

Community Mental Health Good Practice Guide:

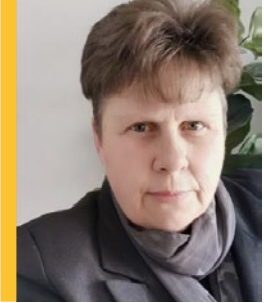
Peer Support



CBM Global Disability Inclusion

www.cbm-global.org Dr.-Werner-Freyberg-Str. 769514 Laudenbach, Germany

Foreword



The largescale objective of lived experience involvement, not only in mental health service delivery as peer support workers, is to be catalysts for change towards sustainable development and social

justice, to create communities where people with lived experience with mental health conditions and/or psychosocial disabilities are able not only to survive but rather thrive.

Globally, there has been a growing recognition of the importance of the role of persons with lived experience in mental health; with academics, clinicians, researchers, and mental health organisations who place an emphasis on changing the status quo through peer support work to improve access and quality mental health care and services.

Persons with lived experience with mental health conditions and/or psychosocial disabilities have unique expertise and in-depth knowledge of navigating health and mental health systems, first-hand experience of segregation and discrimination, and of effective and practical strategies that promote recovery. In principle, the common experiences shared amongst peers place them with an advantage

of being in a better position to truly have empathy for a fellow peer and have understanding of their needs and vulnerabilities. Support provided and received between peers creates a safe space for meaningful conversations to take place, that focus on peer relationships and the development of trust amongst peers.

Peer support services promote connectedness, inspire hope, offers a level of acceptance, understanding and validation, that are not found in other professional services. Above and beyond the benefits of peer support work at an individual level, evidence has indicated a much broader impact, and include: reduced relapse rate, reduced hospital admissions and related costs, reduced coercive practices and promotion of human rights, empowerment of persons with lived experience, and the potential to help fill the human resources gap. Peer support as a complimentary service that is integrated into a comprehensive mental health services package, is cost-effective and yields long-term results.

This Peer Support booklet is an excellent resource on what peer support work entails, featuring practical examples of how peer support can be delivered, and testimonies from peers on the value of peer support services.

A handwritten signature in black ink, consisting of a stylized 'C' followed by a series of loops and a final flourish.

Ms Charlene Sunkel

Founder/ CEO

Global Mental Health Peer Network

Table of Contents

Introduction	4
CBM's Community Mental Health Plan & Peer Support	5
Peer Support	6
What is a 'peer'?	6
What is 'support'?	6
What does peer support look like?	8
Individual Peer Support	8
Peer Support Groups	9
Box 1: What is the Difference between Peer Support Groups, Self-Help Groups and OPDs?	10
Box 2: Remote Peer Support	11
Peer Support in Low and Middle Income Countries	12
Case Study: Lillian, Malawi	13
Box 3: Mental Health & the Broader Development Agenda	14
Top Tips: Growing Peer Support from the Ground Up	15
Soil: Preparing the environment	15
Roots: The foundation	16
Trunk: Establishing strength	16
Branches: Activities	17
Fruit: Benefits	17
Box 4: Recovery	19
Box 5: The Global Mental Health Peer Network	19
Box 6: Moving Forward with Peer Support	20
Acknowledgements	21
References	23

Introduction

CBM Global wants to see a world where people with mental health conditions and/or psychosocial disabilities:

- Participate meaningfully and authentically in their communities
- Have a good quality of life and wellbeing
- Have access to dignified quality care and supports to address individual needs

Peer support can help achieve these aims.

“Peer support is essential to every part of our lives whether at home, in community or in the workplace. We need to feel valued, to feel equal and loved, and to support each other and learn mutually by exercising our inner strengths and cultivating relationship.”

Matthew Jackman
GMHPN Western Pacific Regional Committee

The purpose of this document is to:

- Document and share CBM and partners’ learning about peer support
- Draw upon recognized good practice and evidence from around the world
- Share the perspectives of people with mental health conditions and/or psychosocial disabilities

Photo by CBM
Ghana



CBM's Community Mental Health Plan & Peer Support

In 2019 CBM launched a Community Mental Health (CMH) Plan. The purpose of the CMH Plan was to bring focus and scale to the work that CBM does in order to have a greater impact on this area, both for people with mental health conditions and/or psychosocial disabilities, as well as the wider communities where we focus our work, and people with other disabilities, who are often at increased risk of mental health problems.

