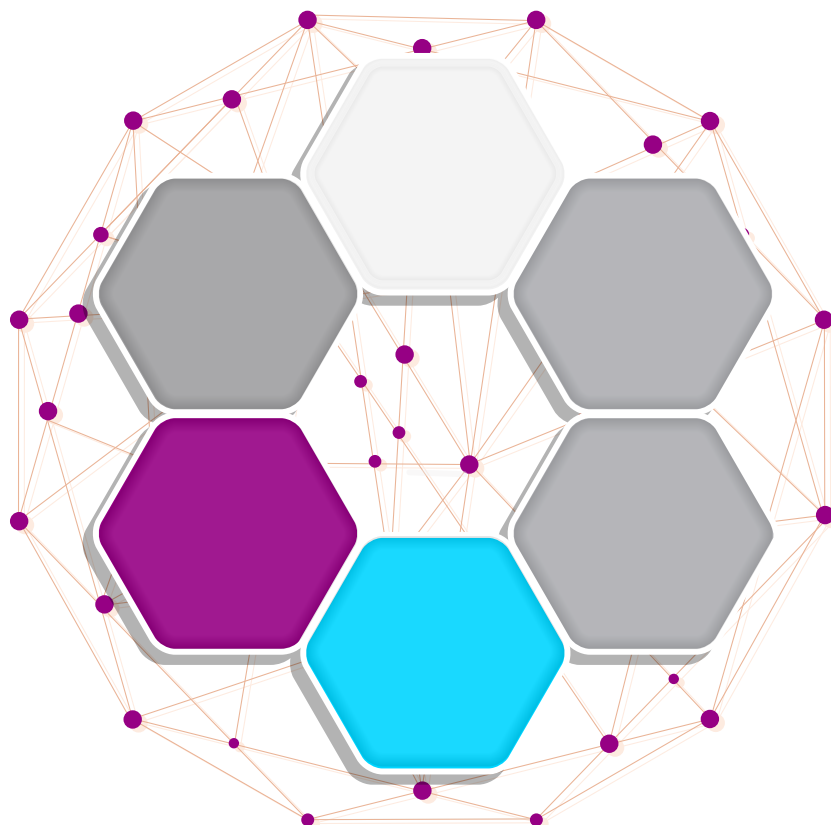




Toolkit for peer support in Mental Health



2022

In loving memory of Katja

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1. INTRODUCTION

This ebook was created by three mental health organizations from Iceland, The Netherlands and Estonia, in the project Peer Support+, a strategic partnership in adult education, funded by Erasmus+. Within the same project, we created an [e-learning course](#) on the fundamentals of peer support, dedicated to all who are interested in how to use their lived experience to enrich the life of other people who are struggling with their mental health.

This ebook is a self-standing educational work, meant to provide tools and an in-depth learning on some essential themes related to peer support, but it was thought of as complementary to a beginner's course on the same topic. Therefore, we strongly recommend the reader also to take a course in the basics of peer support, either from our e-learning platform, or from other sources.

We share the belief that most people who possess empathy and the willingness to support others, could do so spontaneously and without special training and that, in essence, they can stand for a form of peer support.

However, when peer support is offered as a regular service, either in an informal setting or an organizational one, we believe that training is necessary and very useful in strengthening communication skills, setting and respecting personal boundaries, and working with one's recovery story, all of which

would ensure a certain standard of quality and would reduce the risk of causing emotional harm.

The ebook is based on principles of the Recovery and Empowerment approaches in mental health, as well as trauma-informed care.

The recovery model is a holistic, person-centered approach to mental health care, based on the simple principles that it is possible to recover from a mental health condition and to lead a full, satisfying life and that the most lasting change happens when the person with mental health difficulties focusses on them. The process of recovery is highly personal and may take on many different forms. It may include clinical treatment, peer support, family support, self-care, and other approaches. The recovery model ensures that people facing mental health challenges are able to be directly involved in their own treatment.

In a mental health context, **empowerment** refers to the level of choice, influence and control that people with mental health challenges can exercise over their lives. An empowerment approach promotes the recognition and development of the person's strengths, resources and skills. Peer support is an empowering relation, for both parties involved, due to its principles of equality, hope, respect, its focus on the strengths of the peers and emphasizing the lived experience.

Trauma-informed care is an approach in the human service field that shifts from the medical question of "What's wrong with you?" to the question of "What's happened to you?". The approach assumes that an individual is likely to have a history of trauma, including adverse childhood experiences and that some behaviours and feelings of a person in mental health difficulties might be a reaction to the trauma. Whether an event is traumatic depends not only on the nature of the event itself, but also on how it negatively impacts our emotional, social, spiritual and physical wellbeing. We are all affected by traumatic events in different ways.

2. GLOSSARY

We share the belief that language can shape the way we experience reality. The words we use when talking about mental health matters can have a direct impact on the wellbeing of people, on their inclusion and the power they can exert in their lives. Depending on the connotations they carry and the ways they are used, words used about mental health can lead to the empowerment of people who struggle with their mental health, or on the contrary, can contribute to their stigmatization, and everything in between.

Therefore, in the Peer Support+ project, we promote a language that is accurate, respectful of people who experience mental health challenges, and takes into consideration the whole person, as well as the environment that they are in interaction with.

We hereby define some of the key words we will use in this ebook:

- * Mental health challenges
- * Peer support
- * Recovery
- * Empowerment
- * Expert by experience
- * Trauma
- * Crisis

MENTAL HEALTH CHALLENGE is our preferred term when referring to the experiences of high emotional distress. They are logical responses to what is happening, and what has happened, to us and around us. This is contrary to terms such as mental illness or mental disorders, which suggest that there is something wrong with the person.

PEER SUPPORT is a way of relating to someone through shared humanity and core commonalities, with the goal to offer and/or receive support. Peer support in the mental health field is offered by an individual who has a lived experience of trauma, psychiatric diagnosis and/or emotional distress, after doing some work with their experience and learning the core principles of peer support. In peer support the views and experiences of all the people involved are equally valued, there is no promoting a certain method or way of thinking. How much support a member of the peer group gives and receives depends on what feels right for them at that moment.

RECOVERY means being able to create and live a meaningful life, with or without mental health challenges. Recovery is about your whole life, not just your symptoms. It involves finding hope, developing self-confidence and resilience, having a sense of purpose and meaning in your life, building healthy relationships, gaining independence. A person's recovery is built on their strengths, talents, coping abilities, resources, and values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members. The process of recovery is highly personal and can happen in many ways. It may include clinical treatment, peer support, family support, self-care, and other approaches.

EMPOWERMENT has been defined as an intentional ongoing process centred in the local community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources; or a process by which people gain control over their lives, democratic participation in the life of their community, and a critical understanding of their environment (Perkins & Zimmerman, Empowerment Theory, Research and Application, 1995). In the mental health field, empowerment can also mean a belief in the possibility of recovery and that the person themselves can make decisions and changes that improve their wellbeing.

LIVED EXPERIENCE refers to knowledge that comes from having firsthand experience with an issue, in this case, mental health challenges.

AN EXPERT BY EXPERIENCE is a person who has lived experience on mental health and/or substance abuse challenges or other kinds of life crises. The term promotes the idea that experiential knowledge is just as powerful as professional knowledge. An expert by experience went through a process of reflection on their life experiences. They also have the skills to use this experience knowledge in different professional roles.

TRAUMA is the reaction to a difficult life event, not the event itself. Trauma can occur after objectively difficult situations, like big, life-threatening or complex events, or it can follow other situations that can be considered as traumatic or not, depending on the person (subjective traumatic situations).

The emotional and cognitive reaction of trauma is dependent on the social support systems of the person, on the capacity of their emotional resources and their temperament. Usually, the response is the same as the reaction to danger:

fight — flight — freeze.

The word is overused, and this can lead to trivializing the experience of people who have gone through actual trauma.

CRISIS is generally used to describe times of intense difficulty or danger. Crisis is something that happens unexpectedly and affects the control one has over their life. In mental health, it means that the demands of the situation exceed the coping resources the person has or is able to use. In a figurative sense, it could be understood as a wound that changes the continuity of life.

