

WHAT IT MEANS TO BE A PEER WORKER ?

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Abstract

I live in Trondheim, Norway today. I was a patient when I first heard about the concept of user involvement in services. At that time (in 2007) patient/user involvement was quite unknown in Norway, compared with today. I was one of the first in Norway who went from being a patient to be a peer worker in an ACT- team that is an outpatient psychiatric team. The team's task has been to keep in touch with patients who have no benefit from other psychiatric services.

To me it has been important to share my experiences and help others in their recovery processes. I see dignity and independence for the users, as an absolute starting point, how important it is that people make sure about what their wishes are, and that they have to make their own decisions to experience their own recovery.

The period as a peer worker in the ACT-team, where we use a reflective method, has brought me into many essential circumstances, and given me possibility to reflect about what it means to be a peer worker. In this article, I want to explain this role from the inside and bring forward some of the main challenges and also describe a few relevant situations I have experienced that might help to understand the role.

Keywords: user involvement, peer worker, multidisciplinary team

Résumé

Je vis à Trondheim, en Norvège aujourd'hui. J'ai été patient lorsque j'ai entendu parler du concept d'implication des utilisateurs dans les services. À ce moment-là (en 2007), l'implication du patient / utilisateur était assez inconnue en Norvège par rapport à aujourd'hui. J'ai été l'un des premiers en Norvège à passer du statut de patient à celui de pair aidant au sein d'une équipe d'ACT en psychiatrie ambulatoire. L'équipe a eu pour tâche de rester en contact avec les patients qui ne bénéficient pas d'autres services psychiatriques.

Pour moi, il a été important de partager mes expériences et d'aider les autres dans leurs processus de récupération. Je considère la dignité et l'indépendance des utilisateurs comme un point de départ absolu, à quel point il est important que les gens s'assurent de leurs souhaits et qu'ils prennent leurs propres décisions pour vivre leur propre rétablissement.

La période en tant que pair-pair dans l'équipe ACT, où nous utilisons une méthode réflexive, m'a amené dans de nombreuses circonstances essentielles, et m'a donné la possibilité de réfléchir à ce que cela signifie d'être un pair-travailleur. Dans cet article, je veux expliquer ce rôle de l'intérieur et présenter quelques-uns des principaux défis et

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décrire quelques situations pertinentes que j'ai vécues et qui pourraient aider à comprendre le rôle.

Mots-clés: participation des utilisateurs, pairs-aidants, équipe multidisciplinaire

Rezumat

Locuiesc astăzi în Trondheim, Norvegia. Eram pacient când am auzit pentru prima dată despre conceptul de implicare a utilizatorilor în servicii. În acel moment (în 2007), implicarea pacienților / utilizatorilor era destul de necunoscută în Norvegia, comparativ cu ziua de astăzi. Am fost unul dintre primii din Norvegia care au plecat de la a fi un pacient pentru a fi un coleg de echipă într-o echipă ACT care este o echipă de psihiatrie în ambulatoriu. Sarcina echipei a fost să păstreze legătura cu pacienții care nu beneficiază de alte servicii psihiatrice.

Pentru mine a fost important să împărtășim experiențele mele și să ajut pe alții în procesele lor de recuperare. Văd demnitatea și independența pentru utilizatori, ca un punct de plecare absolut, cât de important este ca oamenii să se asigure ca le sunt îndeplinite dorințele și că trebuie să ia propriile decizii pentru a-și experimenta recuperarea.

Perioada în care lucrăm în echipă ACT, unde folosim o metodă reflectivă, ne-a adus în multe circumstanțe esențiale și mi-a oferit posibilitatea de a reflecta asupra a ceea ce înseamnă a fi un lucrător de la egal la egal / peer worker. În acest articol, vreau să explic acest rol din interior și să prezint câteva din principalele provocări și să descriu, de asemenea, câteva situații relevante pe care le-am experimentat, care ar putea ajuta în înțelegerea rolului.

Cuvinte cheie: implicarea utilizatorului, coleg de echipă, echipa multidisciplinară

What has been the most positive of being peer worker ?

Being able to bring experiences into a new arena. In the ACT team the experiences are conveyed every day through daily conversations together with one another and in the exercise of the services, previously this has gone through many levels. By participating in ACT-Teams with direct work with patients one can make influence there and then. One does not need abstraction in order to make it valid and there is no need to generalize.

