

One Year of Peer Support Work in Forensic Mental Health – Evaluation of Implementation

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Introduction

Participation of patients in their own health care and recovery has become state of the art in many countries. Peer Support Work can be an effective way to support patients in this involvement in psychiatric populations and this concept has been widely implemented in general mental health settings. However, forensic mental health services have been slower to take up this approach due to several (perceived and actual) unique challenges in these settings.

Methods

Setting. Hospital for forensic psychiatry in Rostock, a 103 bedded unit serving mainly offender with substance use disorders. The hospital employed a peer support worker (PSW) in 2020 having completed an internship before.

Main approach. Evaluation of implementation using qualitative research methods.

Before implementation

Two staff focus groups, one interview with PSW. Topics: Opinions, expectations and reservations.

After one year:

One focus group with staff, one with patients, one PSW interview. Topics: Experiences with and evaluation of the PSW in the clinic.

Analysis. Analysis was conducted using Thematic Analysis (Braun & Clarke, 2006).

Results (selected)

2 Staff Focus Groups (N= 7/11)

Preparation

- Initiation step-by-step
- Credit of trust by staff
- Integration into team

Wishes on Implementation

- Defined tasks for PSW
- Constant and transparent information
- Supervision and contact person for PSW

Ideas about Tasks and Conversation Topics

- Support of therapy groups on addiction
- Peer-to-peer group
- Individual conversations with patients
- Mediating perspectives between patients and staff

Reservations

- Lack of professional behavior and distance
- Overtaxing of PSW
- PSW's criminal past

Patient Focus Group (N=5)

View on PSW

- Esteem of lived experience and opportunity to exchange
- Relevance of criminal past for fully understanding

Activities with PSW

- Mediating between patients and staff
- Casual exchange during everyday activities like preparing pizza or baking
- Single exchange about specific topics (e.g., craving, relapse prevention, drug related family issues)

Reservations and Criticism

- Seen as spy by some patients
- Unintended triggers by topics initiated by PSW
- Some patients shut themselves off of staff, incl. PSW

Wishes and Future Ideas

- Additional voluntary recovery groups with PSW on every ward
- Another (female) PSW in the clinic who complements the current PSW

Staff Focus Group (N=6)

Interaction with Patients

- Establishing contact needed some time
- Open and outspoken to patients
- PSW able to handle manipulation attempts by patients

Interaction with Staff

- Initial scepticism against PSW replaced by trust over time
- Staffs task to protect PSW, if necessary, against manipulation attempts by patients
- PSW became valued and

established member of team

Positive Characteristics of PSW

- Professional distance and boundary setting to patients
- Transparent communication
- Openess to patients and staff
- Self-Reflection

Task Development

- Flexibility and initiative of PSW needed
- Some tasks clear from the beginning, others developed over time

Autumn 2019

Winter 2021

Peer Support Worker Interview Becoming

- Got in touch with recovery-topic by former therapist
- Will to pass on his own experience
- Implementation as interesting challenge

Intended tasks and role

- Open communication about his experiences
- Deliver hope, be a role model
- Mediating perspectives
- Zero tolerance for drugs

Peer Support Worker Interview Tasks

- Individual conversations with patients by request
- Support of therapeutic groups
- Own recovery group with patients only

Interaction with Staff today

- Feels as member of team today
- Reflection, support by his team
- Communication on equal terms, openness by any member of staff seen as helpful

Characteristics seen as important for PSW working in Forensic Settings

- Own incarceration /forensic mental health experience
- Authenticity, Empathy

Discussion

The implementation of a peer support worker into a forensic hospital was challenging in the beginning, but many reservations resolved by contact between peer support worker and staff. The peer support worker is respected by staff and patients and introduced own ideas (recovery group) into the therapeutic concept of the clinic. Careful initiation, a contact person and support for the new peer support worker were of high importance during implementation.