

IT'S BETTER FELT THAN TELT!

Guidance on the role of peer support and community development within employability for those with mental health problems... and for everyone!

Contents

Acknowledgments

Executive Summary

Background to the guidelines

What We Did

Survey

Capacity Building

Focus Groups

Discussion

Checklist: for employability initiatives

Checklist: for the workplace

Conclusion and Recommendations

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Executive Summary

Background

Employment and routes to employment are an important part of the recovery journey for many people. After a 2008 "Employment in Partnership" – show-casing Glasgow projects event (which highlighted peer support in employability) there was a great deal of momentum to develop this kind of initiative at a national level.

VOX members, the Scottish Development Centre for Mental Health, the Mental Health Partnership, NHS Greater Glasgow and Clyde, Light on the Path, the Scottish Centre for Healthy Working Lives, and the Scottish Governments' Employability Delivery Team helped to steer the project which consisted of gathering evidence through questionnaires and focus groups to find out what makes peer support and community development approaches helpful to those who have mental health problems.

Almost 50% of people surveyed have concerns over the stigma and lack of support they might face in a working environment. Some individuals had experienced unsympathetic treatment in the workplace previously, leading to continued anxiety about working again.

Overcoming lost self confidence and negative work experiences were the main difficulties faced by respondents.

What has emerged clearly from the study was the desire to be involved, whether through volunteering, work or training etc, whilst at the same time (specifically in relation to paid employment) being worried about becoming unwell and/or having employers who don't understand mental health problems enough to be supportive.

Five service user led focus groups were carried out with groups across Scotland. The groups were selected based on their existing success in using peer support and community development approaches. What made the projects work for those involved included the following underpinning principles which were identified using a grounded theory type of approach to analysing the information we gathered.

- Equality of relationships
- Positive support from each other
- Seeing others move on motivates you
- How you are feeling is understood by others

Discussion and Conclusion

Peer Support and Community Development are underpinned by important factors that people with mental health problems find helpful.

The underpinning principles of positive support, lack of stigma and seeing others move on all help to build trust and move on in terms of employability. Taking back control/being heard helps people to move on both in terms of recovery and employability.

There is a complex interconnectedness between recovery and employability which peer support and community development bring together.

These findings are helpful to employability initiatives and to the workplace more generally, and demonstrate a way to support those who have mental health problems move towards employability whilst supporting recovery at the same time.

There are still a number of barriers which need to be addressed to utilise peer support within employability initiatives. The benefits of hearing directly from those who have been supported by this type of model and why this worked for them cannot be underestimated.

Background to the Guidelines

Employment and routes to employment are an important part of the recovery journey for many people. The Scottish Development Centre for Mental Health (SDC), Voices Of eXperience (VOX) and wider stakeholders have recognised the key role that peer support can play in people's recovery.

In 2008, SDC supported The Mental Health Partnership (NHS GGC) to establish a working group to design and deliver a conference – "Employment in Partnership" – show-casing Glasgow projects where people with mental health problems have been leading and providing interventions to support peers in employability.

This event was successfully delivered on May 30, 2008, and subsequently there has been interest from individuals and agencies, including the Scottish Governments Employability Team, SDC and VOX to follow-up on this (to gather and share learning with regards to peers contributing to employability services and supporting people along the employability pathway and into work).

There was a strong desire in particular from mental health service users to be involved in developing and steering this kind of initiative. The momentum which came from service users formed a strong basis for this initiative.

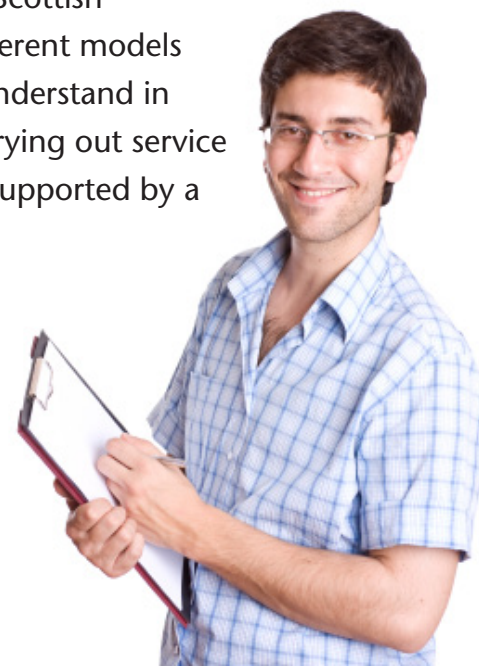
This project was developed therefore to help us to identify good practice in mental health for employability initiatives, in addition to good practice in mental health for any workplace. As part of this work we have developed a checklist for employability initiatives and the workplace

What We Did

Firstly in order to explore the views of those who have been involved in employability initiatives we carried out a survey. This piece of work was led by the Scottish Development Centre for Mental Health. Secondly we focused on different models of peer support and community development in mental health, to understand in more depth the value of these approaches. This was achieved by carrying out service user led focus groups, and was led by VOX. The overall project was supported by a steering group made up of a range of partners and service users.