Because it is a word widely used, it can also be confusing. A lot of different situations can fall under the term “crisis”, so its exact meaning is determined by the person experiencing it. Nevertheless, the word can cause fear and when it’s attached to people who have a psychiatric diagnosis, it can lead to stigma, forced interventions, exclusion.

It is preferable to focus on the event(s) that created the ground on which the crisis occurred. In that way, we might say that someone “is going through a crisis” instead of “having a crisis”. That change of perspective is less scary, more relatable and lessens the stigma around mental health challenges.

3. RIGHTS

In this chapter we will talk about human rights. Not only the rights you should follow as a peer supporter but also the rights you have as a peer supporter and as a peer. We will talk about the importance of checking your local laws and we will look closer at the basic human rights we all have.

3.1 PEER SUPPORT IS VOLUNTARY

Here we talk about why it is important that peer support is voluntary.

There should be no coercion whatsoever within a peer support group or one to one contact. Every participation should be completely voluntary. We talked in e-learning about the ethics of peer support. The rights are closely related to those ethics. A basic human right is having the possibility of choice. With that in mind you can never force someone into a peer support situation.

For example the whole concept of the WRAP method is based on it being voluntary. It is proven it only works if you want to be there and it doesn't work if you are ordered to be there.

3.2 Local law

You should keep in mind that for different countries there are different laws. Therefore it is important that you as a peer supporter check your local laws.

You should check with your local government if what you are about to do is legal where you live. For example you should check if it is okay for you as a peer

supporter to touch a peer or check what your local laws say about situations concerning privacy. If you do this you prevent being fined or even being sued. The content we talked about in e-learning should fall well within the laws of most countries. This is because most countries signed The United Nations Convention on the Rights of Persons with Disabilities, or CRPD. This is the ground-breaking human rights treaty that promotes the paradigm shift from considering persons with disabilities as objects of charity or medical treatment, to fully recognizing them as subjects of rights. This paradigm shift is particularly significant for persons with intellectual, psychosocial and multiple disabilities, or for persons who need more intense support. Article 12 of the CRPD is key in promoting this shift, in that it recognizes that persons with disabilities can exercise full legal capacity. This is the core human right that establishes the foundation on which all the other rights can be exercised.

So make sure that you know your local laws as a peer supporter. You can provide better support if you know your rights and those of your peers.

3.3 Violated rights

Even though you have rights as an individual and as an organisation, they still can be violated in different ways. What do you do then? Well, if your (basic) rights are violated, the first thing you do is contact the person or organisation which did the violating and try to resolve it with them in a manner that is beneficial to both parties. Sometimes people don't even know they are violating your rights. So try to communicate what happened and what it did, or does to you. Some organisations have a complaints committee that you can contact. You can do it yourself but you have the right to have yourself and your rights represented by someone else, for example an attorney or a legal advisor.

If you can't resolve your issues, then you can take them to court. When this happens you should always be represented by an attorney. If the court fails you and you still feel your human rights (basic rights) are being, or were violated, then you can take your case to the European Court of Human Rights or to Fédération Internationale des Droits Humains (FIDH) if you aren't in Europe.

More information about (basic) human rights can be found here:

<https://www.un.org/en/about-us/universal-declaration-of-human-rights>

A testimonial as an example in which the importance of equality is highlighted is:

"I'm diagnosed with a mental illness and I have been having trouble with my neighbours for some time now. They are really loud and are causing lots of inconvenience to me. I tried talking to them and that didn't work, so I went to the city council to complain. I have the right to live in a safe environment. The city council doesn't believe me because of my diagnosis. They ignore me and when they don't ignore me they tell me I'm the one causing trouble, they don't believe my words because of my diagnosis. They say it's all in my head."

3.4 World Health Organization and basic human rights

Here we talk about the World Health Organization (WHO) and the plan they have to support changing laws concerning basic human rights.

There are still laws in some countries that do not promote basic human rights, especially when it concerns mental illness. You as a peer supporter can do something about this. The WHO has a plan which you can use to help change the laws in the country you live in. It is The WHO Comprehensive Mental Health Action Plan 2020–2030 and it provides inspiration and a framework to help countries prioritize and operationalize a person-centred, rights-based, recovery approach in mental health. By showcasing good practice mental health services from around the world, this guidance supports countries to develop and reform community-based services and responses from a human rights perspective, promoting key rights such as equality, non-discrimination, legal capacity, informed consent and community inclusion. It offers a roadmap towards ending institutionalization and involuntary hospitalization and treatment and provides specific action steps for building mental health services that respect every person's inherent dignity.

Adopting recovery and human rights approaches is essential. A recovery approach ensures that services place people themselves at the centre of care. It focuses on supporting people to define what recovery really is and what it means for them. This approach is about helping people to regain control of their identity and life, have hope for the future, and to live a life that has meaning for them, whether that be through work, relationships, community engagement, spirituality or some of these, or even all. This is what we try to achieve with good peer support

If you want or need to work with changing laws and insights in mental help as a peer supporter you can use the following document from the WHO:

Strategies to end seclusion and restraint. WHO Quality Rights Specialized training. Course guide. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/329605/9789241516754-eng.pdf>).

4. COMMUNICATION

Introduction

Communication is a very important part of being a peer supporter. This chapter gives more comprehensive advice about communication skills.

4.1 COMMUNICATING AS EQUALS

One of the key features of peer support, that also distinguishes it from other forms of mental health support, is equality.

One of the main assumptions underlying peer support is that none of the persons in a peer relationship is more of an expert than the other, that each person's experience, opinions, views are equally important and should be valued as the main guides in their own path to wellbeing.

Another assumption is that having power over one's own path to recovery is a fundamental right, not a privilege or an exception that they are being granted by someone.

These principles should be shown in the peer support relationship and in the communication. In peer support you are not taking responsibility for the other person, but you share that responsibility.

In this section we take a closer look at the way communication takes place as equals, in peer support relationships.

4.1.1 Being authentic and honest

When someone goes through a difficult time and seeks peer support, their experience is real and matching it with real, honest interactions is the value that peer supporters can bring.

Honesty means sharing feelings, opinions and experiences that are real. It doesn't mean sharing everything about yourself but making sure that what you do exhibit is the real thing. For example, being accurate about the impact of a certain event on you, instead of amplifying it to match the gravity of what the peer is sharing.

4.1.2 Self-disclosure

Any relationship implies sharing certain things about yourself, as it sets the ground for finding commonalities. In peer support, self-disclosure plays an important role in creating an equal connection and is the path to discovering the shared human experiences.

The nature and the amount of self-disclosure depend on the natural dynamic of the relationship and of respecting the personal [boundaries](#).

4.1.3 Shared power

One of the ways this reflects in communication is that the relationship is discussed and negotiated, as well as the supportive process itself. Both peers have a say in how the conversation is carried, the supporter asks questions, but the person who receives support can decide where the discussion should go, what are the relevant topics, how deeply they want to dive into them.

4.1.4 Support can be mutual

Being equals can also signify that we don't have to be stuck forever in the roles of giver and receiver of support. As life goes, we might be in the position to offer support to someone at a certain moment in time, and be in need of support at another moment. Especially when the connection is already established, it's a true gift to be able to use it both ways.

In communication, this can look like using separate meetings to focus on each of the peers, or switching the focus from one peer to another in the same meeting, and creating space to discuss each of their issues. In either case, the two peers should agree on this form of communication and the ways to make it as supportive as possible for both.

However, it's important to keep in mind that the reciprocity of peer support should not be mandatory and used as a condition for someone to receive support.

4.1.5 Awareness of the language

As mentioned in the Glossary section ([hyperlink](#)), the language we use in a mental health support context can foster empowerment or on the contrary, contribute to disempowerment of people. The language we use in the peer support conversation can have many effects, one of which is to sustain equality in the relationship.

Referring to the people we support as peers, instead of users, clients, or patients, even when we offer support in a formal setting, is enhancing equality. So is avoiding diagnosis labels when we refer to our peers. And also being aware of some subtleties of language, like saying "help you" or "do for you" and the effect they might have on the perception of the person as a passive receiver of help or service.

This is far from being an exhaustive list of guidelines about language use.

