Health & Outreach Peer Empowerment (HOPE) Survey Results

Community Engagement report

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BACKGROUND:

Vancouver Coastal Health is developing a new health and wellness initiative led by Neil Arao and Alison Koci. This initiative will include the development of a new recovery and rehabilitation practice involving a new Health and Outreach Peer Empowerment Team (HOPE Team).

The vision for the HOPE team will be to work with mental health and substance use (MHSU) clients in Vancouver to support maintaining tenancy, prevent evictions, expedite discharges from hospital and return to living at home in the community.

The HOPE team has a unique opportunity for MHSU peers to engage in peer coaching and mentoring to develop and build upon clients' skills and strengths to live healthy and independently. Clients will also have access to other health and wellness programs available through the HOPE team to support community integration and independence.

To gain feedback from MHSU peers, an online survey was distributed to a listserv of over 100 people living in the Vancouver area for their feedback on the roles and responsibilities of peers in this program, as well as possible job duties, requirements. We also surveyed a handful of MHSU clients specifically from the Downtown Eastside area. Feedback is summarized below.

(Number of people that completed the online survey: 19)

SUMMARY OF RESULTS:

PART I: FEEDBACK FROM PEER PERSPECTIVE

1. Suggested tasks peers could perform:

- Listening to clients concerns, facilitating goal setting strategies, providing resources, accompanying clients in some of their goal activities, if additional support is required or requested.
- Being supportive with Peers; helping within their recovery programs i.e. with their goals &transitions back into community and dealing with stigma; help finding work or volunteer positions.
- Supporting someone by using Shery Mead's Intentional Peer Support principles. Connection, Worldview, Mutuality and Moving Towards. I think that Peer Workers should listen and not give advice or try to fix people.
- Compassionate care and positive empowering of people working with. Setting realistic goals and taking action to improve and grow confidence living in Recovery.
- One-on-one peer support, discussion, and encouragement. Asking targeted questions to encourage insight and decision-making, deciding if choices are working toward goals and health versus dysfunction.
- Peer support - guidance, emotional support; helping with housing searches; helping with going back to school/work.
- Meeting one on one with participants to develop plan, researching resources, connecting with other members of care team, etc.

2. Preferred shifts would be 3-4 hours in length

Response	Chart	Percentage	Count
1-2 hours		15.8%	3
3-4 hours		36.8%	7
5-6 hours		15.8%	3
7-8 hours		21.1%	4
Other:		10.5%	2
		Total Responses	**19**

3. Early afternoon shifts are preferred

Response	Chart	Percentage	Count
Early morning		0.0%	0
Mid morning		29.4%	5
Early afternoon		47.1%	8
Late afternoon		23.5%	4
		Total Responses	**17**

4. Ideally peers would like to meet once per week with their supervisor

Response	Chart	Percentage	Count
Once per week		63.2%	12
Once every two weeks		31.6%	6
Once per month		0.0%	0
Other:		5.2%	1
		Total Responses	**19**

5. Ideally peers would like to meet once per week with their team

Response	Chart	Percentage	Count
Once per week		47.4%	9
Once every two weeks		36.8%	7
Once per month		5.2%	1
Other:		10.5%	2
		Total Responses	**19**

6. Ideally peers would like to meet once per week with their client for care planning or depending on client's needs

Response	Chart	Percentage	Count
Twice a week		22.2%	4
Once per week		38.9%	7

Once every two weeks		16.7%	3
Once per month		0.0%	0
Other:		22.2%	4
		Total Responses	**18**

Comments:

- Once per week or less, depending on the client's needs.
- As often as the service user wanted
- As often as they need to meet, minimum once or twice a week!
- It depends on the needs of each particular client.

7. There are mixed opinions on documentation, but overall indicate that it is an important role for peers

Comments:

- It should be thorough, professional, and based in fact.
- Documentation is super important for communications with staff and keeping good records can help Peers in reaching goals and as way to track their progress.
- Should only be done by VCH staff.
- Documentation is important. I've worked in Peer Support for 20 years and i don't think Peer Workers document enough. How do we document success and moving forward in the person's recovery journey. Concurrent documentation and having the person write their own notes should be part of the documentation process.
- I have mixed feelings about it. It's good to know the history, but it can also detract from meeting someone for the first time and getting to know them based on who they are today.
- Efforts should be made to ensure that documentation is done in a respectful way. Only necessary information should be collected. Efforts need to be made to maintain the emotional safety of clients that identify as trans (clients should be able to choose which name is placed in the medical file, clients should be able to self-identify their gender identity, etc.). Information that is shared peer-to-peer could be charted separately so as to keep it confidential from non-peers, only details that are relevant to safety risks would be shared on the medical record without permission from the client.
- Secondary to client but valuable to work from that helps all team members to think and behave as one. Documentation is a part of the job that can measure progress as well as difficult times. I can keep records of activities with a clear objective to be reached.
- I think it's important to have the history of the patients but in my opinion when a health care provider reads it they should not make a confirmed opinion or a negative judgement.

This is what I find causes the gap between recovery and relapse for patients. The negative judgements. If the goal is to get the patient feeling better it's important to look at them as if they will get better and show them that there's hope.