The survey

The survey was carried out in order to explore the views of people who have experienced mental health problems, and who have been



involved in employability projects across Scotland, particularly where peer support has been offered. We decided to focus on questionnaires rather than telephone interviews (which we had considered at the outset of the project) as members of the steering group felt that this method was more appropriate for what we were trying to achieve at this stage (a broad overview of employability projects), and that the focus groups would pick up on more in depth views qualitative information. 34 people in total responded to the questionnaires.

Of these people:

- 59% were volunteering
- 26% were in part time paid work
- 12% were in full time paid work
- 12% were not working

50% of the respondents, those who were volunteering, off sick or training, were aiming to get paid employment. Thus it is clear that while a substantial proportion of respondents volunteered, few (around 10%) viewed volunteering as their final work goal.

Motivations

For 41%, money was the main motivation for working, while another 21% said that increased self confidence was their reason.



Barriers

76% said that not keeping well was their main barrier to working, whilst 71% said they were too unwell to work. This might reflect the substantial proportion of people who were volunteering, rather than in paid employment.

Almost 50% of people have concerns over the stigma and lack of support they might face in a working environment. Some individuals had experienced unsympathetic treatment in the workplace previously, leading to continued anxiety about working again.

Difficulties in finding work

Overcoming lost self confidence and prior negative work experiences were the main difficulties faced by respondents. However, finding a job with the flexibility, ethos and required skill set was also difficult. **The fear of entering an unsupportive**

workplace was key, as was perceived stigma. People worried about not staying well at work and the impact absences would have on colleagues. Continual rejections due to the current economic climate also had a negative impact on mental wellbeing.

Support needs

65% of respondents received support from **voluntary mental health organisations and nearly all found this helpful.** This consisted of one-to-one support, information and practical support as well as informal peer support.

32% were supported by employment support agencies and over half of respondents found this helpful.

26% were supported by mental health services and 21% by clubhouses – all found these types of support helpful.

Only 10% stated that they received support from peers, from general support to help completing applications. This was generally done in an informal way, which suggests that peer support is not being offered in a formal way to any great extent, if at all.

41% said that their support needs are not being met and felt that they needed increased understanding from employers, increased awareness from employment disability units, occupational therapy, help when working alone, work placements and mentoring at work. It is not clear if peer support could help fill this gap as more research needs to be done.

Involvement with local employability projects

35% of respondents were involved in local employability projects and 82% of these people were satisfied with the ownership they had over these projects.

85% felt that being involved in the local community helps in moving on to volunteering, training and employment. 82% of these people were involved in mental health service user groups.

Conclusions

The types of support that respondents felt to be missing highlight a need to focus on:

- Providing people with information on different types of support available so that support can be tailored to the individual

- Introducing formal peer support
- Providing support to people to recover from previous bad work experiences, perhaps through peer support mentors
- Linking employability into the recovery agenda (e.g. the Wellness Recovery Action Plan)
- Increasing awareness of employers and Employment Disability Units regarding mental illness and wellbeing at work
- Support for those working alone
- Enabling a phased and supported return to work by looking at financial, skills and emotional barriers
- Providing relevant work placements.

What has emerged clearly from the study was the desire to be involved, whether through volunteering, work or training etc, whilst at the same time (specifically in relation to paid employment) being worried about becoming unwell and/or having employers who don't understand mental health problems enough to be supportive.



Capacity Building

Prior to carrying out the focus groups, and in order to develop the skills of service users both internally for this project, and for other projects where service user research/facilitation is required, we felt we should first build capacity.

In order to achieve this we held an “involve training day” where people with mental health problems had the opportunity to learn facilitation skills.

We employed a facilitator who delivered the facilitation training, and had 10 places allocated for individuals who wanted to improve facilitation skills and learn about workshops and focus groups.

Why did we choose this type of training?

The facilitator role

- Gets away from mental health service users being seen as recipients of services
- Helps service users to start regaining confidence and skills which can help to move on in relation to employability
- Can re-address power imbalance between service users and service providers
- Is transferable and can be used for community development and peer support projects
- Can change the way a service user views him/herself, focussing on assets rather than needs.

So what did the participants learn?

During the day participants learned about the strengths and weaknesses of a focus group, tips and suggestions to make a focus group work, getting the setting right, and the roles of a facilitator and a note-taker. The main part of the day however concentrated on supporting participants to try out the facilitator role, and to reflect on what they were learning.

Learning Points from the day

Experience from the Involve Training Day

Facilitators stated;

It's all about the preparation

If I clarified the points, it would help the note-taker to have enough time

You should take your time, don't try and rush through the questions!

It's important people are interested in the topic, if not it's hard to keep the group discussion going

It is very hard not to give your own views!!

Experience from the Involve Training Day Note-taker

Note-takers stated;

It's important beforehand to communicate with the facilitator about what you are doing, how you are going to work together

I was bursting to say things!!

