solidarity in a crisis
Out-of-hours Peer Support in Lambeth

End of Year Report
Acknowledgments

We would like to thank the Solidarity in a Crisis peer supporters and Jessica Agudelo, project co-ordinator. Also to Nicholas Campbell-Watts for his support and insight. Tamara Russell should be praised for keeping us mindful and to Fiona Venner for her encouragement and knowledge sharing. Thanks too to designer Alexander Cotton. Special thanks to Jennifer Clarke for her insight at the start of this project.

Karen Hooper and Emilio Reyes
(Report authors and Service user/Carer Representatives)
Foreword

Solidarity in a Crisis set out to test and build on the ideas and beliefs emerging in Lambeth through the work of the Living Well Collaborative. What we've learnt over the first year of developing and running Solidarity will help us to shape the next year of the project. Our ambition is to show that by bringing together the expertise of our organisation with the expertise of people using mental health services and their families and loved ones, we can together design, build and run better services. It is also an attempt to keep teasing out the level of demand in Lambeth for an ‘informal’ out-of-hours crisis response, and the potential of peer-to-peer support to meet this need.

A year on, this report reflects on our progress and learning to date. It has left us with a real appetite to do more co-production and go further with our peer support work. Not because it’s easy for organisations and people using services to work together, but because out of the negotiation, debate and continuing dialogue that takes place when you are co-producing services, something important happens to the organisation. We have gained more insight about how we need to relax some of the processes and operational frameworks that we routinely apply to initiate and manage activities. We’ve been reminded that ‘great relationships’ between people needing support and people providing support are crucial to our work. We’ve also developed a clearer vision of how we can support Solidarity over the next year by wrapping a number of other peer support initiatives in Certitude around it, so that they connect and spark off of each other.

The challenge going forward is twofold. We really have to push at identifying the right audience for this service so we can shape it to the level and character of need in Lambeth. We also want to continue supporting the transformation of services that is taking place in Lambeth, which is reframing how we think about expertise and increasingly blurring the distinctions between user, provider, people and organisations. This is exciting, challenging and enlightening.

We are indebted to the team of dedicated peer supporters who drive Solidarity in a Crisis; to Karen and Emilio who have worked with us to conceive, design, recruit, train and now review the service, and to Jessica, who has provided our ‘organisational perspective’ in the development of this service.

Nicholas Campbell-Watts, Director of Mental Health, Certitude
One year on - manager’s perspective

Solidarity in a Crisis developed from the idea that crisis support in Lambeth is usually provided by statutory services and too little is provided by the voluntary sector or local people. It also emerged out of a conviction that by creating genuine partnerships between the voluntary sector and service users and carers, this would result in provision of more effective, relevant and person centred services. This approach to working, also known as co-production, has been paramount in the design and implementation of this crisis out-of-hours service in Lambeth.

This is my experience of co-production from a manager’s perspective, which I hope will inspire other teams or agencies to consider some of the operational and emotional requirements of establishing a service of this kind, in this way.

Solidarity in a Crisis was launched in April 2012. A small team comprising Karen and Emilio, service user/carer independent consultants, me a Certitude project manager and Nicholas, the Certitude Director of Mental Health had been working together since July 2011 on the service design and implementation. These meetings were often a debate between us and an organisation trying to operationalise a new service as Karen and Emilio tried to describe a set of ideas and principles. Out of this we developed a project proposal, with the team agreeing on an operational framework which brought together the best of both perspectives.

A number of service user led focus groups were facilitated by Karen and Emilio to gather information about people’s needs and perceptions of crisis support. Peer support quickly emerged as the most valued component of the service. The vision for Solidarity in a Crisis was therefore to provide a service that was genuine, transparent and empathetic to the needs of the community using the knowledge of those with similar journeys within the mental health system.

Two open days were held and seven people were recruited from the process that followed. It was difficult to have to say no to any candidates, however, we had to think about the sensitive and challenging nature of the role, and the need to have peer supporters who were aware of their own personal needs, wellbeing, and boundaries.