The CMH Plan has 4 key priorities:



The first priority in CBM's CMH Plan is **to strengthen the voices of people with mental health conditions and/or psychosocial disabilities**, which CBM see as the central foundation on which all of our CMH work is built. One key means of achieving this is to strengthen peer support work in the countries where CBM works by:

- Training and supporting peer supporters
- Supporting the creation and sustainability of peer support groups and services
- Providing evidence for incorporating peer support services into health systems to decision makers and funders

Peer Support

“A system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful”

Mead¹

What is ‘a peer’?

Peers are people who:

- Have lived with mental health conditions and/or psychosocial disabilities and might share similar experiences
- Want to help others who have also experienced challenges with their mental health bring about personal change²

What is ‘support’?

Support can be a combination of...^{2,3}

- Social: Spending time with other people & companionship
- Emotional: Sharing feelings with others, empathy
- Practical: Learning how to cope with mental health conditions and/or psychosocial disabilities while accessing and navigating health, employment, and other systems to access human rights on an equal basis with others

When PEERS offer each other SUPPORT, feelings of isolation and rejection can be replaced with hope, a sense of agency and belief in personal control.⁴ What makes peer support unique is that individuals draw from their own experiences to inspire, model, support and inform others in similar situations, facilitating individual decision making and autonomy.⁵

“No pretention, no fake smiles – just honesty and support. It’s the most freeing experience I have ever had...”⁶

In this document, we refer to individuals offering peer support as ‘peer supporters.’ Peer supporters might assist others in a range of contexts: through informal or formal peer support, or a combination of the two.



Photo by CBM/Eshuchi
Malawi

Informal Peer Support

Naturally occurring

- Two or more peers with a similar lived experience come together to encourage and support each other

- In this context **peer supporters** are individuals in an informal, independent role

A combination of
informal & formal
peer support

Formal Peer Support^{3,7}

Intentional/planned

- Government or non-government organizations train and recruit peers to support each other

- In this context, **peer supporters** are sometimes called peer support workers (PSWs), are paid or volunteers, and connected with mental health or social services or other organizations

"I am working as a PSW... My personal benefit is immense satisfaction and more ideas to cope with my situation. And over all benefits are that everybody connected with the group is confident and feels he or she is not the only person who is having mental illness. Peer support fills the gap... and acts as a bridge between service user and medical professional."

PSW, India⁸

What does peer support look like?

Individual Peer Support³

“...it is easy to win their confidence when I say I am just like you and I also take treatment...here we see what is actually troubling the person like family, health, job etc. and if there could be any solution.”

PSW, India⁸



- Individual peer support is one-to-one support provided by a peer supporter who has personal experience of issues and challenges similar to those of another peer who would like to benefit from this experience and support.
- The aim is to support people on the issues they consider important for their recovery in a way that is free from assumptions and judgement. In doing so, the peer supporter becomes an empathetic listener, coach, advocate and partner.



Peer Support Groups⁹

“I attend because the group is very helpful. There are a lot of benefits. The committee is very supportive. Through such a group we are able to learn and understand a lot about ourselves.”

Peer support group member, Malawi¹⁰

“Moreover, [the group] proved supportive to ventilate my feelings in a confidential and empathetic environment.”

Peer support group member, Nepal¹¹



- Peer support groups bring together people who have similar concerns so they can explore solutions to overcome shared challenges and feel supported by others who have had similar experiences and who may better understand each other's situation.
- Groups are run by members for members so the priorities are directly based on their needs and preferences.
- In the context of a peer support group, a peer supporter might act as a facilitator or have a leadership role, however when the group meets to support each other, all members should be equal.
- Peer support groups are different from self-help groups and organisations of persons with disabilities, while they might share common features (See Box 1).

When groups or individuals are unable to meet in person, members might choose to use technology to meet remotely (See Box 2).



Photo by CBM
Sierra Leone

Box 1

What is the Difference between Peer Support Groups, Self-Help Groups and OPDs?

There can be extensive overlap between peer support groups, self-help groups (SHGs), and Organisations of Persons with Disabilities (OPDs). The terms are often used synonymously...but are they really the same thing?