I can change the order of the notes I've taken to make sense of them and to link them to the relevant questions

You end up with a few key themes

Your experiences at the Involve Training Day – What works and What doesn't work

What works	What doesn't work
All get a chance to speak	Facilitator inputting and giving their own view, this isn't what facilitation is about!
Confidential environment	Facilitators letting people in the group take over!
Make it an enjoyable atmosphere	The group going off on a tangent
Working with peers	When it turns into a therapy session
Being non-judgemental	Distractions – noisy room, kids running around
No pressure	Unfocussed group
Clear ground rules	No clear agenda/summary of the focus group topic
Ensure requirements for disabilities and diverse groups are met	Can't facilitate and scribe at the same time, it's too much to think about
Keep timing on track	Too big a group
Make sure quieter people have a chance to contribute	Not enough time to explore a topic
Find ways of enabling everyone to contribute evenly	
Make sure the group is at the right level/pace	

Reduce anxiety by letting people know where the venue is (clear map) also sometimes what you should wear and what's expected more generally, also the numbers of people expected to attend can help.	
Clear goals of the focus group	
When a facilitator clarifies people's responses	
When a facilitator engages effectively with the group	
When the group is supportive of each other, trust	

What did the day achieve?

It helped people to build confidence

"it gets you in contact with others and helps you try something new"

Seeking employment

"This kind of skill helps people to seek employment"

It helped service users to feel more able to carry out their current work role

"I need to facilitate for my current job to collect evidence"

It helps people to take on a difference role

"I am not just being asked questions I am taking on researcher role, this will change the way people think people with mental health problems"

Changing Culture

"I would like to see all projects start to value the role the service user, these skills help us to get the balance right between service provider and service user"



Focus Groups

The next step was to explore a range of projects across Scotland (from a service user perspective) to identify the factors that underpin successful peer support and community development. This was undertaken in order to provide recommendations to employability initiatives on aspects they should build into the programmes they develop for those who have, or have had, a mental health problem.

We know from good practice examples across Scotland that the peer support model is proving successful in allowing people with mental health problems to be supported and to address many of the issues highlighted in the survey around barriers.

We held five service user led focus groups with various mental health employability projects where a focus on peer support is integral to their way of working. 55 people took part in the focus groups, (24 males and 31 females).

Different models of peer support/community development were looked at such as a social firm, a club-house; service user led mental health initiative and community development initiative. From the show case event we recognised that there was something about these models that seemed to work for people with mental health problems. The idea was not to compare each of these models but to extract the key elements that underpin these models. We wanted to know what it is about these models that make a difference to people.

This helped us to understand the needs those with mental health problems have, and the role peer support could play to address some of the needs.

Focus Group Methods

VOX carried out five **service user led focus groups, (utilising the training from the “involve” training day).**

We used techniques loosely based around “grounded theory research”.

The Grounded Theory which we have based the research on, was carried out by reading (and re-reading) the notes taken from our focus groups, to discover concepts and categories or themes and look for their interrelationships. **The fact that the focus groups were service user led helped us to have a certain level of sensitivity and understanding of these key themes when it came to analysis.**

Included in this analysis was not just the written information but also information from watching behavior, interactions and other aspects in relation to dynamics which arose during the focus groups.

Open Coding

We used open coding, which is the part of the research where we identified and named key themes.

This dynamic approach made sure that we pinpointed the main concerns for service users, and that we focussed on the appropriate areas.

For each of the focus groups the key themes which emerged are summarised under the “What is it that makes this group work” section. The overall summary of the key themes which emerged can be found at the end of this section together with some insight into personal stories which were discussed during the focus groups.

Focus group 1 - The Employability Peer Support Development Group



The Employability Peer Support Development Group in Glasgow is a network which brings together people with an interest in the topic. The members include people who have experience of mental health issues either through personal experience, work in the field of mental health and employability or both. The main aim of the group is to promote good practice in peer support and employability as well as meaningful service user involvement. Membership of the group changes regularly as people decide to progress and move on to a range of other activities as part of the recovery process.

What makes this project different?

The project grows organically, “it doesn’t have a set agenda” and has varied from being about “arts in action” to cognitive behavioural therapy. This focus on a community

development/supportive environment highlights the reasons for choosing this project as one of the focus groups we wanted to work with.

Everyone supports each other and decides on how they would like the group to develop
“everyone is involved in making decisions”

What the members felt

“we talk about anything, even have a laugh, we understand the connections we share”

“(how the project develops) has to come from members, its not like a one size fits all, its client centered, I agree with that”

“I couldn’t do it without all of the groups help”

“in peer support its all about the understanding people have”

What is it that makes this group work (Key themes)

- Positive support from each other and focus on people’s strengths – (mentioned 6 times)
- Equality of relationships between everyone involved – (mentioned 5 times)
- Lack of stigma from each others/values of staff and members – (mentioned 5 times)
- How you are feeling is understood– (mentioned 5 times)
- Taking back ownership and control– (mentioned 5 times)

Focus group 2 – Scotia Clubhouse

Scotia Clubhouse is dedicated to the recovery of people experiencing mental health problems by providing opportunities for members to live, work and learn, while contributing their talents through a community of mutual support.