Another learning stage was the additional support required by some peer supporters in their transition from having been out of work for many years to being formally employed and paid for their work. A benefits advisor was invited in to talk to people about the implications to their individual financial circumstances. This, to me, is an area that must be explored and fully supported when starting projects of this nature, because providing employment opportunities for individuals who may have been out of work for a while will undoubtedly add positive and significant opportunities for them, however, it does bring changes to their existing circumstances that can lead to difficulties.
An extensive four-week induction and training programme followed to explore peer support, person centred care, confidentiality and boundaries. This was a combination of mandatory training we would provide to all new staff and training that Emilio and Karen felt would help the peer supporters to focus on the relationship that was at the heart of support. Other training included: Mental Health First Aid, Mindfulness Training and one day with the Leeds Survivor Crisis House service.

Following the launch, peer supporters needed support getting used to the formal structures we have in place as an organisation, from policies and procedures, to the use of forms and adherence to the on-call rota. Individual confidence and self-esteem was put to the test, with peer supporters requiring one-to-one support following a distressing call to debrief and reassure them that what they said to callers was appropriate and sensitive. As a result, it was agreed to have monthly team meetings and one-to-one supervision with the project manager for individual support and development requirements.

Attending team meetings, events and approaching services has been necessary to raise awareness of the project, providing the team with new sets of skills and confidence. However, most importantly, our learning has come from the passion and commitment of peer supporters. The team has developed personally and professionally through their roles, bringing additional value to the project, and with many peer supporters pursuing their careers within the mental health and voluntary sectors.

Demand for the service has not reached the levels initially envisaged, however, the nature of calls and community meetings have required increasing amounts of time, energy and strength from the team. The array of complex needs experienced by many of our callers is evidence of how difficult and draining this role can be; with crises arising from the symptoms of mental health, to social isolation, financial and housing difficulties, physical, sexual and/or emotional abuse and bereavement. It raises questions with regards to what support systems and networks do individuals access to help them cope with crises. More specifically, what makes people call the service or even consider approaching a peer supporter. The latter questions will be put to the test in 2013/14. With the project now established, we are at the stage where we must further test demand and sustainability.

The experience of co-production has been invaluable and the benefits to the organisation, individual team members and clients, has been substantial. We hope that peer support, whether formal or informal, is recognised not only by services but by individuals and communities as being a significant human asset and tool to engage socially and help us all during difficult times. From an organisational perspective, putting support structures in place for peer supporters is paramount if they are to provide support that is of high quality and relevant to the needs of their community.

Jessica Agudelo, Community Projects Manager, Certitude
“Engaging with others through peer work connects me to the side of myself that is hopeful, which does believe things change.”

I get a great sense of self-worth and truly value in what I do, it helps me to feel I can give to others in whichever small ways - which feels healthy and is Health.”

Peer supporter
What is **Solidarity in a Crisis?**

Solidarity in a Crisis is an out-of-hours crisis service in Lambeth, co-designed and co-delivered by service users and carers. The project officially started on April 1st 2012. Currently there are 8 peer supporters who deliver phone and outreach support for people in crisis during weekends.

“I disappear into a shell and start sinking…Weekends can become a time of stagnation when you haven’t got a full-time job or if you aren’t doing a course, you find that you are at a loose end if you haven’t made plans, you get bogged down with getting through everyday, so you don’t plan for the weekend.”

Supported Peer
Solidarity in a Crisis - How it works.

- The Solidarity in a Crisis project has been initially established as a weekend project as it was felt that this is the time when most people are likely to experience isolation from help.

- There are three evening shifts, from 8pm to 2am, on Friday, Saturday and Sunday and two daytime shifts, from 8am to 2pm on Saturday and Sunday.

- There are always two peer supporters on call during each shift to ensure that the phone is always answered and that the peer supporters can discuss difficult calls and support each other.

- The peer supporters do their work from home, taking calls in their own house which helps to reduce the time and cost of sitting in an office waiting for the phone to ring.

- Peer supporters log the calls and return their sheets to the co-ordinator.

- Peer supporters each have an on-call bag containing a phone, resource booklet and a Lambeth service directory.

