

PEER SUPPORT AND SAFETY

Inside

Safety and risk in mental health,
safety as a principle of peer support,
the role of peer support workers,
safety for peer support workers

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KEY POINTS

- Safety is widely recognised as a core principle of peer support;
- Peer support (and Peer Support Workers (PSW)) has a role to play in challenging the risk-averse culture of mainstream mental health services;
- With adequate support and recognition, PSWs can become powerful agents of change – from a culture of control and coercion to a culture of safety and sanctuary.
- Services dominated by a risk-averse culture need to recognise the risks and threats they pose to service users, particularly those with a history of trauma and abuse;
- Relationships of trust at the core of peer support can create and sustain feelings of safety;
- Supportive peer relationships involve the negotiation of what emotional safety means to both parties, within a context of mutual disclosure. This can be achieved by discovering what makes each other feel unsafe, sharing rules of confidentiality, demonstrating compassion, authenticity and a non-judgmental attitude and acknowledging that neither has all the answers;
- Safety within peer support is particularly important for people from marginalised and racialised communities, who experience higher levels of restraint and coercion within mental health services;
- There are strong pressures on peer support and PSWs to operate within the same risk-averse practices as statutory services and staff; it is important to be aware of these and to find ways of mitigating their impact;
- Training, support and supervision are essential in enabling PSWs to have the confidence to navigate risk in the context of helping people to feel safe.
- PSWs should not be required to participate in control and restraint practices, as they need to maintain the equality, safety and trust at the heart of peer relationships; this does not affect the need for PSWs to have appropriate de-escalation training or to intervene when a life is at risk;

In this thought piece, we outline the significance of safety for peer support. One of the key principles of peer support is that it offers **a safe space for people experiencing mental distress** to talk and to find support within a relationship of equality, where it is possible to feel understood and heard. It is for this reason that we explore the tensions that peer support workers face in maintaining that safe space when working within mainstream services, which are often risk-averse in the way they operate.

SAFETY AND RISK IN MENTAL HEALTH

Mental health legislation and practice in most western countries are dominated by risk management ([Coffey et al, 2016](#); [Scott et al, 2011](#); [Berzins et al, 2020](#)). Services and systems are charged with protecting themselves and others from people diagnosed as mentally ill and perceived to be a risk to public safety and, in practice, it is not always clear whose safety is privileged ([Slemon et al, 2017](#); [Coffey et al, 2016](#)). In the Government publication 'Modernising Mental Health Services' (DH 1998), which placed safety at the forefront of UK policy, it was clear that the safety of the public was the primary concern: 'services should be safe, to protect the public and provide effective care for those with mental illness at the time they need it' (DH 1998, p.2). Mental health services are commonly working with people experiencing severe distress or at a point of crisis. However, because of the focus on risk management or risk avoidance, it can be difficult for service users to have open conversations about experiencing suicidal thoughts, self-harm or hearing violent voices. Indeed, research has found that discussions about risk often take place without involving individuals or their families, resulting in the perpetuation of inaccurate assessments and inaccurate narratives about risk in people's records ([Coffey et al, 2016](#)).

As a result of the emphasis on risk, patient safety is often seen in terms of service-related factors, such as staffing numbers, physical environment and medication ([CQC, 2017](#)), all of which are aimed at preventing harm to self or others - rather than creating a feeling of safety for people in crisis or distress ([Slemon et al, 2017](#); [Faulkner, 2012](#); [CQC, 2017](#)). Patient safety is rarely considered in terms of the potential harms to people from care practices or the care environment or the service user's felt experience of safety ([Slemon et al, 2017](#); [Faulkner, 2012](#); [CQC, 2017](#)). A recent study found that the safety culture of mental health services was perceived as solely focused on avoiding physical harm at the expense of psychological harm (Berzins et al, 2020). This study found that service users saw safety in terms of physical safety (including seeking help with managing self-harm or protection from other service users) and psychological safety (experiences within services leading to fear and distress), on occasions finding that treatment intending to prevent self-harm (particularly restraint) caused psychological harm ([Berzins et al, 2020](#)). This study found that service users saw safety in terms of physical safety (including seeking help with managing self-harm or protection from other service users) and psychological safety (experiences within services leading to fear and distress), on occasions finding that treatment intending to prevent self-harm (particularly restraint) caused psychological harm.