The members and staff of Scotia are committed to improving lives. This is achieved through the development of innovative techniques, research and sharing knowledge with others. Their goal is a high quality of life for all members, ongoing recovery and the ultimate elimination of stigma surrounding those with mental health problems.

The model is based on the international Clubhouse model, the project offers its members vocational and social opportunities. Clubhouses operate on a membership basis, where members and staff work together in partnership. The Scotia Clubhouse covers the South-East of Glasgow.

What makes this project different?

It is not a treatment program or mental health service, but rather a place where members develop friendships and opportunities to work together.

At a Clubhouse, members also find structured opportunities to get help with needed services such as housing or healthcare, and to return to education or employment.

There is an equal balance of power between staff and members. This balance of power relates to peer support and community development approaches and made the club-house model an ideal example to carry out a focus group with.

What the members felt

“We have regular meetings where we get to talk about day to day running of scotia, everyone is heard”

“This (being heard) is a key priority for our project, we are always asked our views and they are acted upon”

“At first it felt strange being asked, now I’d be annoyed if I wasn’t, its helped me feel valued”

What is it that makes this group work

- Equality of relationships between everyone involved – (mentioned 6 times)
- Seeing others move on motivates you – (mentioned 4 times)
- How you are feeling is understood– (mentioned 3 times)
- Having a focus for the day – (mentioned 3 times)
- Building new social/support networks – (mentioned 3 times)



Focus group 3 – Forth Sector

Forth Sector is one of Scotland's leading social enterprises (a business that generates income to fund a social purpose) based in Edinburgh. Forth Sector provides supportive employment in a real working environment, for people with mental health problems.

There are lots of stages involved in helping those with mental health problems get back into work including;

Pre-placement support

Therapeutic support

Skills development training

Work experience

Employment support

After-care Support

A significant part of the Forth Sector approach is having a placement opportunity to develop work related skills.

An example of the kind of work placement a forth sector members can take part in includes Laundry assistants, Administrative assistant, housekeeping assistants and many others.

What makes this project different?

At Forth Sector they state that Employability is not just about getting a job. It is about having opportunities to reflect on experiences, learn about who you are and what you want.

This balance comes across strongly in the project, and it seems that giving members a chance to learn who they are and reflect seems to progress recovery for many. It is this aspect of the project, alongside positive feedback and the role of peer support, which helped us to decide to choose Forth Sector as a case study.

What the members felt

"its very sociable, we chat a lot to each other"

"you don't have to say anything people just understand"

"I can talk to people openly and I know they accept and understand"

What is it that makes this group work

- How you are feeling is understood– (mentioned 6 times)
- Equality of relationships between everyone involved – (mentioned 4 times)
- Self disclosure – (mentioned 4 times)
- Positive support from others – (mentioned 4 times)
- Comfortable culture – (mentioned 4 times)
- Seeing others move on motivates you – (mentioned 4 times)

Focus group 4 – The Training and Guidance Unit (TAG)

TAG, based in Inverness, is a Highland wide project providing opportunities in Training, Guidance and Supported Employment. TAG offers an empathetic environment for adults who have experienced mental health issues.

A range of training is on offer covering care, occupational, practical and job seeking skills, complemented with the opportunity to access work experience and supported placement. TAG offer certificates and in-house qualifications in a friendly supportive environment.

Each trainee can determine their own progression route and experience a realistic path back into employment or further education, with continuing support into employment were appropriate.



What makes this project different?

TAG has something for everyone, they are flexible, and they ensure that the environment is a positive and supportive one. Again the focus on a supportive environment was a key basis for choosing this project.

What the members felt

“you just feel accepted”

“you realise you’re not abnormal, other people go through it”

“I don’t have to justify my existence, I’m just accepted”

“There is a lot of gossip in rural areas, they will talk about you, but you can be open here”

“You’re not made to feel a failure”

“I’ve been able to be open about my mental health problems”

What is it that makes this group work

- How you are feeling is understood– mentioned 5 times
- Self disclosure – mentioned 5 times
- Positive support from others – mentioned 5 times

Focus group 5 – Angus Community Enterprise (A.C.E.)

The ACE project is Augment's base in Arbroath. Augment is a user led initiative which caters for the whole of Angus. This project is an employability and resettlement initiative, which incorporates peer support as a method of involving members.

The ACE project is aimed at people who would like to access further training and support to get a job, who are keen to learn new skills or build on existing ones or who just fancy a cuppa at the community cafe.

Activities available include reception and administrative duties, cleaning, gardening and maintenance, running the kitchen and community cafe, finance and fund-raising, running social activities and working in IT.

What makes this project different?

There is a community aspect to the project, which involves getting the community as involved as possible. The way in which this is done includes hiring out rooms for kids' parties, community-based groups and meetings, surgeries and drop-ins.

The two aspects of the project help to keep it integrated into the community whilst supporting those who want to move forward towards employability at the same time. The focus on both community development and peer support made this project perfect for running a focus group.