Peer Support Group: A group of individuals with the lived experience of mental health conditions and/or psychosocial disabilities come together to support each other.

Self-Help Group (SHG): A group of individuals impacted by mental health conditions and/or psychosocial disabilities (including service users, family members and caregivers) with a broad purpose: for example; advocacy, economic empowerment.

Organisation of Persons with Disabilities (OPD): People living with disabilities who have united in organizations as advocates for their own rights to influence decision-makers in governments and all sectors of society.¹²

Despite these segregated definitions, there can be overlap between the different functions of a group. A self-help group may also have peer support components, while an OPD might have self-help functions. A group might even have components of all three. What is most important is that the members themselves are clear on what they want to accomplish and work together to reach these goals.



Photo by CBM
Nepal

Box 2

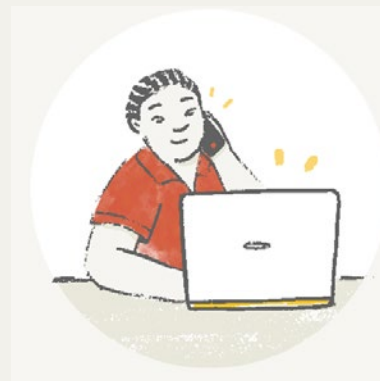
Remote Peer Support

It is not always possible for people to attend groups or meet up with other individuals in person. There are many reasons why:

- The location of the group is difficult to access
- Some people prefer not to meet in person
- Infectious disease outbreaks

In such situations, remote peer support might be considered using:⁹

- Telephone discussions
- Video calls
- Online Forums
- Websites
- Social Media



Examples of remote peer support:

- KOSHISH is a self-help organization in Nepal. During the COVID-19 pandemic, self-help group members saw the need to continue to provide each other with peer support. Group members continued to support each other using Facebook Messenger and SMS.
- Peer support groups run by local NGOs in Malawi (Mental Health Users and Carers Association (MeHUCA)) and Zimbabwe (the Regional Psychosocial Support Initiative (REPSSI)) have developed a buddy system to continue peer support during the COVID-19 pandemic. Peers have been placed in pairs and regularly check-in with each other using phones or in person (while maintaining physical distancing).
- The Global Mental Health Peer Network (GMHPN) responded to the COVID-19 pandemic by hosting virtual support groups via an online platform (Zoom). These peer support groups were specifically for individuals living with mental health conditions and/or psychosocial disabilities who were impacted by COVID-19.

Peer Support in Low and Middle Income Countries

People with mental health conditions and/or psychosocial disabilities are faced by many challenges and barriers, some of which are more extreme in low and middle income countries (LMIC):

- Exclusion, discrimination and stigmatization
- Feelings of hopelessness and sadness
- Challenges with interpersonal relationships
- Poor access to human rights
- Lack of access to care & treatment, including medication

Peer support fulfils a need in LMIC because:

- It is an affordable intervention, even in resource-poor settings with few services
- It promotes mental health as a complement to mental health services where needed
- It promotes empowerment and inclusion of persons with disabilities
- It promotes access to human rights
- It supports mental health within the broader development agenda (See Box 3)



Photo by CBM/Eshuchi
Malawi

Case Study

Lillian, Malawi¹⁰

- Lillian first experienced poor mental health in 2011. She had strong feelings of paranoia, and was afraid to leave her home because she was afraid that if she stepped out of the house she would disappear. She feared someone would come and abduct her and no one would know what had happened to her.
- Eventually Lillian met with a trusted friend who encouraged her to seek help at the District Hospital in Nkhotakota.
- In 2018, MeHUCA established a peer support group in Nkhotakota and Lillian was one of the first users of mental health services to sign up as a member and currently serves as the chair of the group. Since joining the group she has been part of training, focusing on peer support principles, mental health treatment and management and human rights and litigation. According to Lillian being part of the group has empowered her with knowledge that she can apply to herself and in supporting others. She can advocate for her rights and those of the people she supports.
- She has gained the self-esteem and confidence to speak at community gatherings or community mental health awareness campaigns. She feels valued by her community as she has been included in different committees that promote the wellbeing of community members. And most importantly for her she feels worthy: *"I am a person worthy of respect. I can feel it in my heart! I never felt that before!"*