- Peer supporters can, if required, arrange a meeting in the community with the person they are supporting. Two peer supporters attend this meeting.

- Peer supporters exchange the on-call bag with each other before the next shift.

“50% of crises happen outside of normal community mental health team opening hours”

(Ellis, D., & Lewes, S., 1997)
The history of Solidarity in a Crisis

Is there anybody out there?

At its launch in 2010, Vital Link, a group canvassing the views of carers and those who use mental health services in Lambeth identified out-of-hours crisis support as a priority. Over the months, Vital Link quickly established itself as the bedrock of informal peer support proving that empathy can be strong when it is harnessed from a similar experience.

The value of peer support is at the heart of Solidarity in a Crisis, which was developed to support people in distress, ‘out of hours’, and over the weekend before they reach crisis point. It began as a joint venture between carer representatives and Southside Partnership (Certitude) as part of the Lambeth Living Well Collaborative (bringing together those who use services with commissioners, mental health professionals and providers to reshape services innovatively).

From the onset we wanted to do things differently... we walked miles one day to visit a crisis retreat as part of our research and talked to lots of people about what crisis meant to them. We wanted our peer supporters to be trained in a variety of approaches that would enrich their intuition and experience of a crisis... to see the person as human, rather than a diagnosis or a bundle of risk. As well as a two-day Mental Health First Aid course, peer supporters had a two-day training session Maintaining Mindfulness in a Crisis with Dr. Tamara Russell. Equally cutting edge was the workshop facilitated by the Leeds Survivor Led Crisis Service, using the person-centered approach to mitigate risk in a crisis.

The training exemplifies the project’s shared ethos; that it is possible to approach a mental health crisis in a holistic and non-medicated way. It has been an important part of this project to recognise that active and non-judgmental listening, love, and empathy can be very effective tools in supporting individuals experiencing distress and/or a mental health crisis.

What follows is an attempt to capture part of the Solidarity in a Crisis journey over the past year to show, in the words of one of our peer supporters “the road to recovery is hard, but it can be walked”.

Karen Hooper and Emilio Reyes
Early days

Our journey brought us together with Nicholas and Jessica to help design the service from job application and referral forms, to leaflets and posters for the open days to recruit peer supporters. Co-production was a steep learning curve as we negotiated our way through the many procedures faced by organisations around issues such as risk.

The recruitment was exciting and moving as we met people prepared to share their stories, their lived experience of mental health. This included carers. We decided it was important for people to be able to share and reflect on their lives and this made up the job 'interview' as people went through exercises and role play as to how they would support someone in a crisis.

Our induction session followed a similar path and it was evident from that first meeting that the group would form tight bonds. We listened to music, did some mindful walking and read out loud a poem; all possible coping strategies for someone in a crisis.

As well as this, the peer supporters as employees of Certitude went through the company's induction process and met up regularly with Jessica to get them formally in place.

As highlighted in our introduction training is paramount to the service. The peer supporters were able to partake in Certitude’s training including drugs and alcohol and stress management. They also attended SOVA (Safeguarding of Vulnerable Adults). We were lucky to have the insight of Dr. Tamara Russell at a time when she had published a paper on mindfulness and enduring mental health and the consultation day with Fiona Venner, from the Leeds Survivor Led Crisis Service was invaluable. We benefitted from her in-depth knowledge in the person centred approach to crisis and suicide and self harm. In the afternoon, with Solidarity’s staff team Fiona shared her wealth of experience on running the Leeds service, what made it so successful - accessibility, a clear philosophy and therapeutic frameworks, infrastructure, leadership, staffing, relationships with commissioners and partners, PR and marketing and evidence. It was a lot to reflect on but it made things crystal clear that with the right support people can resolve or better manage their crises.
Our method

The Solidarity in a Crisis service is an excellent opportunity to explore peer support in a crisis setting. The purpose of this report is to capture, a year down the line, how the Solidarity in a Crisis service has supported people in crisis.

