experience are also a resource for team training and continuing professional development (CPD) of doctors and other mental health professionals as part of the move towards a right-based approach.

Recommendations

1) **National and regional levels**
    - **Political support and commitment at local and national level is needed** to prepare the ground for change towards a Human Rights/Recovery approach to mental health issues. Power is rarely given up willingly so champions must be found in government, psychiatry, community organisations and organisations of people with lived experience who can act together in a coalition for change.

    - **Ensure funding and resources are available to cover the preparation and support that will be needed by organisations embarking on a change programme.** An accredited train the trainer programme for people with lived experienced may already be available in some countries. Where it is not, the creation of one would be a demonstration of commitment to change. Further down the road difficult choices may need to be made about team composition if all teams should include an element of peer support so business plans will need to take account of this.

2) **Organisation level**
    - **Take note of the UN Convention on the Rights of Persons with Disabilities (CRPD) guidance on peer support. "Service providers should ensure that peer work support services are self-directed, autonomous and independent of medical professionals. Peer services should be chosen freely by people with mental health problems and not unduly influenced by judicial authorities, medical professionals, family members or service providers."**

- **A project implementation group should be set up to prepare the organisation and manage the process of introducing PrSWs.** This should include senior managers, clinicians and service users and it will have both a strategic and an executive role. Early decisions will need to be made about pay, conditions and recruitment.

- **Work on a training programme based on a Human Rights/Recovery approach across the whole organisation.** This should involve trainers with lived experience in both the design and delivery. If none are available within the organisation, seek out partners who have already had experience of service transformation. Begin to recruit and introduce PrSWs to the teams that are keenest and show greatest aptitude for change.

- **Get teams about to receive PrSWs to prepare to welcome them and encourage them to review and reflect on their own practice with the new team members.** How will day to day working change as a result of including PrSWs? How will we ensure everyone feels supported and heard in their new roles?

- **Commence training programmes for PrSWs involving peer trainers in design, co-production and delivery.** These may be adapted from accredited courses or competence frameworks recognised at national or international levels. Training programmes and Continuing Professional Development for all mental health workers, including doctors, should also include users as co-producers and trainers.

- **Establish supervision routines for PrSWs as for all staff.** If qualified, people with direct experience of peer support are available – use them. For newer PrSWs, having a Peer Support Hub with day release training sessions to reflect on their experiences with others in the same position but from different workplaces may be helpful.

3) For people thinking of becoming peer support workers

- **Sound out people who are already doing this work.** Does their description of what is involved appeal to you? Could you cope with the demands if properly supported?

- **Ask about the range of tasks and how much scope a PrSW has to decide how the day to day work is organised.**

- **Find out about pay and conditions.** If you have been in receipt of welfare benefits how will the job affect your entitlement? Are the hours negotiable?

- **Check out the training being offered and the support and supervision arrangements.** Will you be on your own or will you have others doing the same work to talk with and advise you?

- **What would be the arrangements if you were to need support for your own mental health?** Would you be offered help from outside your own workplace as with other staff?

- **Do you think that you will need some adjustments to the job to be made in order for you to perform at your best?** You should be asked this question at interview. If not - be prepared to ask for what you need. The response will be a guide to how prepared the workplace is to receive PrSWs.

- **Find out how other PrSWs have fared in the organisation you are applying to.** It doesn't hurt to ask directly and to check out what lessons have been learned from the introduction of PrSWs so far.

Many people have found that becoming a peer support worker is a source of pride and satisfaction, that they are able to use the things they have learned from their own recovery journey to help others. However, as we have seen, the path to success is not always smooth and entrenched attitudes can be hurtful and disempowering. This is the same with all jobs and coping with the difficult times depends on the quality of relationships that are formed within the team you are working with. Never be afraid to ask for what you need or to make suggestions that will enable you to do the job better. The job is all about empowerment for you and your clients. The voices of people with lived experience of mental health issues are frequently missing from mental health services. If you and your clients make your voices heard, better and more responsive services will result.

