Impact of peer support worker trainings in Switzerland and Germany

Horatio Festival of Psychiatric Nursing
Copenhagen, May 9th 2019
André Nienaber, Anna Hegedüs, Christian Burr, Andréa Winter
Outline

• Part 1: Methods and aims of the EX-IN Training Program (André Nienaber, Andréa Winter)

• Part 2: Impact of EX-IN trainings in Switzerland and Germany: Results of the training evaluation (Anna Hegedüs)

• Part 3: Peer Support in Switzerland – Results from the First National Survey: Work conditions, job satisfaction and challenges in to the working field (Christian Burr)

• Discussion
Impact of peer support worker trainings in Switzerland and Germany

Part 1:
Methods and aims of the Ex-In Training Program

*Horatio Festival of Psychiatric Nursing*
*Copenhagen, May 9th 2019*

*André Nienaber*
1. Peer Support in Mental Health
2. Origin of Experienced Involvement Training in Germany and Switzerland
3. Methods and Aims
4. Interim Conclusion
1. PEER SUPPORT IN MENTAL HEALTH
"The relationship between professionals and those affected must change more towards partnership than before."

(Voelzke & Prins, 1992, p.21)

‘People with severe mental illness should be offered peer support taking into account their wishes and needs to strengthen the recovery process and promote participation in treatment. (Level of evidence: Ib, Level of recommendation: B)’ (DGPPN, 2018, p. 19)
2. ORIGIN OF EXPERIENCED INVOLVEMENT TRAINING IN GERMANY AND SWITZERLAND
Origin of Experienced-Involvement Training
• EU-funded Project – Leonardo-da-Vinci programme
• 2005 – 2007: Development of a concept for experienced involvement training
Ex-In Germany

Über uns
Der EX-IN Deutschlandverein bietet Informationen und bündelt Kräfte rund um das EX-IN Projekt.

Aktuelles
Neuigkeiten rund um EX-IN

Die Ausbildung
Im Verein sind zertifizierte EX-IN Trainer aus ganz Deutschland vertreten.

Herzlich willkommen
auf der neuen Website von EX-IN Deutschland e.V.

Auf unserer Seite finden Sie Informationen über den Verein und Aktivitäten rund um das EX-IN Projekt.
Ex-In Switzerland

Weiterbildung

Das Projekt Ex-IN “Experienced involvement”

EX-IN (experienced involvement) ist eine Weiterbildung, die in einem Projekt durch das europäische Program Leonardo da Vinci entwickelt wurde. Ziel ist die Qualifizierung von Psychiatrie-Erfahrenen, um als Peer/GesundheitsbegleiterIn, als DozentIn oder als MitarbeiterIn in psychiatrichen Diensten tätig zu werden. Im Rahmen des Projekts arbeiteten Psychiatrie-Erfahrene, psychiatrische Fachkräfte und Ausbilder aus 6 europäischen Ländern zusammen, um einen spezifischen Lehrplan zu erstellen, welcher auf dem Erfahrungswissen der TeilnehmerInnen basiert.

Unser Versorgungssystem lässt viele genesungsorientierte Ansätze unberücksichtigt. Viele NutzerInnen und Nutzer psychiatrischer Dienstleistungen sind mit den Angeboten teilweise unzufrieden. Psychiatreralternative verfügen über ein großes implizites Wissen bezüglich unterstützender Haltungen, Methoden und Strukturen, das jedoch erst ansatzweise in die bestehenden Versorgungsstrukturen eingeübt. Untersuchungen haben aufgezeigt, dass die Einbeziehung von Expertenwissen aus Erfahrung beiträgt zu:

- Vertrauensperson
- Patientenverfügung (PPV)
- eRiEtho-Hilfe-Kurse
- Rechtsservice
- Arbeit und psychische Gesundheit
- Recovery and Peer
- Peer-Weiterbildung EX-IN

Peer Weiterbildung

Zielgruppe:
Menschen, die von psychischer Krankheit betroffen sind und ihre Erfahrungen in verschiedenen Bereichen der Begleitung von Betroffenen, der Bildung wie auch in der Öffentlichkeitsarbeit reflektiert ändern wollen.