What have been the biggest challenges of being a peer worker ?

To discover how little acceptance it is in the system and also among user organizations. They do not understand the usefulness of this work.

There is a lot of skepticism about what we can do, what role we can fill, skepticism about whether patients can contribute the auxiliary device, skepticism of user organizations to competing businesses. The new arenas are not appreciated and it is not time enough among the user organizations to take care of it.

User representatives in the organizations have been skeptical, but KBT has not had enough capacity. The service side also has been skeptical. There are some professional struggles and the organizations also have rights. Getting in as “unskilled” has been problematic. Both senior executives and clinic leaders were influenced by traditional thinking, with regard to who should be hired. It may have been partial disclaimer that made it stop.

How have you been met by the others in the team ?

There were more people who need to be followed up than the team can take care of. There is a capacity problem in the team and one had to stretch the limits.

I have felt like a healthcare professional from day one. We were a team before we got patients and had some initial interaction before we found a way to work together.

The feedback we got, ask for a better system. One has to be demanding and claim one’s right.

How have you been met by those you should help ?

They discover that you are not educated, but experience that you can understand the user’s conception. Have experiences that they can associate with.

Many of them ask: “When can I start working like you”?

You see that you are not part of the auxiliary device, but can help them. This has to do with roles.

They see that you work differently.

How do you think you have used your own experiences ?

I feel that I have used all the experiences I have in relevant situations.

It is natural to participate in the settings that appear in daily meeting with patients.

It seems that the will to listen to patients has improved over the years.

The reflective team model is important. The model breaks with what was done previously. This is a strict role with emphasis on listening and comments on this. One knows that there are many who say the same.

It’s important to listen to what’s happening or happened. Finally, it is the ones who have been offered the offer to refer and speak and ask whether the

services are willing to give up power. You take it in rounds so everyone gets the opportunity to talk.

Are there any situations you've experienced that you want to draw as particularly important ?

The situation at IKEA, where users were given the opportunity to help others, participate in society. They got the opportunity to feel that other people needed help. And a situation at Pirbadet, where they were safe enough to take the initiative to help others. I will also mention conversations at the morning meetings, that opens to talk about issues related to a patients, it often shows that the least educated persons are most important in relation to what have been advisable.

Professionally speaking, one would not have come to terms or been taken into consideration without the fact that peer support existed.

What do you think you have learned from this job ?

That the one who was my therapist, who is responsible, would not give it up on failing grounds and for convenience. Usually, you do not have time to talk to patients. I have learned about the pressure psychiatrists and personnel experience in terms of workload. I'm seeing that the psychiatrist works under another setting.

Interestingly, many say that it is now when you retire that you should be able to have patients. Things are not necessarily the way they seemed to be when I was a patient. I have changed attitudes to things. The auxiliary device does not have the prerequisites for helping people; they are out of step with the social conception.

There are other roles and rules of conduct that prevent one from meeting with fellow human beings.

What advice would you give to others who would like to enter such a job ?

They should have broad experience from other patients. It is important to have good understanding of your own and others boundaries'. They should have an opinion on things they can and they understands that others can also things, and not necessarily the same as themselves. It is important to try and maintain contact with the venues where you have gained access to the experiences of others. It's important to hear something to talk. Listening is central both in relation to other patients and in relation to employees.

Is there anything else you would like to draw attention to ?

User involvement is the best thing that has happened in psychiatry. It is politicians who have been in patient roles and experienced unfortunate aspects of the services. Patients do not become people anymore, but become a kind of role as a patient. Degradation in three phases. It's tragic that the pharmaceutical industry is more involved in defining what's sick so they can earn money on it, ie they make diagnoses that you can sell medicine to. They have the power and access to forums that are essential. Definition Authority. Drugs and psychiatry; It's getting better, but it's still the case that people with substance abuse problems have difficulty interacting with people. They often do not get help, but are rejected at drug institutions. Very many have double challenges. In this case, there is an aid device that has taken an attitude towards what is the substance abuse problem.

They do not care to listen to what the individual is struggling with. Helpers do not have the time to meet people or talk to them. They say they know how the problems occurred, one meets people who do not have time to talk and who think they know why it was like that.

It should not be that it becomes so interesting to talk about people who have challenges, but that one stop talking with them who have, for example, psychosis. This also applies in addition to substance abuse and psychiatry.

References

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