We asked three primary questions:

• What is the extent and nature of demand for the service?
• How has ‘lived experience’ of mental health issues affected the support peers have given their peers?
• To what extent has the formalised elements of the service - training, supervision, payment affected the support the peers have given?

We collected four different types of data:

• Two 2hr focus groups with peer supporters.
• Monthly commissioning monitoring reports.
• Qualitative questionnaires for peers and peer supporters.
• Case studies and interviews with peers.
• Feedback from care co-ordinators and others.
Summary of findings and recommendations

Findings

• After a slow start Solidarity in a Crisis is reaching more people in crisis both on the telephone and with peer supporters meeting up with them in the community. The demand is not just from the person in crisis, sometimes the carer, friend or relative of that person may be calling as they feel they are no longer able to cope.

• Those that we spoke to felt that being able to talk to someone has had a positive affect on their well being (it is difficult to gather this information as people find it difficult to share their stories).

• The service has had a positive and meaningful impact on the peer supporters. They have managed the calls excellently, the confidence of the team has gone from strength to strength, some have got other work, including that with the SWOT (Social Work Occupational Therapy team), supporting people to move to more independent living, as well as having input into the Collaborative prototyping of a crisis house.

• Peer supporters have managed a variety of different crises, including social isolation, bereavement, an overdose, panic attacks and benefit issues.

• The service has reached twice as many women as men.

• Community mental health teams and other services have been welcoming of Solidarity in a Crisis when it has been promoted to them. Peer supporters have played a major role in these meetings.

• The majority of contacts are self referrals.
Recommendations

• Ongoing work needs to be done to promote the service, particularly within A&E and triage wards.

• In the spirit of partnership other services should be reaching out and encouraging the people they work with to refer to Solidarity in a Crisis, as well as supporting this project so that everyone can benefit.

• Peer supporters should continue to explore boundaries with support from the team as part of their personal development.

• There should be ongoing commitment to training.

• The team should be offered group psychological support akin to that received by Missing Link peer supporters (outside of the organisation).

• There should be a discussion around working more in the community and people’s homes with an open debate about risk (the proposed crisis house prototyping could provide interesting opportunities).

• A commitment to the scaling up of peer support that keeps in mind the value, pay and conditions of peer supporters.
Peer supporter’s perspective

We ran two focus groups at Fanon Resource Centre with most of the peer supporters in Solidarity in a Crisis to get feedback on the project’s journey so far.

In what way do you think the training has helped you to support someone in a crisis? What other training if any, do you think you would have liked to better prepare you for the role?

‘It’s given me confidence to helping in a crisis; in particular, mindfulness, if a person is all over the place/having a panic attack it helps to ground the person and helps them focus’

‘Leeds training prompted me to be gentler, more real/genuine/humane… different kind of experience versus the clinical’

‘Liked real life examples and Leeds’ attitude to non restraint, caring, walking the talk, lots of evidence’

‘Mindfulness really helpful… intro to different ways of being, other ways of looking at things… new ways of approaching/maintaining recovery’

‘Still listen to Tamara’s [mindfulness trainer] CD… those talks really describe what it is to be connected. I try to filter it through my calls. It’s definitely part of how I support someone’

‘Mindfulness: when I’m feeling in a certain distressful way and apply it to my situation and it works, I know it could work for someone else. Enhancing, rather than putting someone in danger’

‘Mental health First Aid really useful in dealing with cuts, wounds, to treat physical problems; role play really useful, for dealing with poisoning, for example’

‘Drug and addiction - got so much from that; I didn’t understand why people do it; at the end I was more empathetic to people in that situation; if I had these challenges I could understand why people self-medicate to deal with other mental health issues’
‘Training gave me the courage to actually believe I am capable of delivering the service in the manner it should be delivered’

‘Materials are a treasure (book in the bag, read through it quickly before shift, mark up pages that are important)’

‘Problem around if someone calls up with learning difficulties… reaction to what we say/words can be completely different – additional training might be useful’

**What have been the challenges of the role?**

‘Not having access to information on previous callers - so you know what has been said before - maybe on computer, we could just have the name and contact details’