What the members felt

"I wouldn't like it if it was overly serious and uptight"

"you sometimes need to hear the good comments because in your head are all the negative comments"

"Seeing others move on, go to college and stuff made me feel I could, the others in the group support you"

"you don't need to explain how you are feeling, people understand"

What is it that makes this group work

- Seeing others move on motivates you – (mentioned 5 times)
- How you are feeling is understood – (mentioned 5 times)
- Comfortable culture – (mentioned 5 times)
- Equality of relationships – (mentioned 4 times)
- Self disclosure (mentioned 4 times)
- Positive Support from others – (mentioned 4 times)

What did the groups think peer support and community development was?

The majority of the participants didn't often use the term peer support and hadn't heard of community development. The key principles which they felt that their group was about included the following;

- Being able to be open with others because you know they will understand

- Being supported by others who have had similar experiences
- Having a role in your community
- Taking control
- Having a voice again, being heard!

Summary of the themes from the focus groups

	Focus group 1 – Scotia clubhouse	Focus group 2 – ACE project	Focus group 3 – Forth Sector	Focus group 4 – TAG	Focus group 5 – Peer Support Development Group
Equality of relationship between everyone involved	6	4	4	4	5
Self disclosure, ability to talk about your experiences.	2	4	4	5	5
Positive support from each other and focus on strengths	2	4	4	5	6
Appropriate pressure from the project/Aspiration.	3	2	3	3	3
Flexibility of hours	1	3	2	3	1
Lack of stigma from each other/values of staff and members	2	3	3	4	5
Comfortable culture (friendly/open)	2	5	4	4	4
Political dimension, less capitalist environment	0	1	3	1	0
Seeing others move on motivates you	4	5	4	4	4
How you are feeling is understood	3	5	6	5	5
Focus for your day	3	2	3	3	3
Building new social/ support networks	3	2	2	3	3
Taking back control/ ownership	2	3	3	2	5

It can be seen that the key factors in order of importance were

- How you are feeling is understood
- Equality of relationships
- Positive Support from others
- Seeing others move on motivates you
- Self disclosure, ability to talk about your experiences
- Friendly/open culture

How you are feeling is understood

There was a significant value placed on others understanding how you feel. Many participants talked about the sense of relief of being in an environment where you don't feel you have to explain yourself or justify why you act in a particular way.

"Others know how I am feeling, its takes the pressure off and helps me to feel better"

Equality of relationships

In all of the focus groups there was an emphasis on the fact that there is an equality of relationship within the peer support/community development models of support.

In particular participants felt that this type of model supports people who have often lost confidence and control over their life, and require an environment which makes them realise they are of equal value to others.

There were different models which supported this way of working; however the overall aim of feeling an equal partner in the project was a thread which ran through all of the focus groups.

"There is no 'them' and 'us'"

"I felt as though the staff didn't patronise me, they valued my experience and made me feel like an equal"



Positive Support from others

The positive support people got from each other was felt to be highly important in their ability to participate. This key issue was highlighted on a number of occasions and cannot be underestimated. Many people felt that this was a necessary part of their recovery, and that they could not move from being unwell to a work environment without having a period where they received this positive support.

"Self esteem is very low and we think everything we do is rubbish, you really need to hear the good comments from others to keep you going"

Many people talked about the fact that the project they participated in was able to focus on their strengths and that this was crucial at this stage.

"They bring out your good points"

Seeing others move on motivates you

Another theme which emerged centred on the fact that seeing others with similar problems move on in their lives was extremely encouraging and made individuals feel that they had a chance to recover and move on in their lives. This led to a sense of hope.

"I sort of thought that maybe there is a future after all, the fact that she (another group participant) managed to find a job doing something she loved had a big impact"

Self disclosure, ability to talk about your experiences

It was highlighted that the fact that people can share a little about their mental health problems and recovery story helps to build trust.

"Even if one person in the group doesn't have experience, it changes the dynamics and people are less open. People are afraid to disclose because of fear of stigma"

This strength of feeling highlights the importance that peer support has at this stage of recovery.

"We understand the connections we share; we can talk about anything, even have a laugh"

Friendly/open culture

Throughout the focus group discussions participants talked about the importance of the culture, they felt as though the culture helped them to maintain contact with the organisation, make friendships and feel comfortable. Many talked about how this linked to their recovery, and how they had been put off of being involved with other projects/groups because the culture hadn't been friendly. This theme interconnected with positive support from others and equality of relationships.

"its relaxed and you can be yourself"

Some of the others areas which arose fairly frequently included the following;

Aspiration from the project

It was suggested that one area which must be focussed on is an individuals sense of a lack of control, related to having mental health problems, and the impact this has on the way in which people are encouraged to take part.

"Fear of being thrown in at the deep end without being able to swim"

The fact that individuals could take control over their first steps is important to people.

The other aspect which was important to participants is that there are times when you need people to believe you can do something and encourage you to try something out.

"Sometimes I need a push but it has to be by people I feel are on my side"

Flexibility of hours

Flexibility within projects was felt to be important, particularly that members could come in even if they hadn't been for a while. Participants talked about having mornings where they could not get out of bed, and the effect that their mental health problems had on their levels of motivation. It was felt that the peer support environment allowed people to be open and honest about any difficulties they were having, and that the in-built flexibility was required at this stage of their recovery.