Photo by CBM UK
Malawi

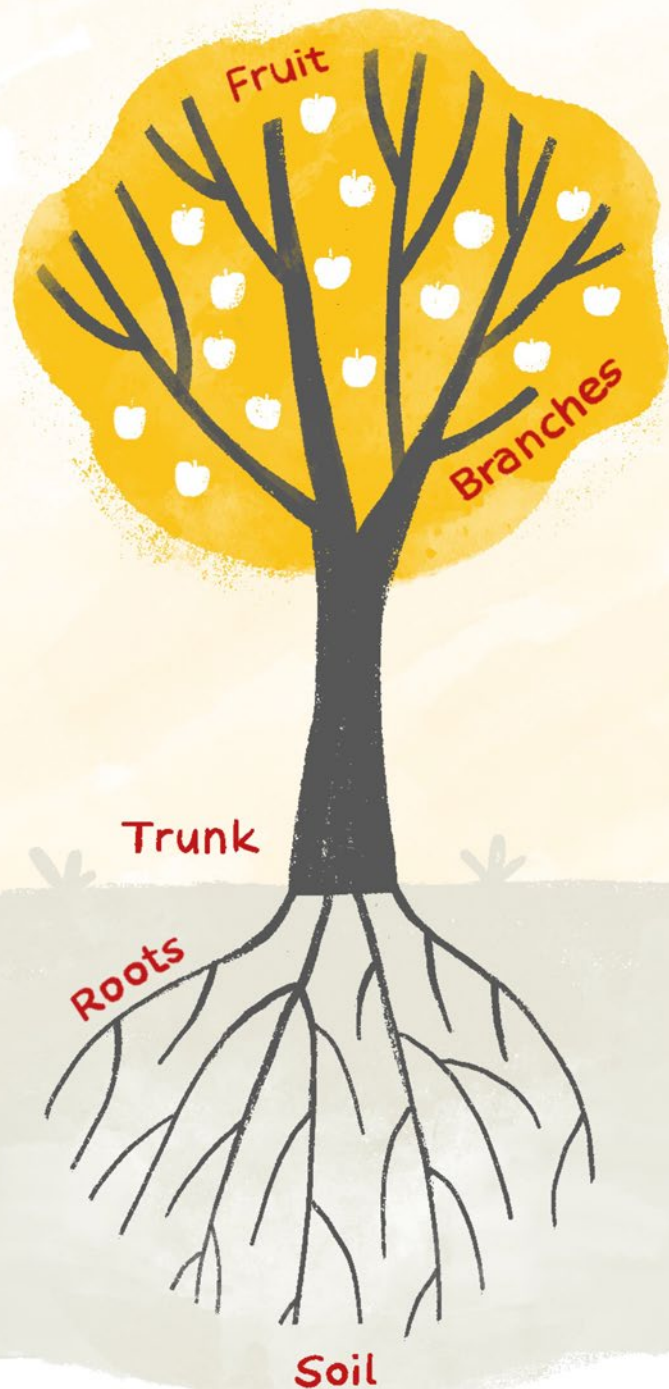
Box 3

Mental Health & the Broader Development Agenda

Mental health is core to overall wellbeing and quality of life. Mental health and wellbeing are also increasingly recognised as essential contributors to successfully achieving wider social and economic global development goals. There is now growing attention given to mental health in the global development sector:

- **WHO Mental Health Action Plan 2013-2030:** The Action Plan was adopted by WHO Member States in 2013 and highlights the need to promote the empowerment of persons with mental disorders and psychosocial disabilities. The goal of the plan includes promoting mental well-being and human rights while enhancing recovery and reducing disability for persons with mental conditions.
- **UN Convention on the Rights of Persons with Disabilities (CRPD):** Psychosocial disabilities are recognised as an essential component of disability inclusive development, and in many countries stronger organisations of people with psychosocial disabilities are growing, where they previously did not exist. The CRPD provides a basis for people with psychosocial disabilities to challenge their exclusion, and hold governments accountable to commitments regarding their rights.
- **Sustainable Development Goals (SDGs):** The 2030 Agenda for Sustainable Development¹³ calls for a reduction by one third of premature mortality from non-communicable diseases through prevention and treatment and promotion of mental health (SDG 3.4); and to “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol” (SDG 3.5).
- **WHO QualityRights Initiative:** QualityRights is WHO’s global initiative to improve quality of care provided by mental health services and promote the human rights of people with psychosocial, intellectual and cognitive disabilities. The initiative includes training and assessment tools as well as guidance for improving and transforming mental health services.
- **UN Policy Brief:** COVID-19 and the Need for Action on Mental Health: This UN policy brief highlights that without action, the COVID-19 pandemic has the potential to lead to a global mental health crisis. In order to thrive, populations need to experience and maintain mental wellbeing. As such, mental health and psychosocial support must be central to every country’s COVID-19 responses and recovery plans.