‘Being alert at all times; anxiousness around late night and early morning shifts - you can feel sleepy and not alert - and missing a call’

‘Hard to meet a client when it is late at night - because meeting in twos is difficult - also problem exchanging bags; hard when we live so far from each other’

‘We haven’t covered the issue of speaking to someone when you have used the same mental health services’

‘When someone shares something personal that chimes with my own experience’

**Have you felt comfortable/confident taking calls on your own at home/or wherever you are while on duty?**

‘I like the fact that you can continue going about your everyday life. However, friends and family may not understand that you are ‘at work’ and need space/understanding’

‘It would be good to be in an office but that would require a lot of resources/expensive’

‘Yes, I have set up a “special” workplace where I can “be” on call’.
What have been the rewards of this role?

‘Knowledge, insight, confidence, especially finding my way round (getting from A to B, haven’t been good at that in past…) going beyond my own territory’

‘I wish I could say financially…but the money is crap!’

‘When you are in the system you feel quite alone/isolated, now we’ve got like-minded people should we need to have a discussion; someone at other end who is going to be non-judgemental’

‘Made me feel confident to look for work, empowered me to do this’

‘Just knowing I was coming here today is that reward of being with other people’

‘Connecting, learning, giving, active in community – part of well-being bubble’

Do you feel like you’ve been supported adequately to fulfil your peer supporter role? What other type of support do you feel would benefit you?

‘Yes, feel really supported… people say ‘pick up the phone’ and they mean it; know am reassured there’s someone at other end’

‘Yes and no – yes, Jessica (co-ordinator) team meetings… we could go further get courses to help us - e.g.: stress/time management - there are certain courses we have to do, which we get paid for; would like to be paid for the non-compulsory’

‘I would rather go on the course and not get paid for it’

‘System of group and one-to-one supervision really works’

‘Support on different levels – going out for a meal, training… a bit of a package, makes me feel valued’
How have you felt your lived experience of mental health has informed the way you help someone in a crisis?

‘Very good question! Because of mental health issues given us insight and knowledge of other’s distress and how to maintain and enhance that, coupled with training I seriously believe it’s made us stronger’

‘More compassion to feel how someone is feeling… when I took drugs I know how it feels; now free I can use that knowledge to guide that person to other side if they want to go there. THE ROAD TO RECOVERY IS HARD BUT IT CAN BE WALKED’

With your experience of crisis, what type of out-of-hours service would you choose to access?

‘Holistic approach, out of city, my stressful environment - Solidarity in a Crisis would work for me on THAT NIGHT if I’d been in crisis LOOKING AT THE ROPE, THE ROAD... but after that I would need to retreat’

‘A “family” you could just call up and stay with… nurturing, safety, security, genuine care, being interested’

‘Face-to-face, the phone is not the lifeline, it is a means to organise face-to-face contact’

‘It is the relationship/continuity before environment’

‘To have someone come to your environment/house and look after you for a while’
Is the service successfully reaching enough people?

‘We have done a lot to promote the service, I’ve even left cards on buses. But we need to look at new ways to promote it, particularly to young people like radio jingles and texts.’

‘Peer support is still in early stages among professionals so will take a long time to reach out.’

‘A crisis can often be a description given to someone by a professional rather than a word which someone who ‘may’ be having a crisis would use - if you’re not familiar with the services the language may seem alien.’

‘I don’t think we are reaching people on the wards, they are in distress too.’

‘A service is usually endorsed by professionals - it’s much harder to take your own initiative and this service is asking something different of people.’
Peer perspectives

Case study: Belinda’s Story

The Solidarity in a Crisis peer support project “helped me go through what I had to go through and helped me to gain confidence. Now, because I know I have a crisis card in my purse, I probably won’t need to use the service as much as I used to,” says Belinda.

Belinda has lost count of the number of times she has ended up in A&E as a result of feeling suicidal: “It takes away your life when you are ill like this, there’s a lot to deal with, including the side effects of medication.”

Belinda, who is now 36, became depressed while doing her hospital medical training when she was 19. Things got so bad she couldn’t continue with those studies and since then she has been diagnosed with borderline personality disorder and bipolar.