Voraussetzungen:
- Erfahrung mit schweren psychischen Erkrankungen und ihrer Bewältigung
- Keine akute Krise und/oder akute Sucht
- Die Bereitschaft, über die eigenen Erfahrungen zu sprechen
- Sich auf Gruppenprozesse einlassen können
- Ein bestehendes soziales Netz, das sie während der Kurszeit unterstützt
- Fähigkeit zur Selbstdisziplin

Informationen
- www.ex-in-bern.ch
- Verein EX-IN Bern
- www.ex-in.de
- EX-IN Deutschland
3. METHODS AND AIMS
Three EX-IN Principles

- Every human being has the potential for recovery.
- Each human can act in principle independently and
- can make autonomous decisions about appropriate forms of assistance.
Ex-In Courses in Germany and Switzerland

- **EX-IN** = Experienced Involvement
- Overall: 12 Modules, 2 Internships, Portfolio
- Duration: 1 Year

<table>
<thead>
<tr>
<th>Basic course</th>
<th>Setup course</th>
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</thead>
<tbody>
<tr>
<td>salutogenesis</td>
<td>Assessment</td>
</tr>
<tr>
<td>empowerment</td>
<td>Self-enquiry</td>
</tr>
<tr>
<td>experience and participation</td>
<td>advocacy</td>
</tr>
<tr>
<td>recovery</td>
<td>advice and accompany</td>
</tr>
<tr>
<td>Trialogue (dialogue of patients, relatives and</td>
<td>crisis intervention</td>
</tr>
<tr>
<td>mental health professionals)</td>
<td>teach and learn</td>
</tr>
</tbody>
</table>

- **Assessment**
- **Self-enquiry**
- **advocacy**
- **advice and accompany**
- **crisis intervention**
- **teach and learn**
Pattern of a possible job profile

- conversations, walk
- accompaniment to investigations, shopping
- accompaniment during the senior doctor's visit
- group recovery pathways
- reading group
- participation in ward group and week-end group
- participation in handovers, therapy conferences and team meetings
- participation in school projects
- co-design of training courses
- accompaniment of EX-IN internships
Aims

- Three levels of effectiveness:\(^1\):
  1. Direct contact with users to improve access to offers and to improve the offers in terms of recovery and empowerment
  2. Dialogue with health care professionals to improve person centered care
  3. Dialogue with the management to improve recovery and empowerment orientation of the organization

- Making recovery and coping stories visible in the practice of care:\(^2\)

‘Respect, esteem, eye level - these are the keywords that characterize an EX-IN attitude’ (Jahnke, 2012, p. 203).

‘To find out what ‘Me-Knowing’ is, the next step is for the EX-IN people is to make contact with their own mirror image. […] It is primarily a reflective process about experiential knowledge, not textbook knowledge’ (Jahnke, 2012, p.203).

‘In the true exchange with each other an energy is released, which gives courage for departure and strength for escape.’ (Jahnke, 2012, p.204).
4. INTERIM
CONCLUSION
Interim Conclusion – Voices from a team

- ‘Enrichment for treatment by enabling a change of perspective.’
- ‘The other access to the patients can be a good mediator.’
- ‘Stimulation to try out other perspectives.’
- ‘Gives impulses to question routine thought processes.’
- ‘For patients: accompaniment & understanding - someone who knows how they feel.’
Impact of EX-IN trainings in Switzerland and Germany: Results of the training evaluation

Anna Hegedüs, Christian Burr
Aims

- To evaluate the impact of the EX-IN training programs on the participants’
  - physical and mental health
  - hope, self-efficacy, introspection
  - Recovery
  - stigma resistance
  - work situation

- To examine the influence of the proximity of the last hospitalization on participants’ outcomes
Methods

- 8 trainings in CH and 1 in D (2010-1016)
  - 144 persons completed EX-IN

- Standardized questionnaires before and after the training
  - Questionnaire to Assess Resources and Self-Management Skills (FERUS) (Jack 2007)
  - Internalized Stigma of Mental Illness Inventory (ISMI) (Sibitz et al, 2013)
  - SF-12 Health Survey; Health related quality of life (HRQoL) (Bullinger & Kirchberger, 1998)
  - Recovery Assessment Scale (RAS) (Cavelti, Wirtz, Corrigan, & Vauth, 2017)

- Analysis
  - Complete cases
  - Statistical analyses in SPSS
## Results

Participants’ characteristics at start of the training

- **N = 103 (74 % of all EX-IN participants)**

<table>
<thead>
<tr>
<th></th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>69 (67 %)</td>
</tr>
<tr>
<td>Living alone</td>
<td>49 (47 %)</td>
</tr>
<tr>
<td>Employed</td>
<td>29 (28 %)</td>
</tr>
<tr>
<td>Prior experience as PSW</td>
<td>35 (34 %)</td>
</tr>
<tr>
<td>Years betw. inpatient admission and start of EX-IN</td>
<td>Mean (sd): 4,4 (4,6)</td>
</tr>
</tbody>
</table>
Changes over time
No significant changes in health-related quality of life
Changes over time

