

Research Excellence **for Innovation**

# Contested identities

Karen Machin

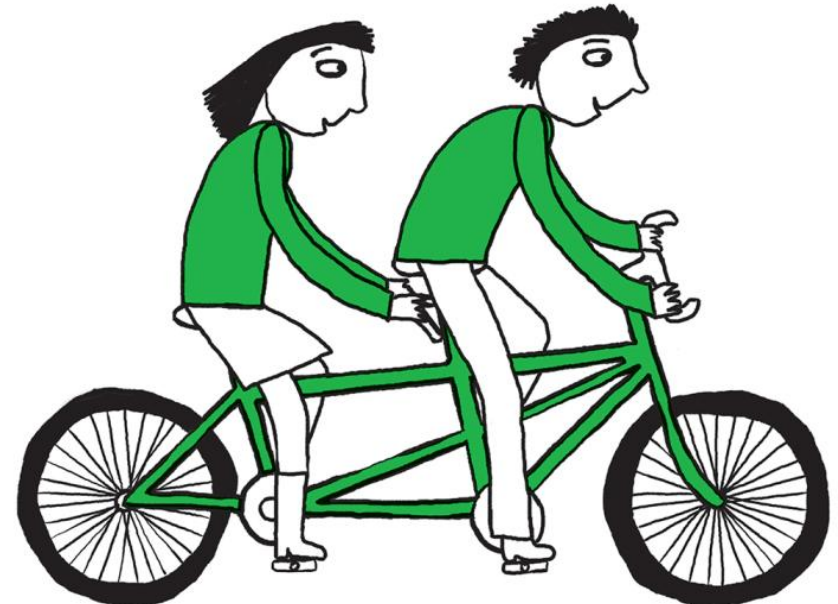
Peer Training Team

April 2014



the institute of  
**mental health**

Nottingham



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Nottinghamshire Healthcare **NHS**  
NHS Trust

*Positive about integrated healthcare*



# Challenging and confirming a professional nursing identity: the role of partners and processes

RCN education forum  
February 2014

[http://www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/0003/559740/Book\\_of\\_abstracts\\_-\\_Education.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/0003/559740/Book_of_abstracts_-_Education.pdf)



## Paper 1

# **Rethinking clinical supervision, promoting normative standards and the identity of nurses**

*Ian McGonagle, Principal Lecturer, University of Lincoln*

*Co-presenter: Dr Paul Linsley, Principal Lecturer, University of Lincoln*



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## Paper 2

**A't**

*Karen Machin, Peer trainer, Institute of Mental Health*  
*Co-presenter: Marissa Lambert, Peer Support Training Lead, Institute of Mental Health*

## Paper 3

# **The contribution of advocacy to democratising relationships with mental health nurses**

*Dr Karen Newbigging, Senior Lecturer in Health Care Policy and Management, Health Services Management Centre, University of Birmingham*

*Co-presenter: Stephanie de la Haye, peer researcher, University of Central Lancashire*

## Paper 4

# **Promoting the implementation of research into clinical practice: reporting on a new initiative to develop and support the clinical academic**

*Ian McGonagle, Principal Lecturer, University of Lincoln*

*Co-presenters: Emma Grant, Year 3 student nurse, University of Lincoln. Lisa Gray, Year 3 student nurse, University of Lincoln*