As well as taking her medication, lithium, she has tried numerous therapies, including psychotherapy, CBT and the Intensive Psychological Treatment Service. Although she has been in services since she was 19, she says they have traumatised her.

One of the things that helps her has been her music (she studied composing and jazz some years ago but wasn’t able to complete the course) but she says she hasn’t been able to do anything for more than a year as she finds it hard to concentrate.

Belinda found the Solidarity in a Crisis help line card in the lobby of Community Link at South London and Maudsley hospital in June 2012.

“I thought it was a really good idea. I found that what was happening to me was that I was relapsing every weekend as I got very low... there was a big gap; I’ve not had any contact with my family for 13 years, which is really difficult especially around Christmas”.

Belinda says as the weekend approaches, “I disappear into a shell and start sinking...Weekends can become a time of stagnation when you haven’t got a full-time job or if you aren’t doing a course, you find that you are at a loose end if you haven’t made plans, you get bogged down with getting through everyday, so you don’t plan for the weekend.”
Belinda has been really impressed with the service. “It’s easy for me to make a phone call because I have used both ChildLine and the Samaritans,” she says. “With the Samaritans you might have to explain about your condition but with Solidarity because someone has that lived experience you don’t have to explain anything, there is a lot of empathy and understanding and when I was going through how I was feeling they were listening and relaying back to me what I said with suggestions; they do that a lot and it shows they have been listening.

“They might suggest if it’s possible to try and think about something differently; having someone to psychologically be there with empathy and acknowledgement is the key.”

She was also able to meet up with two peer supporters at a cafe in the community, which also helped. “I had someone to talk to and somewhere to go, it gave me something to do,” she says.

Belinda feels the service has made quite a difference. “At first if I was feeling really bad I would call maybe eight or nine times a month.”

The renewed confidence has made a difference to Belinda’s life. She started volunteering and has trained as a peer supporter with a project in Southwark and just started supporting someone. She has also got a personal budget and employs someone to support her three hours a week, including at the weekend when she know things might get challenging.

Asked how Solidarity in a Crisis might improve its service Belinda says it would be good if peer supporters were able to visit people in their home, “that would really work, like the home treatment team.”

Asked what might work outside of the home or hospital environment Belinda advocates for a retreat in a quiet area “a little bit away from the main town, in an environment that feels like a home, with classic FM playing.”
Case Study: Home Comforts

We talked to someone who had been using the Solidarity in a Crisis line for sometime who said she thought it was an excellent idea when she first heard about it. The caller told us she had been deeply traumatised by mental health services but always found Friday nights when services were closed a difficult time, as well as feeling more isolated than she was already, at weekends. She has used the Samaritans phone line for many years and at one time was able to meet someone in the community, which she found really useful.

The woman was able to meet up with the Solidarity co-ordinator and after that she could arrange to meet with peer supporters in the community at a cafe/restaurant that she used to enjoy going to. However, as the woman’s enduring physical problems have worsened, as well as being agoraphobic she says that any good done by being able to socialise and talk to someone is counteracted by the trauma and emotional fallout of trying to get home afterwards.

The women is an advocate for home visits, with the right procedures in place to ensure this process is safe.
What support has been needed?

Solidarity in a Crisis receives calls from people who have a variety of different issues.

- Social isolation/someone to talk to
- Information about the service
- Relationship breakdown
- Bereavement
- Self Harming
- Overdose
- Suicidal thoughts
- Helping someone to support partner experiencing a panic attack
- Support with benefit application

People have called Solidarity in a Crisis for many reasons, but what many have in common is the feeling of impending doom as the weekend approaches. They might be feeling suicidal, isolated and lonely; many have lost their friends or family as a result of the stigma surrounding their mental health diagnosis or they have been so long in the system that they feel they cannot ‘be’ anything but that diagnosis. For others that dreaded letter about their benefits, following the end of a relationship or the death of a loved one is the last straw and all coping mechanisms, including drugs or alcohol have failed. They decide to take one last step and pick up the phone... “I no longer feel suicidal, but hopeful.”