The rule of thumb should be, however, to try to be conscious of the words we use and of whether they support equality in the relationship or not.

4.1.6 Non-verbal communication

Just like the words we use, our non-verbal language can also contribute to the feeling of equality in a peer support conversation. As in the previous paragraph, awareness about how and what we express is what we should aim for.

To name just a few tips: try sitting on a chair that is equally high as the one of the peer, adopt an open body posture, avoid gestures and facial expressions that might appear as condescending, or dominating.

4.2 LANGUAGE MATTERS

Language is something special. We can feel empowered by words but also hurt or damaged. Sometimes the chosen words are the source of your happiness or sadness but most of the time it is also the context of the words or the person that speaks words that matters.

For example: When a good friend tells me I'm a bit fat and it is important for my health to lose weight. I will think: Okay, thank you for sharing. I will think about it. The same when a doctor gives me that message. But when somebody I don't know tells me to lose weight I will be angry and tell them to stick to their own business. Also the words that people use are important. If they just say: You are too fat, it is your own fault that you feel tired, I would be grieved. But if they say: Consider the option that you may feel so tired because of your weight, it is more likely for me to think about this option.

So language matters. You don't know which language people are sensible to. So you always have to be careful and open minded about the words you use. Keep in mind that for other people your normal words can be strange. Another

example: I grew up in a very polite family. For me it isn't normal to curse or use bad language. A lot of people I support aren't used to my civilized conversation. When I started as a peer supporter it created a gap between us. So one of my peers taught me to curse. Just to be more equal.

Key message of this paragraph is: ***Be aware who you talk to.*** Try to get an idea of the language they use. When people are hurt by the words you use (or the other way around) just apologize and tell them it wasn't on purpose and that you will try to keep this in mind and use other words.

4.3 NON-VIOLENT COMMUNICATION

Peer support is all about communication. We communicate constantly and all the time. Even when we do not intend to. We receive and give out information not only with words, but also by using our body and energy. Whenever our communication styles or intentions do not match with the other person, there is a clash. Sometimes we don't even understand why it is happening. Even less, though, do we know how to solve these situations.

4.3.1 What is nonviolent communication (NVC)

Nonviolent communication (NVC)¹ is a tool and practice that supports us to build and maintain trustful and respectful relationships and connections. It focuses on deep listening by yourself to the others needs and helps us discover our own compassion. It is a way of communication that increases empathy and is based on the idea that once there is empathy between the parties, it will be much easier to find a solution which satisfies all parties' fundamental needs. The goal is interpersonal

1 References are in chapter 11

harmony and obtaining knowledge for future connections. NVC helps us to learn to clarify what we are observing, what emotions we are feeling, and what values we want to live by. There is no need for blame, judgment, or dominance.

NVC is a process, rather than just a few steps in how to communicate. It is about the intention of what I want to hear and speak. Do I want to get others to do what I want, or do I wish to create a space for a meaningful relation and connection, in which the quality of experienced connection is more important than getting your own way.

4.3.2 How does NVC work?

There are 3 primary modes of application and 4 main components to keep in mind.

Modes

There are three main ways of use of NVC, all of which useful for peer supporters:

- * **Self-empathy:** connecting with what is going on inside you without blame. For example, noticing the thoughts and judgments we are having, our feelings, and connecting to the needs that are affecting us without assessing if it is a good or a bad thing.
- * **Receiving empathically:** it is crucial that we focus on the other person and what they are saying. We need to empty our mind and listen with our whole self. NVC suggests that in whatever way the other person expresses themselves, we focus on listening for the underlying observations, feelings, needs, requests, and on fully being with the other person. Tools like paraphrasing and mirroring help us to create empathy and understanding.
- * **Expressing honestly:** it is strongly suggested to express clearly and truthfully your observations, feelings, needs and requests. The components are working together synergistically. Using it like this minimizes the chances of people getting lost in speculations and insecurities about what you want from them and why.

4.3.3 NVC Components

- * **Observation:** what can you see, hear or touch during the conversation. Skip the need for any evaluation or assessment. It can create criticism and resentment when we combine observation with evaluation. Just communicate what you see and hear and avoid assumptions.
- * **Feelings:** These are emotions or reactions. We need to pay attention to distinguish them from thoughts (e.g., "I feel I didn't do enough") and from words used as feelings but which reflect what we think we are (e.g., "inadequate"), how we think others are evaluating us (e.g., "unimportant"), or what we think others are doing to us (e.g., "misunderstood", "ignored"). Identifying feelings allows us to connect with one another more easily. Allowing ourselves and others to be vulnerable by expressing our feelings will help to build meaningful connections and solve conflicts.
- * **Needs:** Everything we do is in service of our universal human needs. In interaction and communication with others we try to fulfill and maintain our needs. That is why it is important to notice and communicate it. It will create understanding and help us to connect.
- * **Requests:** in NVC we request and do not demand. Requests allow you to respond with a "no" without it triggering an attempt to force the matter. Rather than starting an argument when receiving a "no" you should empathize with what is preventing the other person from saying "yes,". It is recommended to use clear, positive, concrete action language.

Reflection exercises

Think of some examples of interactions in your life,

- * ... where have I felt that the other person is not listening to me. What made me feel like this? What did I need?
- * ... where have I felt respect and empathy from another person while sharing a concern or a challenge. What did that person do that made you feel secure to open up?
- * ... where have I listened empathically. What did I do? How did I feel? What was difficult? What supported me?

Write down 4-5 points that will support your nonviolent communication journey (reminders and tips for yourself).



4.3.4 Conclusion

To conclude and help to understand nonviolent communication a bit better, the following model shows all the aspects and gives an example of how to express your observations, feelings, requests and needs.

4.4. USEFUL QUESTIONS AND PHRASES

Introduction

There has been much talk about communication in this work and you may be achieving for some concrete examples and suggestions. For that, we have compiled some useful phrases for supportive conversations.

4.4.1 Questions to start with

- * "Hey, I noticed [*something concrete*: e.g you've been having migraines very often recently] and I'm worried about you."
- * "I really care about you and your wellbeing and it seems that you might be having a rough time."
- * "I noticed [*something concrete*] and I want to get a better understanding of what you're going through. Is this a good time to talk about it?"

4.4.2 Open-ended questions; invitations to share further

Often make use of the words "How" and "What" and encourage people to share their experience.

- * "What's been going on?"
- * "How can I support you?"
- * "How can I let you know that you're not alone in this?"
- * "How are you doing with all this?"
- * "What do you mean by that?", "Please tell me more about it", "Would you mind telling me what it's like?", "Could you give me a few examples so I can understand it better?"
- * "Sometimes people react in such a way because ... What do you think, may something similar be going on with you?"
- * "I don't know much about that topic, but I'd really like to understand."

4.4.3 Platitudes and alternatives

"Just think positively!" "This too shall pass," "There is a reason for everything." These are some common phrases to try and quell unease — but the words have lost their meaning with excessive use. These are called platitudes and they are usually not helpful — either in peer support or whenever people are going through tough times. Val Walker has pointed out that devastated people in the first weeks and months of a loss or a trauma can feel unheard, invalidated, or "preached at" by well-intended teachings and words of wisdom. Just listening and responding genuinely to what the person is saying is much, much more helpful. The next tables are from Val Walker's book "The Art of Comforting".

Reminders

- * **"I am here for you"**
- * **"I'm not going to judge you in any way"**
- * **"Thank you for trusting me with this"**
- * **"Thank you for sharing, it means a lot to me"**
- * **"I don't want to lose you"**

What to say instead of platitudes?

- * I'm here for you. I'm available. I care.
- * I'm listening. I'm following you. I'm with you.
- * I'm interested in what you're telling me, and I'm willing to learn more from you about what you are going through.
- * I'm feeling some of what you're feeling (sorrow, frustration), even if I personally have not been through what you've been through.
- * I'm open, receptive, and I'm not going to judge you. I'm a "safe" person you can trust.
- * I'd like to offer my assistance and my support with something specific.
- * I would like to stay connected with you, beyond our meeting today.

"Get over it" platitudes

Less helpful

More helpful

It's time to put this behind you.

This might take time.

You need to keep busy,
and get back to work.

I believe you'll know the right
time to return to work.