Locating the safety risk within individuals also leads to a tendency to stereotype those at risk because of race, gender and diagnosis (amongst other things). Structural racism (that is, when racism is embedded as normal practice in society and organisations) places BAME service users at greater risk of coercive practice, making services far from safe for them and resulting in service avoidance (Fernando, 2017).

SAFETY AS A PRINCIPLE OF PEER SUPPORT

For many organisations in the VCSE sector, safety is one of the core values or underlying principles of peer support (see Figure 1: Peer Support Values from the evaluation of the Mind Side by Side programme). For peer support to be meaningful, it has to feel safe - both for people being supported and for PSWs. It is the aim of peer support to create safe spaces for people, through (for example) creating ground rules for groups, ensuring confidentiality and respect for individuals, and working with honesty and transparency. PSWs share their own experiences as part of building this relationship of trust. It can help to have a code of conduct for peer support workers, which they will need to share with their peers in case a situation of concern arises. (For more guidance on this, see the Mind [Side by Side Peer Support Toolkit](#)).

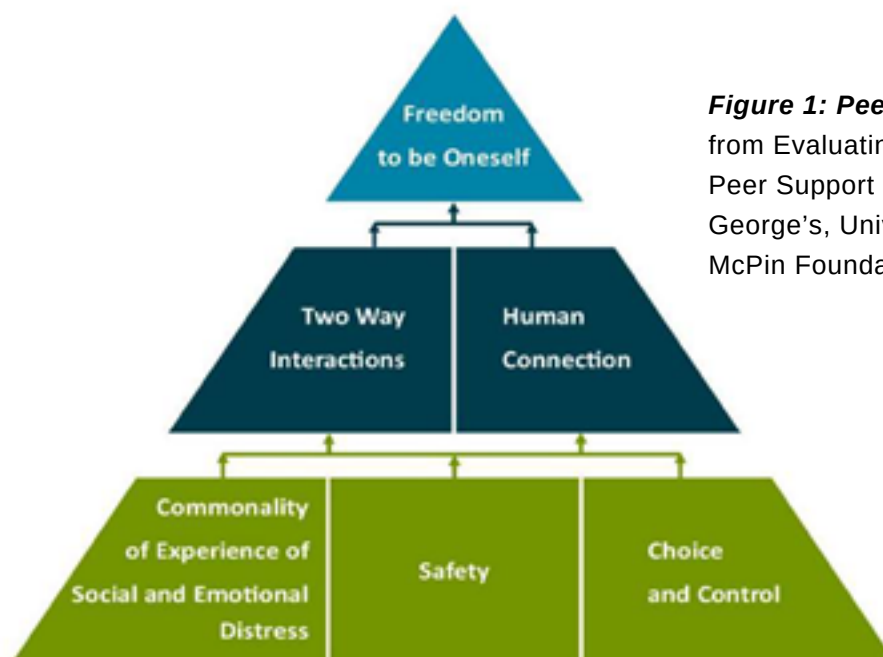


Figure 1: Peer support values - from Evaluating the Side by Side Peer Support Programme - ©St George's, University of London and McPin Foundation 2017

Emotional, social and psychological safety all need to be considered within the context of peer support. Peer support offers a space for sharing and connection in a relationship of equality, with the opportunity to talk about difficult issues that may not be shared elsewhere (e.g. self-harm, suicidal thoughts). When people engaged in peer support share in a situation that fosters equality, this safety and trust can develop. When peer support is offered within mental health services, there can be limits to the safety that can be offered; it can be limited by safeguarding policies and procedures, or by the need for record-keeping.

There are many things that help people to feel safe, and some of them are unrelated to the immediate environment or relationship. It is important to remember that people entering services are highly likely to be feeling unsafe and at risk from services ([Faulkner, 2012](#); [Faulkner, 2018: Mental Elf Blog](#)). People from marginalised communities are more likely to feel safe in a context that reflects their background and identity. This means that peer support that emerges from within marginalised communities can create a safer space for people who experience racism, sexism and discrimination in society as a whole and particularly within services ([Faulkner and Kalathil, 2012](#)). This indicates the importance of peer support workers connecting with community-based peer support provided in marginalised communities (see Canerows case study; see also our [thought piece on working with the VCSE](#)).