Significant improvement in introspection

p=0.049

<table>
<thead>
<tr>
<th></th>
<th>before</th>
<th>after</th>
</tr>
</thead>
<tbody>
<tr>
<td>introspection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>self-efficacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hope</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Changes over time
Significant improvements in personal recovery and stigma resistance

Peer Support Worker trainings in CH and D, HORATIO Festival 09 May 2019
Changes in employment
Significantly more participants employed after EX-IN

<table>
<thead>
<tr>
<th></th>
<th>before</th>
<th>after</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>23 (32 %)</td>
<td>36 (50 %)</td>
<td>0.015</td>
</tr>
<tr>
<td>Main income: salary</td>
<td>22 (31 %)</td>
<td>25 (36 %)</td>
<td>0.549</td>
</tr>
</tbody>
</table>

(n = 72)
Recent hospitalization and changes in outcomes

Significant differences in stigma resistance and self-efficacy

Two groups: Participants with
1. hospitalization in the year before EX-IN: n = 63 (61 %)
2. Previous hospitalization > 1 year ago: n = 30 (29 %)

Group 1 showed
1. significant lower stigma resistance at t1
2. significant lower self-efficacy at t1
3. but similar improvements during training
4. No differences at t2
Discussion
EX-IN as a sufficient preparation for PSW?

- EX-IN improved
  - personal recovery
  - stigma resistance
  - Introspection
  - employment
- Recent hospitalization no criterion for exclusion of training
- Indication that competencies enable to face challenges of PSW, e.g.
  - power imbalance
  - rejected attitudes from non-peer staff
  - confronting expectations
  - unclear role definitions
Thank you for your attention
Peer Support in Switzerland – Results from the First National Survey

*Work conditions, job satisfaction and challenges*

Christian Burr, Katja Rother, Laila Elhilali, Andréa Winter, Katja Weidling, Caroline Gurtner and Bernd Kozel
Aim

The aim of the study was:

a) to describe the current working situation of PSS:
   • How satisfied they are and what their working conditions look like
   • What are the challenges of integration into the existing system

b) to identify development topics in the preparation of PSS:
   • Training and working within the framework of EX-IN
   • Training and Support within the work place
Methods

- **Survey – Questionnaire** (literature-based / self-developed):
  - Current employment status
  - Key issues in the peer support role and personal motivation
  - Integration into the working environment
  - Health promotion and prevention

- **Participants**: People with lived experiences with mental illness and recovery who were working as PSS

- **non-probabilistic sampling**: services, educational institutions, mental health charities, peer support training providers etc.

- **Data collection**: September 1st – November 15th 2017

- **Descriptive analyses**
Peer Support Worker trainings in CH and D, HORATIO Festival 09 May 2019
Results:
Socio-demographic

- N = 53 (43% of the estimated population of 125 PSW)

<table>
<thead>
<tr>
<th>Age: MW (SD, Range)</th>
<th>47.04 (9.31, 29 - 63)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: Female</td>
<td>Frequency</td>
</tr>
<tr>
<td>Female</td>
<td>40</td>
</tr>
<tr>
<td>Education level</td>
<td></td>
</tr>
<tr>
<td>No diploma</td>
<td>1</td>
</tr>
<tr>
<td>higher vocational education</td>
<td>24</td>
</tr>
<tr>
<td>University of applied sciences</td>
<td>14</td>
</tr>
<tr>
<td>Disability benefits: Yes</td>
<td>31</td>
</tr>
</tbody>
</table>
Results: work-related Data

95% passed the EX-IN training

<table>
<thead>
<tr>
<th>Work experience as PSS in years, MW (SD, Range)</th>
<th>2.71 (2.02, 0 - 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>Employed</td>
<td>49</td>
</tr>
</tbody>
</table>

Working area

| • Mental health service | 41 | 85.4 |
| • Interest representation organization | 6  | 12.5 |

Setting

| • Inpatient | 38  | 77.6 |
| • Outpatient | 20  | 40.8 |
Results: Level of PSW

1:1 peer support, recovery groups
Support of professionals, advisors to develop MH Services etc.
Advisors to develop policies etc.
Education
Research

Percentages:
- 1:1 peer support, recovery groups: 90%
- Support of professionals, advisors to develop MH Services etc.: 90%
- Advisors to develop policies etc.: 30%
- Education: 60%
- Research: 10%
## Results:
### Wage, level of Employment, job description