You have your whole
life ahead of you.

Allow some time for this.

Just think how you'll be doing
by this time next year.

Take all the time you
need for yourself.

"I understand" comments

Less helpful	More helpful
I understand how you feel.	I can only imagine how hard this must be.
I know what it's like.	Do you mind telling me what it's like?
I went through a tough time like that, too.	Tell me more, if you like.

"Some have it harder" comments

Less helpful	More helpful
Just think of what the Hurricane Katrina survivors have been through.	I'm so sorry you're going through this.
You should feel lucky. What you are going through is nothing like what my mother's generation went through.	I'm so sorry you're going through this.
Your problem is not as bad as what my son is going through with cancer.	I am so sorry this has happened to you.

"We all go through it" comments

Less helpful	More helpful
We all face these hardships at some point.	You certainly didn't deserve that.
You aren't the only one going through tough times.	Do you feel alone going through this?
This is a part of life, part of living.	No one should have to go through that.
Shit happens — that's just the way it is.	This is really crappy.

"Call me when you need me" comments

Less helpful	More helpful
Let me know if I can do anything to help.	I can bring you groceries this Saturday.
When you feel ready, just give me a call.	I'll call you Monday night and touch base.
When you feel like socializing again, I've got a fun dance group you can come to.	Would you like to come to my folk dance group with me next month on the 20th?

"You already said that" comments

Less helpful	More helpful
You've already said that three times.	It sounds like this is important to you.
Stop repeating yourself.	This sounds almost too big to sink in.
I heard you and I get it already.	I hear you.

"You need to" comments

Less helpful	More helpful
You need to get more exercise.	Would you like to go on a walk with me?
You should go to a support group.	Have you ever thought about a support group?
You ought to read ... , and learn how to ...	What have you been reading recently?

Asking “why” questions

Less helpful	More helpful
Why didn't you leave sooner? (from a bad job, abusive partner, approaching hurricane, ...)	Sounds like you were going through hell.
Why didn't your sister call you sooner?	I'm sorry to hear no one called you in time.
Why didn't you stop smoking when you found out about the blood clot?	I can imagine it's hard to quit old habits.
Why do you think God is putting you through this?	What you just told me sounds outrageous.

"You can always get a new one" comments

Less helpful

You can always get married again.

You can always adopt a child.

You can always have another child.

You can always get a new puppy.

There are lots more fish in the sea.

More helpful

Remember, I'm there for you as your supporter.

You've tried so hard .. I'm so sorry.

It sounds like nothing will be the same after this.

It must be hard living without your pet now.

I'm sending you my warmest wishes for a bright future for you.

New Age platitudes

Less helpful

Your illness is the result of
your negative beliefs.

Your soul chose this tragedy
before you incarnated

This is your karma.

Your fears have made
your
chakras imbalanced.

The answer lies within.
Peace lies within.

More helpful

You must be shocked
to get the diagnosis.

You need a break for a change.

This stinks, doesn't it?

How is your body
dealing with the strain?

I hope you can find
some moments of peace.

"Be faithful" platitudes

Less helpful	More helpful
Keep up the faith.	I'm thinking of you every day.
This was part of God's plan.	What has helped you get through the past few days?
This was God's will.	I hope things get easier for you soon.
God works in mysterious ways.	I can offer my help, if you like.
God tests our faith.	It sounds hard, getting through these days.

"Be faithful" platitudes

Less helpful	More helpful
Keep up the faith.	I'm thinking of you every day.
This was part of God's plan.	What has helped you get through the past few days?
This was God's will.	I hope things get easier for you soon.
God works in mysterious ways.	I can offer my help, if you like.
God tests our faith.	It sounds hard, getting through these days.

4.5 NARRATIVE THERAPY

Narrative therapy was described by Michael White. It is a way of communicating that strengthens people's identities, especially when they feel they have been reduced to a very small identity or even have no feeling of who they are anymore. Narrative therapy provides you several ideas to have conversations that are empowering and may give people hope again. In these articles you read more about Narrative therapy:

<https://dulwichcentre.com.au/articles-about-narrative-therapy/common-questions-narrative-therapy>

<https://dulwichcentre.com.au/what-is-narrative-therapy>

Testimonial:

For me, communication is the key ingredient in peer support, but it doesn't always take place with words. It also takes place in silences, in looking with my heart as well as my eyes and trusting my gut. Nevertheless, there are some communication tools that I cherish so much — active listening, reflecting back what I've heard and letting myself be guided by the wish to understand what my peer is going through. And of course the key ingredient: the courage to act that I get from knowing that simply a sincere talk with someone can make a world of difference.

5. SAFE SPACE

INTRODUCTION

Safe space is an environment that meets the conditions in which high-stakes information can be shared. As it usually concerns topics in which difficult emotions and triggering situations are involved, a safe space is needed to make people feel comfortable and accepted to share their stories and experiences. To create this space where people can feel supported, make sure that the environment meets certain criteria.

5.1 THE PRINCIPLES OF SAFE SPACE

- * **Confidentiality.** Inform participants from the start that everything discussed will remain confidential.

- * **Acceptance and equality.** Inform participants that there is room for every emotion, expression and opinion. Every feeling is important and should be validated. We all have the right to share our stories from our understanding, and we also have the right to remain silent or leave the room. Make sure that the participants understand that everyone is an individual on their own and each person has equal worth, as do their views or expressions.

- * **Non-judgmental attitude.** Instead of automatically starting to evaluate shared stories, practice observing, self-reflecting and distancing from judgmental thoughts. It is easy to start thinking about what is 'right' or 'wrong' but remember that we are all different. We are not here to assess participants and their expressions but to listen and to be heard. Rather, assume positive intent. If you feel, however, that someone says something that crosses a boundary, gently let them know.

- * **Respect.** Notice our differences. Although it is difficult to be completely assumption-free, we can try to become more aware of them. Respect physical and emotional boundaries, as well as pronouns and names. Similarly, aim to create an environment free of presumptions regarding gender, sexual orientation, ability to function, ethnicity, background, social class etc. Remember, we all have the right to be human.

5.2 ONE-ON-ONE VS GROUP SETTING

It is important to bear in mind the setting of participants when creating your safe space. Will this be accommodating two people? Or will there be a group session? Depending on that, you may need to reconsider certain aspects of the principles of safe space you are creating and make adjustments if required.

5.2 ONE-ON-ONE


If you will be sharing a safe space with only one person, a larger emphasis should be put on establishing a connection and trust. It is a path where you both learn and grow through sharing your experiences. You may also want to give attention to your body language. Open body language and active listening help the participant to feel more comfortable and accepted. Finally, as a supporter, express your personal view only if the situation asks for it. It may be easy to start developing opinions and feel the need to advise on what would be the 'right' thing to do. But remember that safe space is not about that.

5.2.1 Group setting

With a group of people, aim to hold the group discussion in balance. Notice if someone is feeling out of place and ensure that each person gets an opportunity to talk (unless they do not wish to). If someone is very dominant in the discussion, it may be a good idea to intervene to let others express themselves. Furthermore, awareness plays an important role when it comes to accommodating a safe space for a group of people. Actions and words may have unintended effects on other people, regardless of intentions. For example, one person going too much into

detail when talking about their experience may be triggering for someone else. This is why it is important to be aware of what is being said and how it is framed while keeping an eye on participants' well-being.

5.3 SAFE SPACE CHECKLIST

- 
- ☐ Check the external environment. Aim to place the participant(s) to have a similar eye level and avoid barriers such as tables or computers.
 - ☐ Inform the participant(s) that everything shared will be confidential.
 - ☐ Inform the participant(s) that every emotion and opinion is allowed. Remind them that we are all equal and we should aim to adopt a non-judgmental attitude towards one another. It may be worth adding that every emotion/opinion is allowed as long as it is respectful towards and does not harm any other participant.
 - ☐ Throughout the session, observe how the participant(s) are feeling. Intervene if needed. This may be required in situations in which the discussion has gone off track, someone is occupying a dominant role or someone seems to be feeling left out.
 - ☐ Keep an open mind and body to each participant. Remember eye contact and smiling. But also be sure to respond / reflect mindfully when a participant has shared something – no one wants to be left hanging after having disclosed something personal.
 - ☐ Try to end the session on a positive note and thank the participant(s) for their attendance.