THE ROLE OF PEER SUPPORT WORKERS

The role of peer support workers is to create and maintain a safe space for people to talk and find support through a relationship of trust, equality and reciprocity. Building these relationships with people necessarily involves being prepared to listen and to have conversations that may at times be difficult. Having direct experience of being in similar situations may make this easier for some peer support workers:

"I talk about it up front, because what it does is that it then gives the other person permission to talk about it. Because it means I'm not scared to talk about it. And I'm willing to discuss it in great detail. I can talk about that place of desperation and desolation, because I've been there." (Quoted in [Scott et al, 2011](#), p.198)

Risk management and risk assessment procedures are potentially in conflict with the ethos of peer support, which focuses on the mutuality of the individual relationship and tends to see a crisis as an opportunity as much as a challenge. PSWs often act as mediators between people living with mental distress and the mental health system (Scott et al, 2011). In some ways, their role exists in a state of tension, as they are required to straddle two worlds: the world of the stigmatised and excluded people labelled 'mentally ill' and the world of the risk-averse system. Scott et al, 2011 suggest that peer support workers manage this challenge 'by working with risk through a philosophy of engagement and relationship'. They also conclude that the type of training makes a difference to people's confidence in resisting the risk-averse approach of most mainstream services. Peer support practice that includes a strong peer support philosophy grounded in peer support training, relationship building, mutuality and trust is most likely to challenge the risk-averse culture of mainstream services, sustaining a positive approach to safety.

Nevertheless, peer support services and peer support workers do need to be aware of risk and to have ways of managing it in place, to maintain the safety of everyone. This tension can be balanced in a number of ways:

- *Support and supervision from **peers and from peer-led organisations** to sustain the philosophy of peer support in a potentially risk-averse culture;*
- *Support, supervision and training that focus on the **elements of connectedness and relationship that sustain safety**;*
- *Training grounded in a strong peer support philosophy based on **relationship building, mutuality and trust**;*
- *Training to include methods of maximising PSWs' **confidence** in approaching situations that might appear risky; and **de-escalation** techniques to keep themselves safe;*
- *A **code of conduct and clear procedures** to follow within services should a situation of potential harm occur;*
- *Connection with **peer support in the community**, particularly for people from marginalised and racialised communities.*

CASE STUDY: CHANGING THE CULTURE OF SAFETY - CENTRAL AND NORTH WEST LONDON NHS TRUST (CNWL)

Some peer support workers feel strongly that they are able to change the culture of services through their presence and practice being embedded firmly within the services themselves. We came across this in many conversations for this piece, and would like the opportunity to explore it further.

In CNWL, peer support workers and peer trainers have influenced statutory training on the therapeutic management of violence and aggression, to ensure that it emphasises verbal de-escalation techniques with the aim of avoiding physical restraint. Co-developed and co-delivered by peer trainers, the training includes an entire section undertaken with a trained actor, with whom staff have to practise their de-escalation skills, without being allowed to 'fall back' on the use of physical intervention.

In addition, peer trainers in the safety team work with designated inpatient services to audit incident reports, ensure the reduction of restrictive interventions agenda is being championed, and provide top-up training and consultation for staff whose confidence around managing safety has faltered.

Peer tutors meet with inpatient peer support workers regularly to ensure their role and competencies in relation to safety are regularly refreshed. Meetings reinforce the role of inpatient peer support workers to advocate for further conversation with a distressed service user before any physical intervention occurs, including taking the lead in de-escalating when tensions begin to rise, and retaining a calming and reassuring presence with the service user if and when any necessary physical intervention occurs. Peer tutors from the Safety team have also designed a protocol for de-briefing colleagues and service users when there has been a difficult incident. As a result, they feel that these strategies, combined with their presence, have dramatically reduced incidents in a number of their inpatient services, and are intending on researching this more robustly over time.

They also prioritise support and supervision for peer workers, and encourage them to become 'culture carriers of reflective practice'. The Trust has a good critical mass of 80 peer support workers, which makes some of this practice easier.

CASE STUDY: PEER SUPPORT IN INPATIENT WARDS - CAPITAL PROJECT TRUST, WEST SUSSEX

The CAPITAL Project Trust is a user-led organisation based in West Sussex. It is funded by the CCG to provide peer support to people on inpatient wards - which they do by employing, training and supporting a team of peer workers.

CAPITAL's peer workers maintain a high level of confidentiality with the people they support. They make no notes of their interactions with inpatients and have no access to the clinical notes kept by staff. This means that they can establish a relationship of trust and work with people on an equal footing, sharing as much of their own experiences as they feel comfortable with. CAPITAL peer workers have an agreement that they will notify staff if they learn of any potential risk of harm to the individual or to others. Equally, staff will inform them if they think someone might present a risk to peer workers.