What most callers have in common is that they just want to be listened to or to have someone to talk to, or to put them at ease or to guide them to a safe place where they can approach their crisis in a different way: “I shared something to let her know I understood when you’re overwhelmed the simplest things often do not occur to you.”

Solidarity in a Crisis also gives out lots of information and signposts people to empower them to build stronger networks for themselves. As a service user told us in the early days, “We need more interaction between services and relevant networks. It is important that they are linked up as this creates more shared resources and support.”
The peer supporter’s well being

We interviewed a peer supporter to capture their perspectives on boundaries and responsibilities.

Do you ever identify with your peer? If so, what impact does this have on your own well-being?

“Yes, when an individual voices certain emotional struggles and difficulties, privately I can relate to these as it may be things that are on-going for me. However, I try to maintain a clear distinction between experiences that belong to me and the other person.”

What are the risks in losing a sense of your own boundaries?

“The risks I can imagine for me would be in the range of: being overwhelmed, struggle with regulating/validating my own feelings and emotions, unable to care for myself, feeling violated, feelings of anger at the other person, loss of identity - over identifying with the other’s crisis, loss of sight of own healthy qualities, loss of confidence in own skills to manage own ups and downs, unable to connect to own resources, unable to deeply empathise due to becoming defensive, unable to identify own limits - such as when things feel too much and unable to connect to own strength and aspects of self, generally feeling a sense of hopelessness.”

What are the risks of losing a sense of your own recovery?

“Losing a sense of my own recovery would be harmful, potentially leading to crisis. But, if there is the right support, it may also be an opportunity to explore obstacles to own recovery and would highlight, for the peer supporter, areas that require on going work.”
Can you describe a situation in your peer support work where you think your boundaries and recovery has been compromised?

“There have been a couple of situations which have led me to connecting with my own hopelessness, a sense of not coping, heightened own sense of isolation. But, there’s also been a recognition that my own areas of difficulties are in my awareness therefore, though harmful and a difficult experience, it’s also been hopeful as it has meant that its changeable so not a fixed, lasting or permanent experience. Also engaging with others through peer work connects me to the side of myself that is hopeful, which does believe things change; people heal. It also gives opportunity to experience a range of emotions from feeling love, care, compassion, friendship, joy, sharing in others sadness, sorrow, empowered and also sharing in the empowering of others. I get a great sense of self-worth and truly value in what I do, it helps me to feel I can give to others in which ever small ways - which feels healthy and is Health.”

What kind of training or psychological support would best help you approach the issues mentioned before?

- Work through some form of Personal Development Programme
- Attend Awareness Developing Workshops
- Coaching/mentoring session once every three months
- Own Recovery-Focused meetings with a trained individual twice a year
- And having links with Recovery College to access their training and signpost those who contact the peer support service.

“I think all of the above, though unrealistic, would greatly increase the capacity of the peer supporter to continue with their own recovery and create conditions that promote recovery of others whilst safely being with and alongside others in crisis”
Care co-ordinating’s perspective

From the frontline

“The Solidarity in a Crisis service has been a life saver for one of my clients. My client was experiencing crisis every weekend and was calling at the local A&E department along with the Samaritans.

Since being involved with Solidarity in a Crisis, the client’s levels of distress have reduced dramatically and they no longer contact A&E. The Solidarity service has been able to meet with the client due to their complex issues. The client feels that the service is able to understand what they are going through and empathise with some of the ongoing issues the client experiences.

My client’s mental health symptoms are now being managed by the Solidarity in a Crisis team, knowing that there is someone they trust and are able to speak to on the other end of the phone. This has reduced the use of other services and the client feels more in control and able to manage crisis more effectively.”

John Hunt
Community Mental Health Nurse
“I picked up your card and as a person with a past experience of crisis was impressed to see that you offer a text service.

I feel this is vitally important for people in crisis as sometimes the voice or the spoken word has a real resonance, which is difficult to deal with at certain moments. A reassuring text back if that is what I requested, or if I didn’t answer the phone would have helped me so much. Of course at other times I may have felt OK, or in a position to talk.