6. SOCIAL MEDIA

INTRODUCTION

Social media constitutes a powerful tool that can help us connect with people who share similar experiences and form meaningful connections. Finding people can happen through communities formed on social media platforms, but also through sharing our stories and thus finding people who feel our stories speak to them.

6.1 ONLINE COMMUNITIES

Many communities for people with lived experience include people with very various backgrounds. The community needs to be a safe haven regardless of gender, age, ethnicity or any other demographics. Mutual respect is needed so that no one should be intentionally mocked, insulted or attacked. Community groups should have some rules in order to guarantee that members of the community feel safe. Shared stories, thoughts etc should be kept within the community. If a story is shared with a subgroup within the community, that story is also only for the ears of that group. If someone wants to share a story that is not theirs, permission and clear structure for the story must be agreed upon. These sorts of communities should also have moderators who keep an eye on possible sorts of community rule violations. They keep the platform safe and in case of a conflict try to resolve it in a non-violent way to make sure nobody feels hurt.

6.2 CREATING SAFE AND SUPPORTIVE CONTENT

When talking about our experiences or sharing/writing articles, talking about films or any other form of material, it may go unnoticed how many details are described. But descriptions can be triggering to some people — they can remind them of traumatic events that in return might activate trauma response behaviours like anxiety and panic attacks or dissociation. So here are some things to keep in mind when sharing your story online:

- **Use content warnings in the beginning of posts**, e.g when sharing an article about suicide, content warning or hashtag about suicide (“CW: suicide” or “#suicide”) should be used; or when a personal story about psychosis is written, hashtag or content warning about psychosis (#psychosis) should be used. (The term “trigger warning” is often used similarly, but we prefer “content warning” as it is a wider and a less politicised term.)
- **Sharing a personal story comes with do’s and don’ts** to make sure the story is beneficial, not harmful to others:
 - a. DO **describe** feelings, thought patterns or a worldview that you experienced while you were having difficult times.
 - b. DO **talk** about how you decided to change the situation or start looking for help.
 - c. DO **share** who and what supports, inspires and helps you.
 - d. DO **aim** for the majority of the story to **focus on recovery** and **ALWAYS end your story on a positive note**.
 - e. DO NOT share detailed plans for suicide — even if you intend to raise awareness — as someone who might consider suicide could see this as a tip or call for action. Same goes for avoiding descriptions of harming yourself.
 - f. DO NOT provide points for comparison, especially regarding disordered eating and addictive behaviours (e.g weight, calories etc).

For more material about sharing your own experience in a supportive way, check the “Personal Story in Practice” module in our e-learning course.

6.3 ENCOUNTERING WORRISOME CONTENT ONLINE

Sometimes its other people who post worrisome content, whether it be about having suicidal thoughts, problems with eating or experiencing excessive anxiety. This can leave us concerned or even helpless and raises questions about what can or should I do in the given situation. Our actions in the above described situation can vary depending on our relationship with the person. Here are some thoughts on what to do if you see a friend or an acquaintance posting worrisome content on social media:

1. Write to the person and let them know you saw their post and you care about them. Try to understand what is happening in their life and what has brought them to these current thoughts. Encourage them to seek help! If they share their thoughts, listen carefully and take their thoughts seriously. Also assess realistically your own resources and possibilities to provide help;
2. Call and ask what is happening in that person's life and how you can support them;
3. If you know people who are closer with the person than you yourself are, contact them and discuss what to do next;
4. In [Facebook](#) and [Instagram](#) you can also report suicidal or self-injuring content. Both mediums will contact the person and offer options for seeking help.

7. CRISIS MANAGEMENT

INTRODUCTION

In the e-learning you already learned a lot about crisis. What is a crisis, what can cause a crisis, different types of crises and ways to handle crises by others. This ebook is an addition to the e-learning and for that reason you will get some other information about crises and how to handle a crisis as a peer.

7.1 WHAT IS CRISIS?

In this chapter we start with a description of a crisis by people who experienced a crisis. They can describe it as a result of an illness, for example depression or a psychotic episode. This is a medical way of thinking and indicates that psychological problems are biological. This is how the mental health hospital handles psychological problems. Worldwide most survivors of mental health issues describe their problems as the logical, normal result of abnormal circumstances. Emotions are overwhelming and as a result people don't want to live, get confused, anxious, paranoid or hear and see things that aren't reality for others. It is important that every individual can choose his or her own explanation. Of course there are more explanations of crises like spiritual experiences, issues with ancestors etc. In this chapter we will focus on the explanation that a crisis is a normal result of abnormal circumstances. A crisis in that way is explained as being overwhelmed by emotions, which result in being overactive and hyperaroused or hypoaroused and in silence. In hyperarousal people for example can talk a lot, walk around, are acting angrily or quickly irritated. In hypoarousal on the other hand, people are silent, sit still, don't want to act or are dissociated and it seems that they don't feel anything anymore or are very gloomy. Crisis in this way is a physical reaction of

your body to protect you from very heavy emotions. Which can result in very difficult behaviour to get the emotions away. How to handle these emotions as a peer supporter? That's the next question.

7.2 WHAT TO DO AS A PEER SUPPORTER?

At first it is really important that you know how you handle a crisis yourself. What works for you and what doesn't work? Then try to make an estimation about what the peer is experiencing. Maybe ask some questions and think about whether you recognize this way of crisis from yourself or that it is different from how you experience a crisis.

Then think about what you know from others in this type of crisis situation and what worked for them. In general it is enough to be close to someone. To let them know that you are there for them. That they are important and not alone. Of course you first think about safety and whether it is safe for somebody to be with you. If it is safe for you and for the other person. But most of the time being there is enough.

For example:

When I'm in a crisis I want to be close to my best friend and she can talk to me and I want to talk to her. I know in the opposite way, she wants to be alone in crises and does not want to talk. It is enough for her that people are there and sometimes ask her to come and do something.

But it's not easy. Because people can be overwhelmed with emotions. They can be very sad, or angry, acting paranoid or want to commit suicide. These are difficult emotions to deal with. That is where we focus on in this chapter. How to deal with difficult feelings of others.

7.3 ECPR

One of the methods which teach you how to handle difficult emotions is ECPR. ECPR stands for Emotional-CPR (CPR: CardioPulmonary Resuscitation) and is in its abbreviation compared to CPR for a physical heart attack.

In this case the CPR is meant to revitalize a person in emotional distress. As said the **E** stands for Emotion. The **C** stands for Connect. Somebody in crisis most of the time feels very lonely and lost. Connection and feeling that people understand or feel with you is important in such difficult moments. You connect with your heart. Then make the connection with the other person. Most of the time no words are needed at that moment. A look, a touch or some words are enough. Connect as long as you think is needed and then go to the next step. Em-Powerment. The **P** stands for em-Powerment. Think of something that can give somebody a sense of control or power again. It is really important, if you feel so overwhelmed, that a little sense of control comes back again. EmPowerment, like we said in e-learning, is a very personal internal feeling of strength. Sometimes it works to remind people that you are there, or remind them of other situations in their life, make a joke or think of something else you think would work in this situation, that can get people engaged with their life again. At last the **R** stands for Revitalize. Revitalizing is important to let people connect to others and their own wellbeing. ECPR is a licensed training course.

7.4 YOUR ROLE AS A PEER SUPPORTER IN CRISIS

Most of the time as a peer you are very important to people in crisis. You stand next to them, stay with them and support them in difficult circumstances. Your role normally isn't that of a caregiver. You don't have to treat a crisis with medicine or other ways. You are 'just' there to support. The type of support is different per person and per crisis, but most of the time it is just listening or being there. Sometimes you have to act and ask help from professional care givers or stand up for the peer rights for help. Or find a solution for something to eat or a safe place to sleep. It can be very helpful for you as a peer supporter to know from your peer what he or she wants from you in a crisis. You can consider writing a (crisis)plan together which describes what you have to do, who you can ask for help and what you can't do. This makes your role in a crisis more clear and effective. Because you handle due to the peers wishes. Another advantage of a crisis plan is that the peer keeps optimal control over his/her own life even during a crisis(period). In a crisis plan you can describe how you are when you feel well, when you feel a crisis is close and when you are in crisis. You can also (and that is more important) describe what helps you to keep a feeling of being well, to get back to a sense of wellbeing or (in crisis) what works to prevent the crisis from becoming worse. It is important to describe things very thoroughly. For example: when I am in a crisis and I want to listen to some music, I have to describe which music I want. Or when I want chocolate I have to describe how much, which chocolate etc.