"I still know I can go in (to the project) but in a job situation I can't do that"

Lack of stigma/values of staff and members

Participants felt the lack of stigma which existed in the projects has a significant effect on the individual's ability to recover.

One example which was given was within a workplace environment where a participant explained the level of stigma which they experienced in the past.

"Everyone would talk about you; it would spread across the building site"

There was sense of freedom in being able to talk to people who would not stigmatise mental health problems.

"You can talk about most things, things I've never mentioned to friends... like saying I've had depression"

There was also awareness that some project staff had experienced mental health problems and this helped people to feel comfortable, in addition to feeling inspired that people with mental health problems can move into employment.

"It reassures you that you won't be stigmatised"

Snakes and Ladders – sharing personal stories

In addition to the focus group work we also asked some of the participants to take part in an ice breaker exercise which looked at their own personal journey/individual stories in relation to employability and mental health. This exercise further emphasised these key themes which have been discussed, and also highlighted some of the emotional aspects of their journeys.

Many issues which arose were around the lack of flexibility of the benefits system, and the fact that participants had experienced discrimination in the workplace. These factors although external to the scope of the project highlighted the difficulties which currently arise for people, and the reality of the detrimental effect this has on people's opportunities to recover.

Some individuals talked about their own stories of looking for work and being told that due to their illness they were not suitable for particular types of work. Participants talked about the lack of information they had received on the number of hours they could work, and how this had led them being unable to continue with a work they had really enjoyed, again negatively affecting recovery.



The stigma from friends and family also came up frequently in the personal stories.

On a more positive note, it was often down to individuals who had supported them (this included staff, friends and members of the groups they were involved in), who had not judged them and provided peer support that had helped them to move on and find a meaning to their life, which had ultimately led to employment, training or volunteering opportunities.

Here is an example of the snakes and ladders mentioned by one of the focus groups.

Snakes

STRESS

PRESSURE

EXPECTATIONS

FAMILY

STIGMA

THE NHS

THE BENEFITS SYSTEM

POOR ADVICE FROM GP's

LONG WAITS FOR PSYCHOLOGY SERVICES

Ladders

OTHERS WHO UNDERSTAND

SUPPORT GROUPS

EMPOWERMENT

TRAINING AND EDUCATION

BEING TREATED AS NORMAL

PEER SUPPORT

OPTIMISM

MUTUAL SUPPORT

FLEXIBILITY

FREEDOM TO EXPLORE POTENTIAL

Conclusions

- Peer Support and Community Development provide important elements that people with mental health problems find helpful
- The underpinning principles of positive support, lack of stigma and seeing others move on all help to build trust and move on in terms of employability
- A flexible/friendly environment which focuses on the positive in people and builds support between individuals is essential in creating a recovery focussed service
- Taking back control/being heard helps people to move on both in terms of recovery and employability
- There is a complex interconnectedness between recovery and employability which peer support and community development brings together.

Discussion

It is recognised that in order to strengthen communities (in this case a community of interest) that community development approaches which build equality, justice and mutual respect are required. Furthermore that peer support plays a crucial role within this. It is suggested therefore that there is a need to ensure that service users are at the centre of new developments which take place in relation to mental health, and peer support appears to be one key mechanism within community development that works particularly well for mental health service users in helping them to move towards recovery.

The findings from the survey indicated that overcoming lost self confidence, negative work experiences and the fear of entering an unsupportive workplace are key difficulties faced by those with mental health problems. It also suggests that few people have access to or are aware of peer support. Although the findings do not state that peer support is the model required they demonstrate that 41% do not feel as though their needs are being met.

Recovery and Employability go hand in hand

The complexities of recovery, and all the wider issues which link to recovery are often supported through the use of community development (taking back control, being heard) and peer support (being supported by others who understand).

The participants were clear that the issues were not so much around knowing how to prepare a cv, or deliver a presentation, it was much more linked to supporting their mental health problem and addressing the breaking down of their social networks, confidence and ability to build up trust with other people. **The role of peer support and community development was therefore not only helping people to move on and realise that if someone else in the group could volunteer or get a job then maybe they could, it was helping them to recover.**

This is felt to be a key issue in relation to the role of peer support/ community development and employability. This point is highlighted in the quote from one of the participants below.