Top Tips: Growing Peer Support from the Ground Up



SOIL: PREPARING THE ENVIRONMENT

- Whether peer support is going to take place within an informal or formal context, everyone involved benefits from increasing their knowledge and understanding of peer support and the rights of people with mental health conditions and/or psychosocial disabilities
- Facilitate meetings to address and build capacity on topics that include:^{5,14,15}
 - Roles of peer supporters.
 - Peer support activities and benefits.

- Common myths and misconceptions about peer support.
- Recovery-oriented care and choice in care.
- Rights of individuals with mental health conditions and/or psychosocial disabilities.
- Effective communication skills.
- Alternatives to seclusion and restraints.
- Community awareness regarding the value of peer support can help to gain the support of family and community members in community settings.
- In formal contexts, for example health care settings, peer support is most successful in settings where staff and peer supporters work together to promote recovery (See Box 4).
- The roles of peer supporters should be made clear to the community involved.
- Introduce peer supporters to wider networks (e.g. GMHPN) so that they may learn from others' successes (See Box 5).



ROOTS: THE FOUNDATION

- Evidence has shown that peer supporters who are properly selected, trained and supported can improve the quality of mental health services⁴.
- Peer supporters must be trained to use and share their experiences. It is unsafe and unethical to ask or require people to use their own experiences in a formal way without being trained and supported.
- A support and supervision system for peer supporters will promote the sustainability of peer support activities while encouraging wellbeing of peer supporters.¹⁶



TRUNK: ESTABLISHING STRENGTH

Peer support is strongest when the following principles are maintained:^{1,4,17}

- A system of giving and receiving help.
- Respect, shared responsibilities and an agreement of what is helpful.
- The belief that a person who has experienced mental health conditions and/or psychosocial disabilities can help and support others, and that their experience is of value to others.
- Mutual empowerment, encouragement and hope.
- Interpersonal relationships based on mutual understanding and experience.



BRANCHES: ACTIVITIES

Individual Peer Support ^{3,4,18}

- Support is most helpful when both individuals have things in common beyond their mental health conditions and/or psychosocial disabilities. For example: gender, cultural background, religion, age, and personal values.
- Ideally, people who have experienced exclusion and marginalisation should have support from someone who has faced similar experiences.
- One-to-one support should feel safe and not prescriptive or burdensome.
- Relationships have been shown to be more supportive if both individuals are willing to provide and receive support.

Group Peer Support

- Groups need to have ownership over their meetings and activities. While a health care facility or NGO might help with the initial establishment of the groups, the group needs to take on the ownership in order to be sustainable and maximize its benefits. The group themselves need to name their group, identify what their primary activities will be and how to organize their group and meetings.
- Peer support group members should identify leaders within their own group, providing a governance system that members feel committed to. Some groups prefer to have a 1-2 chairpersons, while other groups identify a leadership team that includes a chair, vice-chair, secretary and treasurer.
- Find a location and time that is accessible for group members, making considerations for physical, social and cultural accessibility, as this will increase the probability of attending meetings. For example, daytime may not be suitable for waged workers. As well, consider if both women and men feel comfortable in the venue.



FRUIT: BENEFITS ^{4,19,20}

The evidence (so far mainly from high income countries) shows that if peer supporters are well trained and supported in a recovery focused setting, peer support is beneficial to individuals being supported, as well as the peer supporters themselves and the organizations or systems to which they are connected.

