

PEER SUPPORT IN BARCELONA: NEW STEPS

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Introduction

This new project based on Peer Support started on 2016 and will finish at the end of 2019. Here in Catalonia (Spain) we are more and more changing models and paradigms, in which it is encouraged the active incorporation of users with self-experience in mental health services. Nevertheless, this changes are too slow in a culture still based on the diagnosis and stigma. This project pretends to be a tool to focus the main objective on the person, on the own ability to recover, to have a life project and receive a comprehensive treatment.

At the beginning of the project, 25 people (users, families and mental health professionals) assisted to 5 sessions of 5h to analyze the future of this peer support in our mental health services. They discussed the needs and contents of a possible new training package called “Peer to Peer”, which is already on going in many countries.

The “Peer to Peer” is focused on people with their own experience in mental health services to be the referring person in the recovery process of other users. To carry it out they need some training to establish a common and specific framework for action. They need to know the mental health services network (hospital and community), and their interventions have to promote recovery, prevention, and cope with crisis. This intervention will be crucial in first psychosis episodes and in hospital admissions, and this person will be a kind of mediator between the user and the therapeutic team.

This person may have the ability to be able to search for tools for the self-management and self-care to prevent relapses and stress situations. Then, a close supervision is required.

The Peer Support is present and paid in Canada, Great Britain, Denmark, Finland, United States... And it's now starting in Spain and Italy.

Aims

- Conduct theoretical and practical training for mental health users to promote peer to peer support in the future
- Discuss about mental health problems, mutual support, recovery and communication skills
- Evaluate the experience and satisfaction of the participants in the training of the “Peer to Peer support” package.

Method

The Catalan model is based on the models from Scotland, Canada and United States of America.

The training consisted in 2 preparatory sessions, 1 presentation session, and 5 sessions for the theory and practice. 25 people participated. All the communications, discussions and conclusions have been done transversally and equally between users (60%), families (10%) and mental health professionals (30%).

The contents of the sessions can be summarized in these following topics:

- Link to the social health system
- Accompaniment from equality
- Examples of Peer Assistance Groups
- Crisis and physical restraint
- Self-care and self-management

The training activities were built on active and participatory learning based on experiential reflection.

Our training proposal has included 4 formative axes:

- 1- Mental Health Problems
- 2- Peer support
- 3- Recovery
- 4- Communicative skills

The training was held from May 2018 to December 2018. From the 25 participants, 18 ended the whole training.

One of the main topics that most worried the participants were self-management tools to prevent relapses and also the approach in crisis to avoid a possible physical restraint.

Many Mental Health Services offered their centers to welcome the Peer to Peer, and they have also carried out the guided practices with good response.

Conclusions

The 38% of the participants have considered the contents of the training modules “Excellent” and the 61,5% “Very appropriate for the subject”. They also valued positively the dynamics of the sessions in the classroom and the trainers.

The main points to work for the participants are their own experience, training of abilities, relationships, empathy, accompaniment, hope, recovery, rights and duties, prevent restraints, confidentiality, empowerment and their integration in hospital care and community teams.

There's still a long way to go, to introduce the Peer Support in mental health services in a payed way, and there's still some work to do to promote a good reception from the mental health professionals.

Once the process is finished, the project must be evaluated to improve future promotions.



References

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