Please consider offering a text back, or text communication as a standard option alongside the calls service.

Yours impressed,
Person with lived experience of depression
Numbers

This information captures the number and demographics of referrals and calls to the service.

Age Range (if disclosed)

- 10% 61+ Yrs
- 20% 51-60 Yrs
- 30% 41-50 Yrs
- 30% 32-40 Yrs
- 10% 18-24 Yrs

40% callers male

60% callers female
Who refers:
- 10% CMHT (3)
- 3.3% GP (1)
- 26% self-referral (26)

Number of referrals from April 2012 to March 2013: 30

Total number of calls recorded from April 2012 to March 2013:
- 145 phone calls
- 16 emails
- 7 texts
Conclusion

Though but a year old, Solidarity in a Crisis highlights that when we focus on relationships, rather than processes, something important happens - that’s the essence of peer support.

We feel we have come a long way on our journey to find out what’s at the heart of those relationships and how they can make a difference for people facing crises in their lives. Equally important has been our learning on co-production and how to work with and negotiate our way through organisational procedures - in a nutshell, the steep learning curve. It has therefore, been interesting to have the chance to reflect on the story so far with this first year report.

We started off by asking three questions:

- What is the extent and nature of demand for the service?
- How has ‘lived experience’ of mental health issues affected the support the peer workers have given their peers?
- To what extent have the formalised services training, supervision and payment affected the support the peers have given?

While there hasn’t been the number of calls we expected, it cannot be disputed that the quality of the conversations people are having surpasses all our hopes for the service. We are assured by other crisis line services that uptake is slow at first; the peer supporters highlight in their feedback that we are asking people to do something different... so it is heartening that the highest number of referrals to Solidarity in a Crisis are self referrals. Also the number of people peer supporters are meeting in the community is increasing and helping to bring quality to people’s lives. We hope that the service will look at ways, with the proper procedures in place to meet people in their homes also. To do this we need to explore what we mean by ‘risk’, to stop trying to eliminate but minimise and to look at how we distribute and utilise resources around risk. Also, in the true spirit of peer support, to see a person and not a bundle of risk.

We also discovered that the team has been welcomed wherever its promotions have taken it; from Community Mental Health teams, social workers, A&E and carers’ groups, to name but a few. The challenge for the year ahead is to keep talking and trying to identify who will best benefit from the service. Also, if we are to be part of a truly co-produced network then those who work in the services are encouraged to be proactive in recommending Solidarity in a Crisis to those they work with, thus giving people the chance to explore their crises and the way they cope with them...to support people to think differently.
Our research reveals that while the nature of people's crisis may vary, to have guidance to think differently is to give someone the chance to make that leap of faith so they can 'be' and learn from their crisis and find their own coping strategies instead of having things 'done' to them.

To that extent we feel assured that the service got it right in recruiting an incredible team of peer supporters who are testimony to the premise that 'lived experience' adds quality and brings positive outcomes. The feedback on well being (page 24) reveals the depth of the lived experience when someone is further along on their recovery journey and can use this insight to walk by the side of someone with empathy in the belief that 'people can heal'.

Added to that lived experience the extensive training, in particular the mindfulness and the consultation with the Leeds Survivor Led Crisis Service have pushed people's horizons and given them confidence to cope with the job at hand. As we point out in our recommendations it is important that training is refreshed and supervision continues to be explored.

The other important aspect is that for peer support is to be scaled up properly we need to keep talking about how we ensure people are valued... to explore pay and conditions and to look at how we support people further, when they are ready, to move back into work.

Finally, we would highlight that Solidarity in a Crisis was born in the spirit of the Living Well Collaborative to think out of the box and do things differently and it's important that we keep those aspirations alive.

It seems like we’ve come full circle since we took that long walk to visit a crisis house as part of our research all those years ago. Little did we realise then that Solidarity in a Crisis peer supporters would get the chance to be involved in prototyping a crisis house for Lambeth. That’s co-production.
To refer yourself or someone else to Solidarity in a Crisis:

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