*Paper 5*

***Critically engaged scholarship and practice: a mad positive reframing of nursing identity***

*Dr Mick McKeown, Principal Lecture, University of Central Lancashire*



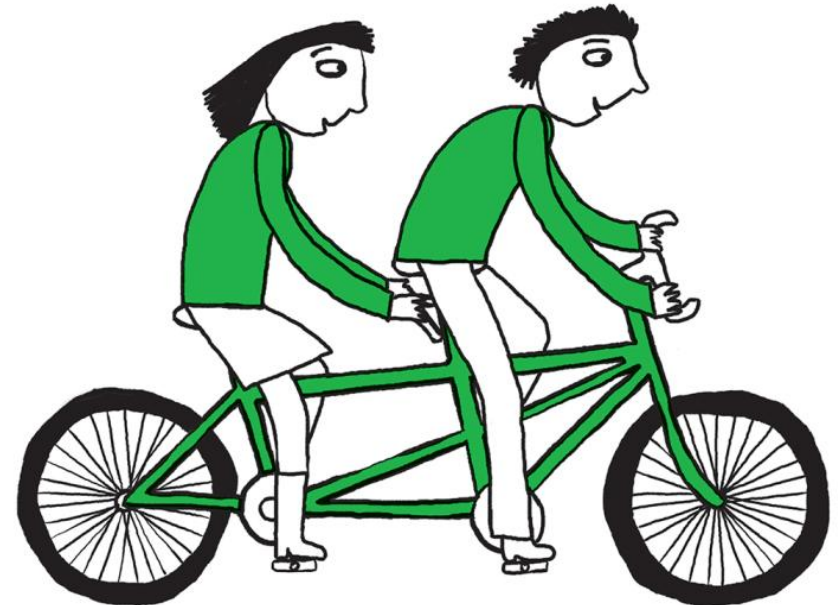
# Ain't I a Peer?

Karen Machin

Marissa Lambert

Peer Training Team

February 2014







# Peer Support Training

- Requested by NHS
- To prepare people with lived experience of distress to work in support roles safely and effectively
- Co-produced and co-delivered
- Accredited since 2010



# The Training Experience

- 11 day course over 6 weeks
- Experiential learning
- Practical group work
- Discussion and role play



## Peer Support Workers need understanding of:

- Recovery and Peer Support
- Active listening
- Recovery Planning
- Problem solving
- Focus on strengths
- Letting another person lead
- Sharing lived experience and disclosure

# Working Together with Organisations

- Consultancy and team preparation as well as training delivery
- Explore narratives and relationships

## Concerns from Staff

- Peer Support Workers take the nice bits of the work
- They can go off sick – they're not reliable in a crisis
- I can't share confidential information with them
- They bring their criticisms of staff and services
- I've had mental health problems but I can't talk about it – I'm a peer too.



## What is a Peer?

A system of giving and receiving help founded on respect, shared responsibility and **mutual** agreement of what is helpful

(Mead et al, 2001)

A peer (in this context) is someone who is or was **receiving mental health services** and self identifies as such

(Solomon, 2001)

# What is a Peer?

*“There is no universally accepted definition of peer support but the term generally refers to mutual support provided by **people with similar life experiences** as they move through difficult life situations.”*

(Repper and Carter, September 2010)

## What is the Difference?

***“If you employ a professional with mental health problems you are still employing a professional..... my lived experience can be useful but it's not my core skill... and you still have a relationship where there is that power hierarchy”***

(Rachel Perkins, April 2012)



# What does this mean for Existing Staff?

- Delivered training to staff only group
- Living in both worlds – wearing two hats

# Professional Staff Cohort

***“I know that when I have talked in previous times to a couple of people at work about wanting to be ‘more open’ about my past I felt like I received a negative response and not an encouraging one. It was almost like ‘why would you want to do that?’ ‘That’s your past, you’ve moved on’.***

***I can understand some of their concerns. But I have this underlying belief that I went through what I did partly to be able to help others in a similar situation. That’s not to say it makes me any more of an ‘expert’ than someone who hasn’t ‘been there’, it’s that I come from a different perspective.”***

# What needs to be retained beyond nurse training?

- Personal well-being and resilience planning
- Recovery
- Strengths focus
- Narrative approaches
- Disclosure
- Values based practice and supervision



## Our 6 C's

**Choice**

**Commonality**

**Celebrating  
Strengths**

**Co-production**

**Collaboration**

**Connection**



# Conspiracy of Hope

***“It is our job to nurture our staff  
in their special vocations of  
hope.”***

*(Deegan, 1996)*





# Thank You

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