INDIVIDUALS BEING SUPPORTED



Self-esteem and confidence
Empowerment
Access to employment and education
Skills: problem solving, self-management

Community involvement and healthy relationships
Quality of life
Hope
Wellbeing
Sense of acceptance & real empathy



Sense of stigma and self-stigma
Isolation and loneliness
Symptoms

Risk of relapse
Hospitalisations and length of admission
Alcohol use

PEER SUPPORTERS



Empowerment
Confidence and self-esteem
Sense of identity
Skills

Sense of value
Self-efficacy
Quality of life



Sense of stigma and self-stigma
Symptoms

ORGANIZATION/HEALTH SYSTEM^{4,7, 16,21}



Understanding of people with mental health conditions and/or psychosocial disabilities
Engagement of hard to reach groups

Facilitation of choice within mental health system
Cost-effectiveness
Focus on recovery



Workload of mental health professionals
Use of health care services

Box 4

Recovery

Recovery is about how to live well in the context of mental health difficulties and adversity.³ The meaning of recovery is fluid and is different for each person as it depends on what they think is important. For many people recovery is about:

- Regaining control of their identity and life
- Having hope for their life
- Living a life that has meaning (whether that be through work, relationships, community engagement or some or all of these)

For some, mental health recovery means living without symptoms while for others it means experiencing wellbeing while living with symptoms.

The concept of recovery emphasizes 'handing over' power to people living with mental health conditions and/or psychosocial disabilities, who are experts by experience.

“Recovery is a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness. Recovery from mental illness involves much more than recovery from the illness itself.”²²

Box 5

The Global Mental Health Peer Network

The Global Mental Health Peer Network (GMHPN) is a global lived experience organisation established to focus on the development of global lived experience leadership and the creation of a communication platform where the lived experience community can share their views, opinions, perceptions and experiences. The GMHPN promotes the inclusion and authentic involvement of people with lived experience in all spaces of society, and that places them at the centre of policy and practice.

To learn more or to get involved with GMHPN: www.gmhpn.org

Box 6

Moving Forward with Peer Support

The following will support the scale-up of peer support initiatives in LMICs:

- **Research:** The majority of peer support research has taken place in high income countries. Growing the body of quality peer support evidence from LMICs is essential.
- **QualityRights:** All peer support activities should take an approach that promotes human rights and access to quality mental health care (Box 3).
- **Central to Community Mental Health (CMH) Work:** All community-based models of mental health should be implemented with peer supporters as a core component.
- **Full and Meaningful Participation of People with Lived Experience:** People with lived experience should fully participate in the design, development, implementation and evaluation of all CMH interventions.
- **Emphasis on Lived Experience in Advocacy:** CMH practitioners and organisations must ensure that advocacy is carried out with and by people with disabilities – ‘nothing about us without us’. The GMHPN (Box 5) and local, regional or international OPDs can offer leadership and support in this area.

Acknowledgements

We are grateful for the many local partners who have worked in CBM-supported programmes and collaborated with CBM to bring about lasting change. We would like to thank the following partners for their commitment to the implementation of peer support activities and for sharing their learning in this document:

- Matrika Devkota, KOSHISH
- Matthew Jackman, GMHPN
- Immaculata Maluza, MeHUCA
- Thandiwe Mkandawire, MeHUCA
- Sanjay Raj Neupane, KOSHISH
- Grace Ryan, London School of Hygiene and Tropical Medicine
- Charlene Sunkel, GMHPN

We would also like to thank the following members of GMHPN who shared their experiences during the drafting of this document: Sanjay Agarwal, Anim Aweh, Marie Banga, Esenam Drah, Angelica Mkorongo, Paidia Mudzamba, Leila Sasman.

This Guide was written by Heather Pearson (Global Mental Health Consultant). Ben Adams (CBM Global), Dr Julian Eaton (CBM Global), and Martyn Illingworth (Global Mental Health Consultant) supported the writing of this document.

For further information on CBM's Community Mental Health work:

CBM Global

hello@cbm-global.org

www.cbm-global.org

For further information about peer support:

www.GMPHN.org



CBM Global Disability Inclusion

CBM Global Disability Inclusion works alongside people with disabilities in the world's poorest places to transform lives and build inclusive communities where everyone can enjoy their human rights and achieve their full potential.