“It was building trust with others that helped me to move on from previous negative workplace experiences”

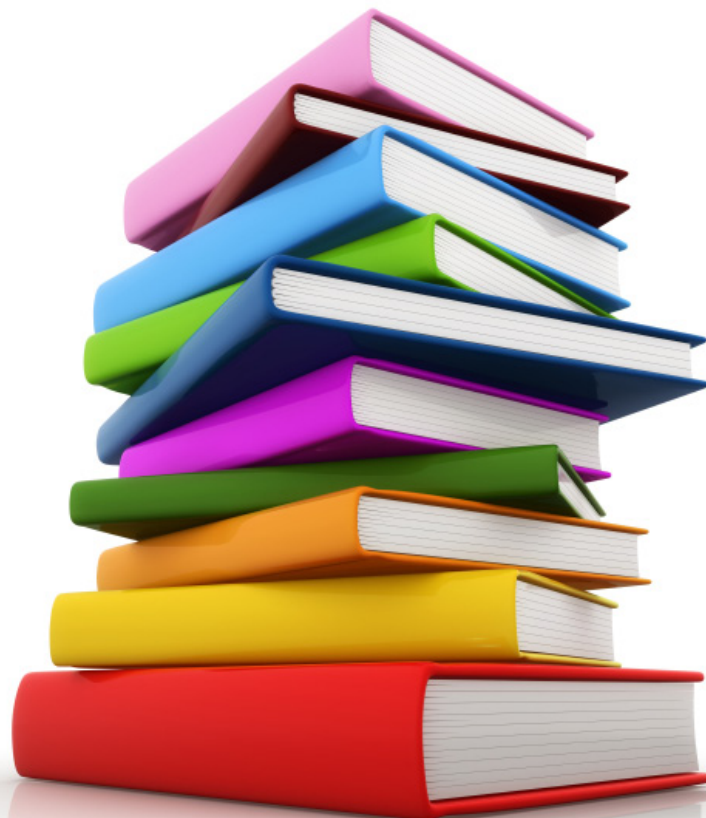
It can be seen that this peer support and community development approach support recovery (a key barrier to working), whilst at the same time helping people move on in employability. There are complex interactions between employability and recovery which require further unpicking; however this work has certainly highlighted their interconnectedness and importance for both employability initiatives and the workplace more generally.

Why it's important in the workplace

We depend on good mental health to perform at work, effectively making the management of mental health good business sense. The cost of sickness absence for Scotland's employers due to mental health is £360 million SAMH, *Making Reasonable Adjustments at Work for People with Mental Health Problems*. SAMH, Glasgow, with one worker in six experiencing depression, anxiety or some problem relating to stress at any one time, Centre for Mental Health (2007) *Mental Health at Work: Developing the Business Case* Policy paper 8. Sainsbury Centre for Mental Health, London.

All employers have legal responsibility under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 to ensure the health safety and welfare at work of their employees. Making small changes to someone's working environment can support them to continue doing their job, saving an organisation the expense of recruiting or training someone new. The Disability Rights Commission found that most adjustments cost nothing, and the average cost is £75. SAMH, *Making Reasonable Adjustments at Work for People with Mental Health Problems*. SAMH, Glasgow

Under The Equality Act 2010 discrimination on the grounds of disability is illegal; this applies to all employers, regardless of size. If someone is covered by the Act there are a number of requirements put upon you as an employer to ensure the person is not disadvantaged in the workplace. For more information on the implications of The Equality Act 2010 visit www.acas.org.uk or www.equalityhumanrights.com



Checklist on how peer support and community development could be incorporated into employability initiatives

The Checklist is a set of recommendations that have been developed from the research which we hope will prove useful

- Individuals need to be able to feel as though they are part of the decision making process, and that their views are listened to and heard.
- Being involved in shaping a project and how it develops should be decided by the participants. This helps people to start taking control again, rather than passively taking part.
- Aspirations are essential, it's important that someone believes in you.
- Mental Health employability projects should have some flexibility; this can help the fluctuating nature of mental health problems. This could be as simple as having a flexi system e.g. starting later and working later or allowing three twenty minutes breaks instead of a one hour break– again ask the individual what would help them to be involved.
- The importance of focussing on the positive aspects of an individual is crucial, confidence is often low and by encouraging positive interactions it helps people to build trust. Participants said it's having the confidence to ask a question and be able to feel valued for asking that question which helps with this.
- Social networks/opportunities to come together can help, as often networks have disintegrated and people don't have the chance to form friendships. This helps with recovery and moving on in terms of employability.
- Consider a buddying/supporter arrangement which people can opt into if they would like to have someone to support them. This helps both the person getting support as they see others move on, and the person providing the support, and also helps in the sharing of information e.g. on childcare and benefits.
- Employability projects should understand the positive value of having employees who have a lived experience of a mental health problem brings to the workplace in terms of understanding, knowledge and skills. Participants in the focus group talked about the importance at this stage in their recovery of being able to relate to others who they could see have had similar difficulties but are now in work.

Checklist on how Peer Support can help to support a Mentally Healthy Workplace (for everyone)

When looking at the way in which every workplace can learn from the principles of peer support and employability it became clear that the majority of the above which is focussed around employability projects could be utilised in the workplace. In addition to this we have some further ideas which are more workplace specific.

Workplaces having a general understanding of mental health is helpful in reducing any stigma and discrimination and helping people to recognise any problems they may be having with their own mental health. This would ideally come from people with a lived experience of mental health problems. Linking into the voluntary sector can be a good way to try and obtain some training for the workplace.