8. There are some important potential safety considerations for this position:

- Clients who have difficulty with boundaries.
- Meeting with Peer out in community! Not @ their home---PSW shouldn't give out their phone number or address to Peer....Do not loan Peer money....Report to Team Leader any concern re Peer &their safety.
- Minimum 2-person teams
- Work in pairs. I've been working in Peer Support for 20 years and I've never been hit or hurt. Proper training and support need to be in place! NVCI training and Peer Support Training are very valuable. Peers are more often the victim of crimes as opposed as to the perpetrators.
- Being alone with someone who is extremely unwell or is in a place that is not particularly safe. I think it would be good to work in pairs, even if the other person is just standing by in the area. Two to one could be over-whelming for some people.
- Safety precautions need to be put in place to protect staff if they are working alone in the community. The emotional safety of peer staff needs to be a priority. They should receive a living wage, receive benefits, have access to support from other peers (team or manager), and have access to free unlimited counselling as peer work can be triggering.
- To be cautious if someone is suicidal or abusive not to trigger them more.

9. Suggested Training:

- Peer Support, First Aid, Mental health 1st aid, WRAP, Telecare and WorkBC exploration.
- Like too see all VCH workers take CPR &First Aid &gain retraining every two years!
- Minimum 40 hour Intentional Peer Support training or Recovery Innovations Peer Training ... I think that peers should also receive safeTALK training minimum and ASSIST hopefully. Trauma Informed Care and Cultural Diversity training should also be done. Check out the PSACC training matrix ... Documentation training and computer training might also be helpful!!
- In-class training, a manual and guidelines, and shadowing others who are already doing it.
- Trauma-informed practice, LGBTQ2S/gender awareness training, cultural awareness training, motivational interviewing, suicide prevention training.

- Shadowing work. Working with a mental health worker to learn how to communicate and knowledge about some expected behaviors from past clients and ways that worked best dealing with that behaviour in the past.
- Hands on.
- How to goal plan with people; Communication skills.

10. Additional considerations:

- Are people with lived experience part of the high level decisions? Is a person with lived experience part of the Executive Team?
- Maybe have some evening and/or weekend shifts so that someone like myself would have the option to participate if it seems reasonable to do so once I adjust to my new full-time work schedule.
- Important to have team concepts for benefits of PSW and peers & good communications with Supervisors or Team Leaders.
- It is important to make sure that the peers can support one another in their roles. As someone in a peer role right now, I believe that having the daily support of the peers I work with allows me to cope with the stressors of my job, the stigma I face within the system, and the unique challenges I face as a peer worker. I could not do the job I do without the ability to connect daily with my colleagues.
- What is the extent of the position, where does the HOPE team role end, and others start?

PART II: FEEDBACK AS A POTENTIAL SERVICE USER

11. Supportive service considerations:

- Empathy about symptoms, positive reinforcement, contributing to the care plan based on my own values, open communication flowing both ways.
- Assistance in transitioning back to real life from hospital.
- Someone to listen to me and help me navigate the system. Someone who would not want to fix me or change me. Someone who would understand the recovery philosophy and person-centred and strengths-based principles. I don't want someone who thinks they can save me, rescue me or set me straight.
- Funds for activity and resources made available
- Someone encouraging, without pushing me. Accepting where I am at while simultaneously holding space for me to move beyond it. Understanding that some days are going to be better or worse than others. Getting to know me as a person, not a diagnosis.

- Someone showing that they care and that I matter. Also having fun activities like bowling, and other games depending on the ability of the client.
- Non-judgmental support, practical information that is useful to me, a collaborative relationship.
- Someone that shows care and support. A knowledge person who shows kindness.

12. Not supportive service considerations:

- Judgment, anything that undermines trust or confidentiality.
- Someone telling me what to do! Someone thinking they are in a better place just because they are working!!!
- Overbearing supervision
- Being sorry for me, doubting that things could ever get better, putting me down, treating me as less than other people.
- Being told what I can and cannot do, having my plan/goals decided for me, being dismissed, having to wait for months to receive service without being told how long the wait is, being patronized to or having my problems simplified to make things easier for someone.
- Making a plan without my input.
- Cold and distant.

13. Other opportunities to provide support:

- Helping with housing searches, navigating the mental health system etc.
- Helping with employment/work.
- System knowledge and system navigation!!
- Recreational assistance: helping me to do things that I enjoy that help me to relax, generating ideas about how I could make friends, providing opportunities for me to get out of the house and do something new.
- Providing access to counselling and other services to assist me in getting well and staying well.
- Getting me involved in the community at least 2-4 hours a day. Planting something in the garden that I can eat (if I'm interested) or asking me if I can help with some tasks that will get me out of the house and make contribution for a small reward.
- The team could connect me to resources in the community and help me to build up my natural support network. It could also help me to become more hopeful about my future and help me develop long term goals. It might help me to come to terms with my experiences and help me to break out of the stigma that I inflict on myself. It could help me

to move forward in my personal growth to build I life that feels fulfilling and meaningful to me.

- Take them shopping. Teach cooking. Fun activities. Bowling, snowshoeing, etc.
- Mental health support, substance abuse support.

14. Do you have any other thoughts of questions for us to consider?

- Who are the champions for Peer Support? A person with lived experience and expertise or someone without that lived expertise!
- Maybe have a matching process so that people who are more comfortable working with someone of a particular gender or age, etc. would be able to do so, even if it means waiting longer. Some people won't care and that's fine too.
- When are you deciding to start this project? And how many people do you need?
- How long are you hoping to have this service?

NEXT STEPS:

The HOPE team will be incorporating the feedback received as it finalizes its program. A focus group was also offered to gather more insight from potential peers and clients about the program. This feedback will also be incorporated into program planning.