7.5 CRISIS PLAN FOR ORGANIZATIONS

Crisis plans: guidelines and an example

A crisis plan is always created for a specific situation — a concrete crisis that you can foresee to a certain degree. It can be very useful for organizations to have several crisis plans for several types of crises that can probably happen within that context.

The goal of having a crisis plan:
it should be developed and worded in such a way that in a crisis, you don't have to figure things out, you can just focus on acting according to the plan!

- * A key member of the team needs to step out suddenly — be it for an illness, accident, personal crisis or something else,
- * The organization needs to readjust the work significantly to epidemiological measures (e.g lock-down for pandemics),
- * A sudden death within a team or organization, especially in the case of suicide.

It is useful to have a brainstorming session within your team — what are the most probable crises in your context? Do you have plans for them written down and available to key members? The greater the possibility of the situation having a traumatic impact on people, the more important it is to have a concrete plan for that situation.

A crisis plan can have several key aspects to fit the situation's needs best. But probably every crisis plan should have at least three components:

1. evaluating who is affected by the situation
2. sharing information
3. offering support

In a crisis, sharing information is of central priority. It's important to act in a timely manner, and thus, avoid spreading rumors, misinformation or any other inadvisable info.

Who should be responsible for implementing the crisis plan?

It should be a person, who:

- * knows the content of the crisis plan
- * is willing to take on that role
- * feels that they have sufficient skills and can remain rather calm in crisis
- * is in a stable health situation and has good awareness of their own resources.

It is recommended to have prior agreements with at least a few people who could possibly take on the role of implementing the plan, if the need arises and they are available for the task.

EXAMPLE OF A CRISIS PLAN:

Down below you'll find a slightly generalized example of a crisis plan. It was developed in the Estonian Youth Movement for Mental Health, to be used in the case of a member's death by suicide. We have left out specific contacts and some details, but aim to give you an example to guide you in building up your own plan for a crisis.

This is our organization's crisis plan for the situation in which a current or a previous member takes their own life. We hope that we will not need to use this plan. But taking into account the vulnerability of our members, it is better to be prepared. The aim of the crisis plan is that we don't need to figure anything out in the situation of crisis — we can just focus on acting according to the plan.

The crisis plan has 4 main aspects, and you'll find concrete steps for them within this document:

1. Evaluating who is affected by the situation
2. Sharing information
3. Offering support
4. Supporting our leadership

In a crisis, sharing information has a central priority. It's important to act in a timely manner, and thus, avoid spreading rumors, misinformation or any other inadvisable info.

The order of sharing information²: (1) the board, (2) our partner organisation for offering support, (3) core activists, (4) members of the organisation.

The board is responsible for starting to react to the situation, but the board does not need to be the implementer of the plan. The board decides who is responsible for the implementation (1-2 people, "crisis manager").

² Sharing information in this order can take place only when the information reaches the board first. If the information reaches our members before that (e.g from the media), we need to start evaluating the impact and offering support, but sharing the information may happen in a different manner.

The crisis manager can be someone who:

- * knows the content of the crisis plan
- * is willing to take on that role
- * feels that they have sufficient skills and can remain rather calm in crises
- * is in a stable health situation and has good awareness of their own resources.

It could be useful to have:

- * Knowledge about crisis management and contacts (but the core is given within this plan)
- * Good contact with your own mental health specialist or possibility for getting supervision

1. EVALUATING WHO IS AFFECTED

In this stage we aim to evaluate who is probably most affected by what has happened. This helps us plan the actions needed for offering adequate support.

Who is probably most affected?

- * The person's close circle (same city/area, friend group)
- * Risk group (people who are suicidal; people who have lost people by suicide)
- * Those who feel that they are vulnerable in this situation

If the situation was reported by the media, our members are more affected: the information has already reached more members and the reactions may be stronger.

2. SHARING INFORMATION

We repeat here the target groups needing the info and the order of informing them. We do not need to share the information with anyone outside of our organisation (except for the partner organisation in offering support).

When addressing our members in a crisis situation, the content needs to be:

- * Laconic, but not without empathy
- * Informative and factually correct
- * Offering support
- * Assertive and setting boundaries: *"We are not here to discuss what happened"*

It's important to keep in mind that the goal of sharing this information is not to talk about the suicide, it's to talk about support and resources for help. We want to emphasize the point that whoever feels affected, can get help and support. This way we also empower our members to make known their needs.

In our crisis plan, we have written in advance a template letter for informing our members. This example will not contain the letter itself, but in writing one for to fit your needs, it may be useful to think on the following questions and topics:

- * What is the purpose of this letter? (E.g to inform, offer support, share helpful resources etc)
- * In what channel(s) will we share the information? Why those? (E.g. will it allow for discussion, reactions, subtle or literal content warnings; are those attributes beneficial for our purposes?)
- * What are the relevant facts to be shared?
- * Are there clear contacts for reaching out for help and/or taking necessary next steps in this situation?
- * Is everything worded in a clear, mindful and supportive language? Does it empower the recipient to take initiative to tend to their needs in this situation and/or to reach out to you?

3. OFFERING SUPPORT TO MEMBERS

To offer support for our members, we mainly use outside resources. We guide those needing support towards mental health specialists. We can provide information about help resources, can facilitate contacting specialists; and we organise supportive discussion group meeting(s) with the help of trauma-informed specialists well-versed in crisis work.

As sources for individual support, we can encourage people contacting:

- * Online: (add reliable online counselling contacts)
- * In person: (add contacts for specialists in different cities and practicalities in reaching them)

Supportive discussion group for our members

For the members who feel affected, the crisis manager (crisis plan implementer) helps organise an emergency discussion group meeting. For this, we ask those who feel affected, to let themselves be reached by the crisis manager. If someone really needs this support, they will most probably find a way to attend (or voice their needs). The time and place will be agreed upon ASAP with a licensed specialist with experience in crisis (and group) work. The information about the time and place will be shared with those who reached out and those deemed to be strongly affected by the situation.

- * The discussion has a concrete and agreed-upon purpose: to support coping. This means mapping problems and offering help in case of problems; providing tools for managing, for supporting each other.
- * The focus of the conversation: how each participant is currently feeling.
- * It is a supportive and psycho-educational discussion; and it is not a debriefing, defusing or a case analysis.

This discussion is led by a mental health specialist, who has group counseling and crisis work competencies and experience. Very many emotions and difficult-to-manuever moments may occur, therefore having a knowledgeable and kindly assertive facilitator is crucial. *We have made pre-agreements with the following specialists: (...)*

Referring to a group meeting format (in naming the meeting or in it's structure) that is already familiar to members can help support the feeling of safety. A follow-up meeting can be agreed upon by the attendees and the specialist.

WHAT WE HAVE AGREED NOT TO DO AS SUPPORT

- * We will not organize special events for our members, who are motivated to join the event (e.g art therapy or "smashing room" to help deal with emotions). That is addressed by the supportive group meeting described above. We go ahead with our planned activities (with the possibility to postpone if some key facilitators are strongly affected).
- * We don't support members initiatives aimed at our members, that would draw additional attention to the death.

4. SUPPORTING OUR LEADERSHIP

- * The members of the board (as well as other people who play a daily role in the organisation) may be affected by the situation in a very multifaceted way.
- * The crisis manager makes sure whether they are able to get help and support from their own mental health specialists. If not, then the crisis manager should help them contact specialists mentioned in point 2, if needed.
- * The board members are encouraged to take part in the supportive group meeting(s) and they are provided with the practical information to attend.
- * The crisis manager will help organize a supervision group meeting for the leadership with a specialist (with whom we have some pre-agreement).