Community Mental Health Thematic Area in CBM Global

Mental health conditions are a major cause of disability and ill-health worldwide. Those living in poverty are at greatest risk and least likely to access treatment or support. Many people experiencing mental health conditions and/or psychosocial disabilities face stigma, discrimination, even abuse. With decades of experience in the field of global mental health, CBM Global recognises the central role of mental health in wellbeing and works to promote good mental health, challenge the exclusion of people with psychosocial disabilities, and strengthen mental health systems, so that mental health needs are recognised and addressed.

This is one of a number of guides that CBM Global will be producing to showcase our work in community mental health.

References

1. Mead, S. Defining peer support. 2003. Retrieved from: <https://www.intentionalpeersupport.org/articles/?v=b8a74b2fbcbb>. Accessed: 3 August, 2020.
2. Solomon, P. Peer support/peer provided services underlying processes, benefits and critical ingredients. *Psychiatric Rehabilitation Journal*. 2004. 27(4): 392–401.
3. World Health Organization (WHO). One-to-one peer support by and for people with lived experience. *WHO QualityRights guidance module*. WHO: Geneva, 2019.
4. Repper, J., Aldridge, B., Gilfoyle, S., Gillard, S., Perkins, R., & Rennison, J. *Peer support workers: Theory and practice*. Centre for Mental Health: London, 2013.
5. Repper, J., & Carter, T. Using personal experience to support others with similar difficulties. *A Review of the Literature on Peer Support in Mental Health Services Together for Mental Wellbeing*. The University of Nottingham, 2010. 1-24.
6. Shabina, S., Ritambhara, M. & Ajay, C. Humanizing mental health care- Experiences of Peer Support in two different settings in Gujarat after WHO Quality Rights Project. *International Journal of Medical Science and Current Research*. 2019. 2(5): 71-80.
7. Pathare, S., Kalha, J. & Krishnamoorthy, S. Peer support for mental illness in India: an underutilised resource. *Epidemiology and psychiatric sciences*. 2018. 27(5):415-419.
8. Agarwal, S.. Email exchange. 9 July, 2020.
9. WHO. Peer support groups by and for people with lived experience. *WHO QualityRights guidance module*. WHO: Geneva, 2019.
10. MEHUCA. Personal communication, 11 June, 2020.
11. Koshish. Personal communication, 22 June, 2020.
12. WHO, UNESCO, International Labour Organization & International Disability Development Consortium. *Community-based rehabilitation: CBR guidelines*. WHO: Geneva, 2010.
13. United Nations .Transforming our World: the 2030 Agenda for Sustainable Development. No date. Retrieved from: <https://sustainabledevelopment.un.org/post2015/transformingourworld>. Accessed 3 August, 2020.
14. Pathare, S., Funk, M., Drew Bold, N. et al. Systematic evaluation of the QualityRights programme in public mental health facilities in Gujarat, India [published online ahead of print, 2019 Jun 20]. *British Journal of Psychiatry*. 2019. 1-8.

15. Repper, J., Aldridge, B., Gilfoyle, S., Gillard, S., Perkins, R. & Rennison, J. Peer support workers: a practical guide to implementation. *Implementing Recovery through Organizational Change Briefing Paper*, 7. 2013.
16. Mental Health Foundation. Peer support in long term conditions: the basics. November, 2013.
17. Faulkner, A., Sadd, J., Hughes, A., Thompson, S., Nettle, Ma., Wallcraft, J., Collar, J., de la Haye, S. & McKinley, S. Mental health peer support in England: Piecing together the jigsaw. September, 2013.
18. Faulkner, A. & Kalathil, K. (2012) *The freedom to be, the chance to dream: Preserving user-led peer support in mental health*. Together: London, 2012.
19. Rinaldi, M. Peer Support Specialists within Mental Health Services, A brief review, Cambridge and Peterborough Foundation Trust, London, 2009.
20. Repper, J. & Carter, T. Review of the literature on peer support in mental health services. *Journal of Mental Health*. 2011. 20(4): 392–411.
21. Woodhouse, A., & Vincent, A. Mental health delivery plan. *Development of Peer Specialist Roles: A Literature Scoping Exercise*. Scottish Recovery Network: Glasgow, 2006.
22. Anthony, W. Recovery from mental illness: the guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*. 1993. 16(4): 11-23.