- Display current mental health information, e.g. different mental health problems, organisations such as Breathing Space and Samaritans on staff notice boards and the intranet.
- Promote awareness campaigns and activities relating to mental health e.g. world mental health day, stress awareness day.
- Employing a proportion of people with mental health problems should be proactively encouraged. This will help to build a diverse workforce with a range of skills. The positive side that people who have mental health problems can bring should be valued; this will help to enrich the working environment.
- Manager's approach and style, relationship with employees, freedom to ask questions is crucial to creating a supportive environment.
- When managing sickness/absence the reasons for absence should be **discussed and recorded at return to work interviews. These should be informal and supportive and explore any necessary adjustments (legal requirement if the person is covered by the DDA (The Equality Act 2010))**. In some workplaces now disability leave is viewed as separate from sickness leave, this could be considered in relation to mental health. It could perhaps be seen as a reasonable adjustment.

Just as workplaces have a health and safety policy, there should be a mentally healthy policy. It would be worthwhile encouraging a small group of interested people who may like to develop this. A Mental Health and Wellbeing Policy should link to other organisational policies and include:

- 1. Legal obligations of the workplace**
- 2. Policy aims including addressing stigma, providing assistance to staff with mental health problems and a commitment to reducing barriers to employment for people with mental health problems**

- 3. Commitment to training and awareness raising**
 - 4. Procedures for identifying and tackling workplace stress**
 - 5. Support for staff attendance e.g. employee counseling, occupational health.**
- Staff policies could include having an allocated number of health and wellbeing days every year. Perhaps three a year could be provided where individuals do not have to give any reasons but can take the day off without explanation. This can help with difficult home situations which may arise and stops people having to make up excuses for being unable to attend work.
 - The physical environment can be important; ask the individual about their needs, it can sometimes be something quite simple like being able to sit near a window, listen to music or have a quiet place to go to. In addition to this for those with mental health problems in the workplace reasonable adjustments must be considered. Consideration for reasonable adjustments is a legal requirement for people covered by DDA (The Equality Act)
 - One idea that the members of the steering group highlighted was the fact that every workplace could have a wellbeing support worker or leader.

Ideas for the Wellbeing Peer Supporter/Leader in the workplace

Inclusive Approach: The wellbeing support worker could be for everyone, not just those with mental health problems.

The individual could help to lead some of the mental health policies, developments and initiatives in the workplace (a bit like a health and safety officer would lead general health and safety in the workplace).

Consider training needs: Training for mental health could be looked at by the wellbeing peer supporter - it could also be integrated with other initiatives such as physical fitness, relaxation etc.

Supporting individuals: Listening to problems staff may have, perhaps resolving minor issues in an informal way – being a support for people, arranging counselling for employees if required.

Supporting social activities: Having social activities once a month where people can come together in a non work environment. Everyone can contribute, and then a programme of activities could be developed.

Developing peer support networks: Steering group/community development/buddying.

Encouraging people to take lunch breaks, engage in physical exercise and other activities which help mental health and wellbeing.

Conclusion and Recommendations

This project has demonstrated that there are many principles which underpin peer support and community development which provide an effective and realistic way of supporting those with mental health problems move towards employment, volunteering and training etc.

The principles which were highlighted help to demonstrate the benefits of having your voice heard again, being part of something, and having others who understand how you feel, all make a significant difference in terms of recovery and employability (which go hand in hand).

1. We hope these guidelines will influence a range of organisations and individuals including:
 - Employability Services and initiatives
 - Department of Work and Pensions
 - Voluntary Sector providers
 - Those with mental health problems
 - Employers
2. Training should be developed to help to integrate the principles of peer support and community development into employability initiatives and the workplace.
3. We need to consider how the model could link into recent recommendations such those highlighted in the Perkins Review.
4. The findings need to be kept high on the agenda at a national level.
5. We need to continue to capture good practice examples at a local level.
6. Learning networks could help to bring together the learning and consider how to encourage this model being utilised.
7. Further work should be carried out to consider how we could embed these principles into the workplace, linking with current initiatives.
8. Further work could be carried out on how peer support and community development influence recovery.
9. We should not lose sight that employability includes volunteering, and for some people paid employment may not be suitable for them. In this situation Peer Support and Community Development initiatives can provide meaningful activity which is critical to an individual's sense of feeling valued and contributing to society.

A Peer Support Training Package – our thoughts

Initially we wanted to develop a peer support training package based on these guidelines, however it was felt that this may have merely skimmed over a large number of complex issues which require some broader cultural change.

Some of the barriers we currently face include

- Peer Support has many different meanings to different people; it is not something which is easy to provide a training package on, due to the range of views on what it is.
- There is still a sense that within more traditional employability services that we must have experts in employability to help those with mental health problems.
- Peer Support involves valuing the fact someone has had an experience of mental health problems, in our society this is not seen as an advantage.
- Hearing directly from service users about why it works is more powerful than reading about how to train someone in peer support. It is this emotional engagement which can change minds on how to run a service rather than being given a report.
- Changing a culture to ensure some of the underpinning principles highlighted in this report such as equality of relationships and a lack of stigma is very difficult to achieve, and involves a coordinated approach from a range of service providers and organisations.