Follow-up

- * It is advised for the crisis manager (or some other person who is able to handle the situation) to make follow-up contacts with those affected after a couple of months.
- * If taking action on the crisis plan has brought some new insight, discuss it among a core team (ideally people who have developed this plan and/or are on the current board) and make necessary modifications.

8. SELF CARE / TEAM CARE

Testimonial by a peer supporter

But how do you take care of yourself? How do you handle all the stories you hear from others? Isn't it difficult to take the distance you need?

These are questions that I get often. Mostly from other caregivers, who aren't open about their own experiences with complicated life circumstances. Or the peer asks me: isn't my story too much, too heavy for you? My answer is always the same: No, it's fine. It's not that I don't care about the people I support, but I know I have to take care of myself to support others. And I'm blessed with my own team of peer supporters. Which doesn't mean that it's easy to take care of myself and my team, but I know how imperative it is. So when I forget (and that happens every two or three months) I take a deep breath and start again with taking care of myself.

Preface

There are different ways to take care of yourself. The most important part of taking care of yourself is that it works best when you keep in mind the way you know yourself. In this chapter you will get tools that can help you to find your way to take care of yourself. You can also read information about ways to take care of your team of peer supporters.

8.1 Individual

Self-care — what's in the name — is about you and yourself. It means that you know best what actions are good for you. It also means that your self-care is different from mine or your fellow peer supporters. Sometimes you can share ideas about what works best for you with others and learn from each other, but in the end your selfcare plan is unique.

8.1.1 Reflection

We do know, however, some things about what works, if you want to take care of yourself. A process of reflection and thinking about what you need, is important and what you like and dislike, what your boundaries are and what you have to do in case you feel stressed and overloaded with emotions. Continuing reflection helps to finetune your selfcare. Especially reflection on the moments that your selfcare didn't work are interesting.

8.1.2 Discipline

Another thing we know about self care is that discipline in taking care of yourself is important. I quote a professor in self regulation. She said: 'When you want to take care of yourself (just every day or on special occasions like if you want to lose weight or have to deal with exams) you can't give yourself any space not to take care of yourself. And of course this is different for everybody too, but there is a grain of truth in it.

8.1.3 Different ways

There are different ways to take care of yourself, to reflect on self care and to support yourself, to be thoughtful and disciplined in self care. You can make a plan, you can write it down, make a poem of it, make a painting, hang it in your house, on the screen of your phone, in your car, in all these ways or in different ways. Think about what works for you. When you don't know what works for you, think about what worked for you in therapy, at school or when you learned a sport or played an instrument for example. Use this knowledge about yourself to find a way which works for you. This chapter will provide you some ideas which can help to make a plan that works out for you.

8.2 THINGS TO KEEP IN MIND IN RELATION TO PEER SUPPORT AND SELF CARE

There are different things you can keep in mind when you take care of yourself. We will share some of them with you.

8.2.1 Why would you take care of yourself?

This seems a very logical question but unfortunately it isn't. You want to become a peer supporter because you experienced a lot of trouble in your life. Most of the time that means that there was a period in your life in which there wasn't enough support for you and your self care. For that reason it isn't that obvious for everybody what self care is, what it means and how they can take care of themselves. Self-care is a wide-ranging subject and it can mean lots of different things. It is different in cultures and in families. If nobody taught you to take care of yourself or taught you a way that isn't very healthy (like self-medicating by using too much alcohol or drugs) it can be difficult to change behaviour. For that reason it is very important that you know what self care is for you and if you don't know or have doubts about it, check it with other peers. That helps. But most importantly give yourself an answer to the question: Why would I take care of myself? It is your motivation but also your responsibility to your peers. And the answer doesn't have to be perfect or final. But it gives you a starting point to take care. The answer is different but there is also a big answer. You are worth good care because you live and breathe. No matter what other people say or say about it, you are worth it. And like I said, your peers deserve it that you think yourself important enough to take care of yourself. And I repeat: it doesn't have to be perfect or final, but it has to be at least your intention to take care of yourself and to believe that you are worth it.

For a lot of people that experienced difficult life circumstances it is difficult to believe that they are worthy and valuable. It can be difficult for you as a peer supporter and for your peers. There are ways to teach yourself to love yourself. It requires training and discipline, but you can learn it. It is an important part of self care.

Exercise — Cupido

1. Sit down on a quiet place where you can't be disturbed and feel comfortable;
2. Close your eyes and take a deep breath;
3. Focus on your breathing for a minute;
4. Focus than on the place in your body where your heart is;
5. Imagine that you sent an arrow of love to your heart and say: I love you, you're worth it, and you're worthy of taking care of you.
6. Do this for as long as it feels okay. At first it will be strange so don't make it too difficult for yourself.

Repeat this exercise several times a day for some weeks and feel it become easier.

8.2.2 Balance between peer support work and your own life

When people talk about self-care they always say you have to keep a balance between your work and personal life. Of course that is true. But what is balance?

I quote Albert Einstein, he said: *"Life is like driving a bicycle, to keep balance you must keep moving."* Fortunately there are different types of bikes. With one, two, three or four wheels. There are also different surroundings where you can cycle. And last but not least, we are different people so we need our own bike

to keep in balance. There are hand bikes for people that can't use their legs to cycle. Balance is different for all of us. Nevertheless, there are some basics. You have to have enough time for yourself. What it means for you is personal. Some people can work 50-60 hours a week with other people and have enough time for themselves when they have one day per week and some of the evenings for resting. Others need just some hours a day or, on the contrary, can support one person a week or a month and need the other time for themselves. There isn't a perfect answer to the perfect balance. What you need to know and to reflect on is: what is okay for you? Just ask yourself on the schedule you have now: Do I have enough space to be there for others? Or am I so busy with others that I feel stressed and can't be there for them? Do I sleep at night? Or am I still thinking about my peers (constantly)? Can I have a coffee with a friend without thinking about my work? And even then you have to ask yourself the question: And is this okay for me? Because for some people it is fine to work and live for work and for others it isn't good. I don't believe in final answers. Find your own answer.



Life is like driving a bicycle, to keep balance you must keep moving.

8.2.3 Boundaries

This subject about balance brings us to boundaries. Because when you know what your perfect balance between work and private life is for now, you can set boundaries. When you for example know that calling your peer on the weekends or at night isn't okay for you, you can explain this boundary to your peer. If it is okay for you to have contact at those moments, but for example for one hour, not longer, you can also give people your boundaries.

Boundaries are human and healthy. But boundaries are also personal.

In relation to self care you can have boundaries in time, but also in person or types of stories. Sometimes persons or stories of a person can trigger your own stress. It is important to think about whether you are the best person to support this peer. Is it okay for you? And for the other person?

Check our e-learning chapter about [Principles of peer support](#) — you'll find a thorough interactive exercise about personal boundaries to help you reflect.

8.3 DIFFERENT WAYS OF TAKING CARE OF YOURSELF

There are different ways to support yourself and to take care of yourself. One way is to make a plan. You can do this yourself or in a structured way. One of the structured ways is WRAP.

8.3.1 WRAP

WRAP stands for Wellness Recovery Action Plan. WRAP is developed by Mary Ellen Copeland. It is based on the experiences of people with recovery, world wide. These were people who suffered in mental health hospitals for long periods and successfully recovered. It is based on the principles: hope, self-advocacy, education, support and personal responsibility. In WRAP you create a wellness-toolbox

with all the things that give you a feeling of wellbeing. The tools are also meant for moments when you feel depressed, anxious or stressed. In WRAP you reflect with a group on your signs of distress and what works for you to get back to a sense of wellbeing. You also make a daily maintenance plan to keep in good wellbeing. WRAP is licensed by the Copelandcenter. That means that you can attend a WRAP training which is provided by certified WRAP-facilitators. WRAP isn't available in every country but you can attend a WRAP online by the Copelandcenter.

8.3.2 Other ways

You can also think about a list of things you do every day to take care of yourself. But also a special list of things for special occasions. Like when you are triggered by something your peers shared, or when you feel stressed or when you experience extreme happiness and you know that isn't good for your wellbeing. Make a list of actions you can unfold in that case. Like calling a friend, rescheduling, having a walk, cuddling your niece or eating an ice cream. Make it easy to attend to!