Bibliography

1) *'Mental Health: The Power of Language' – A glossary of terms and words*. Mental Health Europe, 2023.
2) *Peer Support Workers: Theory and Practice*, Julie Repper, Centre for Mental Health and Mental Health Network, NHS Confederation 2013.

3) *The institutionalisation of peer support in France: development of a social role and roll out of public policies*. Eve Gardien, Christian Laval. Alter: European Journal of Disability Research / Revue européenne de recherche sur le handicap, 2018, 13, pp.69-82.

4) *Work transitions for peer support providers in traditional mental health programs: unique challenges and opportunities*, Moll S, Holmes J, Geronimo J, Sherman D., 2009

5) Australian consumer perceptions of peer support, Henderson AR, Kemp V., Asia Pac Psychiatry, 2013

6) *The Battle of the Peer*, Ciara Glynn, Mad in America, 2023

7) Peer support in mental health and social care services: Where are we now? Emma Watson, Julie Repper, ImROC Briefing Paper 22.

8) *Principled Ways of Working: Peer Support in Sussex*. Faulkner, A., 2021.
9) Naughton, L., Collins, P. & Ryan, M. (2015) Peer Support Workers: A Guidance Paper. National Office for Advancing Recovery in Ireland. HSE: Mental Health Division. Dublin.

Further Resources

A number of very useful papers have been produced in Ireland as part of a national initiative to embed Recovery and Peer Support within mainstream mental health services. They contain evidence that can be used to build up a business case for developing peer support and much practical advice. They include:

Peer Support Workers in Mental Health Services. A report on the impact of peer support workers

Peer Support Workers: A Guidance Paper Naughton, L., Collins, P. & Ryan, M. (2015) National Office for Advancing Recovery in Ireland. HSE: Mental Health Division. Dublin.

Toolkit to Support Peer Support Workers working in the Health Service Executive

Peer Support Work. An International Scoping Review

Peer Support Distance Working. Guidance on a Model of Peer Support Working during the Covid-19 Pandemic

Mind in London have also produced a toolkit funded by the Big Lottery entitled:

Developing peer support in the community: a toolkit

ImROC in England (Implementing Recovery through Organisational Change) has also produced a range of papers touching on peer support in addition to those cited above including information on Recovery Colleges. A look through their website could be rewarding : https://imroc.org

Annex I

Peer support implementation across Europe

Mental Health Europe has gathered concrete examples of how peer support is implemented across Europe, via a consultation among its membership. The goal was to highlight what works well in the given country and what can be improved, with a view to transferring the practice to different contexts. The insights from our membership enable us to reflect on lessons learnt and put forward recommendations.

United Kingdom - *The Shared Experiences and Local Mental Health Systems Project*

Peer support is available as either one-to-one or group sessions, and can be accessed through the NHS and third sector organizations. To illustrate, the Shared Experiences and Local Mental Health Systems Project (UK), in Watford, UK, hosts a meeting twice a month called the Common-Sense Group (CSG). The group meet in a central, civic, location and includes people with experience of mental illness, mental health professionals, local council representatives, and local voluntary organizations. Each member is encouraged to share their life experiences in a confidential, respectful, and non-judgmental environment. (Michelle)

I met other members of the steering group and although the first meeting I am not sure I said much – I found the meeting inclusive, empathetic, empowering, authentic and non-judgmental. There was a true sense that what everyone was trying to create was a truly co-produced project.

And so I found my voice and what I had to say was respected and valued. And as I found my voice, I was able to build up this sense of hope that people really did want to create change and innovation in mental health services so that the experience I had was no longer the norm. And as this hope grew so did my sense of self-worth and purpose and my recovery from the mental health relapse started. Not only did my involvement with the group improve my mental health but it also gave me the confidence and skills I needed to progress in my career. (Alex)

Greece - *Society of Social Psychiatry P, Sakellaropous*

In many non-governmental organisations peer supporters work very closely with other users as kind of mentors or trainers that support their adaptation in work environment (this is the case in Social Cooperatives of Limited Liability), or accompany them in social integration. In many cases they offer support in a basis of solidarity and not as a paid job. In other cases, this kind of mentoring is part of their paid position in the Social Cooperative of Limited Liability.