<table>
<thead>
<tr>
<th>Description</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload per week for employed PSSs in h</td>
<td>13.1 (7.3, 2 – 34)</td>
<td></td>
</tr>
<tr>
<td>Wage per hour in €uro</td>
<td>24.4 – 32.5</td>
<td></td>
</tr>
<tr>
<td>Perceived adequacy of wage: Adequate</td>
<td>34</td>
<td>72.3</td>
</tr>
<tr>
<td>Perceived adequacy of wage: Too low</td>
<td>13</td>
<td>27.7</td>
</tr>
<tr>
<td>Is there a job description: Yes</td>
<td>38</td>
<td>76.0</td>
</tr>
<tr>
<td>Job description corresponds to the actual job: Fully</td>
<td>33</td>
<td>89.2</td>
</tr>
</tbody>
</table>
Results:
Wish to change the level of employment (N=46)
Results:
Employer endeavour and respect, PSS job satisfaction, stigmatization by professionals

Employers' endeavour to PSS health

Stigmatized by professionals

Respected by employer

Job satisfaction

very negative | negative | rather negative | rather positive | positive | very positive

Peer Support Worker trainings in CH and D, HORATIO Festival 09 May 2019
Results:
Challenges in daily work and integration in the workplace

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration in the multi-professional team</td>
<td>33.3</td>
<td>17</td>
</tr>
<tr>
<td>Insufficient verbal communication with professionals</td>
<td>33.3</td>
<td>17</td>
</tr>
<tr>
<td>Acceptance by professionals</td>
<td>31.4</td>
<td>16</td>
</tr>
<tr>
<td>Drawing limits to service users</td>
<td>31.4</td>
<td>16</td>
</tr>
<tr>
<td>Insufficient verbal communication with other PSSs</td>
<td>27.5</td>
<td>14</td>
</tr>
<tr>
<td>Lack of supervision</td>
<td>23.5</td>
<td>12</td>
</tr>
<tr>
<td>Unclear role definitions</td>
<td>21.6</td>
<td>11</td>
</tr>
<tr>
<td>Commonalities with and distance to service users</td>
<td>15.7</td>
<td>8</td>
</tr>
<tr>
<td>Paging from service user to PSS</td>
<td>9.8</td>
<td>5</td>
</tr>
<tr>
<td>Stigmatization by professionals</td>
<td>9.8</td>
<td>5</td>
</tr>
</tbody>
</table>
Results:
Challenges in daily work and integration in the workplace

- Integration in the multi-professional team: 33.3%
- Insufficient verbal communication with professionals: 33.3%
- Acceptance by professionals: 31.4%
- Drawing limits to service users: 31.4%
- Insufficient verbal communication with other PSSs: 27.5%
- Lack of supervision: 23.5%
- Unclear role definitions: 21.6%
- Commonalities with and distance to service users: 15.7%
- Paging from service user to PSS: 9.8%
- Stigmatization by professionals: 9.8%

More frequent in Outpatient Settings
## Results:

### Challenges in daily work and integration in the workplace

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More frequent in Inpatient Settings

Peer Support Worker trainings in CH and D, HORATIO Festival 09 May 2019
Results:
Wishes for more support to integration into the workplace (n=34)

- Information for employees about PSW (17)
- Super- or intervision (13)
- Training and continuing education (9)
- Health-Promotion programmes (6)
- Consulting (5)
- Conversations (5)
- Other (2)
Discussion

Work load:

• 13 hours p/Week → below 30 hours reported in US studies (Cronise et al., 2016; iNAPS, 2014; Salzer et al., 2010)
  → Switzerland = no legal obligation to employ PSSs MHS
  → More time to increase N of employees and the degree of employment

• not wanting to work more
  → 33% participants with disability benefits
  → 19% participants without disability benefits
  → disability benefits = obstacle to full-time employment?

Salary:

• High satisfaction with salary
  → 72% in the present survey
  → 50% in the iNAPS study (Cronise et al., 2016)
Discussion

Support and further education
Institutions:

• Greatest challenges:
  → Integration in the team
  → insufficient communication with professionals

• Wishes:
  → more team-information about PSW
  → more supervision

→ better prepare the team and professionals
Discussion

Support and further education
Peer Support Specialists

Wishes

• more training, further education
• more inter- and supervision

Challenges

• Integration in the team
• insufficient communication with professionals

→ More supervision and education for PSS in the institutions
→ Development EX-IN: further education, focus more on the challenges
Thank you for your attention!
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