People were passionate about the work and keen to talk of the benefits:

"People get to hear from people who have been through it. They feel less alone, less cut off, more understood. We are living it - a 'supportive slightly dysfunctional family'."

CASE STUDY: CANEROWS PEER SUPPORT - CHANGING THE CULTURE IN INPATIENT WARDS

Canerows peer support is based within the charity Sound Minds in South London (www.soundminds.co.uk). Sound Minds is a user-led charity seeking, through music, film and art, to transform the lives of people experiencing mental ill health. They describe themselves as 'a thriving community bound together by creativity and a shared belief in mutual learning and peer support'.

Canerows was founded in 2007 by three service users at Sound Minds, motivated by their own experiences to improve the experience of BAME people on inpatient wards. They established a ward visiting service, with the aim of providing patients with support from people who have faced similar challenges in their lives.

Canerows now has a team of around 18 people with lived experience visiting six acute mental health wards across Queen Mary's and Springfield Hospital. Each ward visitor makes one or two visits per week, with the aim simply of talking to patients. Canerows has always sought to change the culture from the 'regimentality' of routines and rules on the wards to one that is more humane and caring. They feel they have made some progress: the NHS has tried to improve things for people from BAME backgrounds and their contribution is appreciated by all who use the service.

SAFETY FOR PEER SUPPORT WORKERS

Safety for peer support workers can be as much about how the role is valued and supported within the organisation as it is about interactions with people in mental health crisis. Peer support workers are often required to identify, hold and manage the anxiety of services and professionals about their role, which also creates additional emotional labour. They may find themselves holding and negotiating issues of risk and safety within the services, particularly if people disclose things to them that they have not disclosed to other members of staff.

The most difficult experiences faced by peer support workers seem related to either a failure of staff to be prepared for the new roles, or a sense of isolation within the system. One person has written of her experience in a blog:

"So imagine implementing Peer Support Workers into teams that have no understanding of the work they do, why they do it, its ethos or its value, with no notice and not providing those PSW with any support. Because that is what happened. We were enforced on teams that didn't want us, that weren't appropriate placements for us." Hollie Berrigan, 2019: *The Main Offender blog: 'Back from the brink.'*

Research exploring the introduction of peer workers into mental health teams (Gillard et al, 2013) found that a lack of consensus on what constitutes peer practice can result in feelings for peer workers of inequality, disempowerment, uncertainty about identity and of being poorly supported. They recommended that a distinctive body of peer practice needs to be adequately considered and supported as integral to the development of new peer worker roles. This study also looked at the significance of boundaries in

keeping people safe: that, although maintaining a safe distance might work some of the time, it is also something that needs negotiation within the context of shared experiences. Once again, this issue highlights the importance of good support and supervision for peer support workers to feel safe and confident in their ability to provide a safe space for others.

CASE STUDY: LEEDS MIND - SAFETY AND SUPPORT FOR PEER WORKERS

Leeds Mind employs peer support workers who support people in NHS settings on a contract with their local Trust. The PSWs have supervision in both their NHS service and from Leeds Mind. They feel that being employed within a VCSE organisation gives them an added sense of safety: there is a base to come back to and a space to talk, reducing isolation and retaining a strong connection with the ethos of peer support. The work can be challenging and there is the sense that 'you've got your back covered' through the values and support provided by Leeds Mind.

RECOMMENDATIONS

- **On completing this piece of work, we feel that further work is needed to explore safety and risk in services where peer support practice is well embedded; for example: monitor the rate of incidents and, crucially, evaluate the felt experience of safety amongst both service users and staff.**
- **NHS Trusts and organisations need to work in partnership with VCSE organisations, in order to benefit from their skills and experience in developing a culture that respects individual safety, control and autonomy.**

- **NHS Trusts and organisations should support the development of a distinctive body of peer practice as a foundation for the development of peer worker roles; they should communicate this throughout their workforce to ensure that everyone understands the role and value of PSWs.**
- **For peer support workers to work effectively as agents of change within a risk-averse culture, they need access to solid support and supervision offered by people who understand the ethos of peer support and the challenges of the NHS culture.**
- **Involving peer support workers and peer trainers in training NHS staff can enable a culture of safety and respect that militates against the use of control and restraint.**

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