Poland – *Human Foundation*

The concept of recovery assistants has gained significant popularity in Poland over the past eight years, becoming an integral part of the ongoing psychiatric care reform. This was achieved by including recovery assistants in the regulation issued by the Minister of Health on April 27, 2018, concerning the pilot program in mental health centers, recognizing them as essential staff for these entities. In 2021, the profession of recovery assistant was introduced in the public mental health services, and in 2022, the scope of tasks and responsibilities for this role (qualification framework for recovery assistants) was defined. The profession is being implemented in a rather informal manner, without any systemic support.

Now, recovery assistant courses (whether paid or free – funded by EU projects) are conducted by few institutions, unfortunately primarily within the biomedical framework.

Italy –*Diritti alla Follia*

With the exception of the only training edition, carried out in Italy in 2022-23, called 'EX - IN' (EXperience INvolvement), the first and only training course independent of Mental Health Services at the European level, was financed by the Italian Ministry of Health in which I personally participated, achieving a qualification of 'Recovery Facilitator'.

Some 'peers' who have undergone some training, are engaged in organizations or cooperatives that collaborate with the Services, others are present within the facilities as trainees.

Traineeships also last for years, with remuneration of about 3 euros per hour, or through work grants or expense reimbursement. There are few cases in which 'peers' have a salary worthy of being called such, this happens when they are framed in certain professional qualifications. Most perform volunteer service.

There is no real supervision, but rather a form of covert observation. In Italy, 'Peers', called ESPs (Experts in Peer Support or Experts by Experience), although they are partially recognized, are very often not very emancipated: they feel the influence of practitioners and most still tend to be in awe of professional figures.

On May 18, 2024, a professional organization of experienced Peer-Esps, called AIPESP, was born with the purpose of being able to be recognized at the institutional level. Now the board is made up of only Peer-Esps, but professionals and practitioners sensitive to the topic of peers contributed to the birth of this organization.

Italy- *AISMe (Tuscany Region, Italy)*

In 2001 the Shared Experiences and Local mental Health Systems project (SE&LMHS) was jointly launched by the Prato Mental health service, AISMe, Mental Health Europe, ENUSP and many other organizations aiming to develop new relationships between services, associations, and local governments. This allowed to better define theoretically and practically the aims and the basic

elements of the project like the Shared Experience, the Local Mental Health System and the Intermediate Area between the services and the community. Democratic peer relationships should have been developed between all the subjects involved in the different activities of the project, while the “them and us” relationship should have been banned.

What can be improved? Services are too authoritarian and paternalistic and mostly oriented in the diagnostic and therapeutic illness model, and this is incompatible for psychosocially oriented experts by experience, as those who are part of our association. Currently this kind of peer workers can work only in organizations different from services. The relationship with mainstream mental services sometime is difficult especially with services mainly focused on illness and therapy and where the psychosocial aspects are neglected or considered as a mere consequence of the individual psychopathological problems.

This Short Guide is the sixth in a series produced by Mental Health Europe aimed at people who have newly come into contact with the mental health system as users, carers, service providers and/or policy makers. They provide a short introduction to the topic and further guidance on resources for those who want to explore it in greater depth.

Thank you to Mental Health Europe’s members for their valuable input.

Mental Health Europe is the largest independent network organisation representing people with mental health problems, their supporters, care professionals, service providers and human rights experts in the field of mental health across Europe. Its vision is to strive for a Europe where everyone's mental health and wellbeing flourishes across their life course. Together with members and partners, Mental Health Europe leads in advancing a human right, community-based, recovery-oriented, and psychosocial approach to mental health and wellbeing for all.

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Commission's CERV Programme. Neither the European Union nor the granting authority can be held responsible for them.

Co-funded by the European Union