8.4 TEAM CARE

It is important to take care of yourself but also of your team of peer supporters. There are different ways to take care of each other in a team.

8.4.1 Intervision

Intervision is a way to share ideas about peer support with each other and ask each other peer support related questions. You share your experiences and ideas in a structured way to learn from each other, become better peer supporters and

'solve' difficult problems you can meet as a peer supporter. There are different methods of intervision. You can find them by searching on the internet. Most of them work with an incident at work, about which one of the peer supporters has a question. For example: when I meet a peer and he tells me that he fell in love with his five year older neighbour boy and suffers a lot from these feelings. I feel that it stresses me, because I was abused by my neighbour as a child. My question could be: How do I handle my emotions? Or: how do I respond? Or: am I the right person to support this man? In intervision the other peer supporters give their opinion from their experience to the group. At the end I can tell if the answers and the advice benefit me.

8.4.2 Team care

It is also important to set some rules about team care. For example, who do you call when you are in trouble while peer supporting? Or who do you call when you want to share about your peer support contact? Do you have regular meetings with each other? And who is available at out of office times? And when you decide not to be available for each other, what do you do if some of the team members will be in trouble? As a peer support team you function like a peer support group.

8.4.3 Coordination

To let team care function well it is important to coordinate the team care. It doesn't matter who coordinates or if you do it together, but make it regular. Most of the peer supporters are people that love supporting others, but are not so good at supporting themselves. For that reason it is important to be very precise in supporting your team members. Because if they become overloaded, who has to support the others?

9. STORYTELLING

9.1 PRINCIPLES ON SHARING ONE'S EXPERIENCE STORY

In the Estonian Youth Movement for Mental Health, we have a unique focus on sharing experience stories of recovery. We have developed training so that valuable life experiences of our members can be shared as recovery stories, shared topics and giving encouragement to people experiencing similar issues. For the practice to be safe and supportive, we pay special attention to preparing our experts by experience in a way that the storytelling would be safe and empowering for them as well as their audiences.

In addition to developing a full training on the topic of creating and telling experience stories of recovery, we have written a small set of guidelines that apply to every member sharing their story in a context for raising awareness (e.g. at a mental health workshop, giving an interview, sharing their story in a blog etc.). We are sharing these guidelines as an example and inspiration. If you use experience stories about mental health in some context, we encourage you to use them (with modifications to fit your needs).

9.2 FIVE CORE PRINCIPLES ON SHARING ONE'S EXPERIENCE STORY

To share your experience story about mental health struggles, it is important that:

1. Your mental health is currently in a stable state, meaning that there is some distance to the crisis period (emotionally and time-wise); you have recovered from your health problem or you are managing with it rather well in your daily life.

This is important because:

- * You can't fix the world while you're fragile.
- * You can speak from a very encouraging position: I have made it this far!

2. You describe feelings, thought patterns or a worldview that you experienced while you were having difficult times.

This is important because:

- * It helps to understand something many people haven't experienced; It gives a strong sense of "you are not alone" to people with similar experiences.

3. You are careful not to describe behaviours of harming yourself (including suicide attempts, behaviours or numbers relating to disordered eating, substance use, etc.) or portraying them as a means for problem-solving.

This is important because:

- * We don't want to encourage people to try (new) ways of harming oneself.

4. How you decided to change the situation or to start looking for help; what has helped, supported, inspired you the most on your journey, as well as in your daily life now.

This is important because:

- * That gives encouragement and ideas for the next steps for people in difficult situations or recovery.
- * To people giving support, it also provides very valuable insights.

5. You dedicate about half of the story on “the way back up” and always finish your story on a positive note.

This is important because:

- * It highlights the fact that problems can be overcome and mental health problems can be treated.
- * It helps the audience switch “back,” because the difficulties and thought patterns can grab hold of people, especially people who are highly empathic, or have similar experiences.
- * It brings forward a positive emotion to both the storyteller and the audience.

Important notes:

- * Sharing your recovery story on substance addiction is not suitable for prevention work. That means: don’t share it with people who are not dealing with substance abuse or addiction, as this can have the opposite results. If your recovery story is centred around overcoming addiction, you have to be very attentive with choosing your audience. Steer clear from schools or places where the audience is not fully made up of people in recovery from an addiction.
- * It’s not allowed to promote practices that are illegal or harmful to one’s health.
- * It’s okay to talk about methods and practices that have supported you, even if they are not evidence-based, but please make sure you frame them as your personal experience and not as a recommendation by our organization.

9.3 DIFFERENT WAYS OF SHARING YOUR RECOVERY STORY

As you might imagine, there are multitudes of ways to tell one’s recovery story.

Here are some examples of the vast possibilities.

Different mediums:

- * In a confidential group or one-to-one setting (e.g support group or peer counseling)
- * Written stories in articles, blogs and books (can also be anonymous!);
- * Sharing your story as a part of a workshop, lecture, panel discussion (with audience on the spot or online)

- * Stories recorded for television or online viewing
- * Telling your story in a podcast
- * Talking about your experiences on live radio or TV

Different formats:

- * A “full” story, telling your experience story as an uninterrupted sequence
- * “Sprinkling” your experiences as examples (e.g while giving a workshop, lecture)
- * “Interview,” sharing your experiences in a structured, question-answer format

Different purposes and audiences:

- * Empowering people going through something similar
- * Providing insight to parents, teachers, social workers, the people who support those who are going through something similar
- * Bringing real-life perspectives and systemic problems to the attention of policy makers
- * Countering stigma and prejudice in a community

As you can see, there are many options to choose from, differing in purpose, audience, format and other important aspects. Your preference and personal boundaries may be different for all of these; and your openness can change in time. That’s most okay!

Take some time and think about what are your preferred mediums, formats and audiences. Are there any that you would like to try one day, but are not yet ready for? What would help you in gathering the courage for doing so?

9.4 HOW TO GET COMFORTABLE WHEN SHARING YOUR STORY

As you will be diving into more personal topics, sharing your story may be challenging. Finding ways to feel at ease, while talking about your experiences, helps you stay more grounded, so focus on the storytelling and deliver the message to the listener in this way. But even more importantly, you will be exposing yourself to your past difficult times and therefore, it is essential to emphasise selfcare and wellbeing. In order to reach the point where you are feeling comfortable while storytelling, there are several tips you can follow before, during and after presenting your story.

9.4.1 Preparation

First, check in with yourself. Keep in mind that you will be handling topics that have made you vulnerable in the past — do you feel ready to do this? Remember that your readiness to disclose these memories is always changing and growing. If your overall well-being is not at its best and you do not feel fit to share your story, it is absolutely okay to skip this time.

It is also good to remind yourself of the reasons behind the decision to talk about your recovery. Why are you doing this? What is the message you want the listeners to receive? Thinking of these reasons reminds you why your story is important and helps develop a more fit and motivated mindset. This, in turn, facilitates delivering the message to the audience.

Most importantly, revise telling your story. Go over your materials, such as things to say and not to say. Become aware of who is going to be in the audience and whether your story is in an appropriate format for them. However, although revising your story is essential, make sure not to overdo it. You do not want it to cause you any extra stress.

9.4.2 “On stage”

It is good to pay attention to your body language and voice. Open body language, smiling and eye contact are a bonus. Also, check the volume of your voice – can the audience hear you? On the other hand, make sure you do not allocate all your resources to checking your body movements. If you need to pause and breathe, do it. If you have lost track, you can say it. If you mess up, that is understandable. Further, keep in mind that people mainly pay attention to new information and less so to how it is presented. They may not at all notice your nervousness and jittery legs to the extent you think they do. Being aware of that helps you focus more on your material — your story. Overall, the most important thing is to be yourself! People want to see the authentic you. It is okay to become vulnerable and express a bit of uneasiness as in the end, this is the goal: a genuine story to be told and heard.

9.4.3 Cool down

After presenting your story, you may start to think “Oh no, I forgot to speak about that!” or “I should have framed this differently!” It is important to bear in mind not to overthink and be harsh with yourself. You are the only person who knows your story in depth. Do not worry if some aspect of it was untold, it probably did not change the body and message of your story.

Now it is time to disconnect. Sharing your recovery story may not be easy, so take some time for yourself to unwind. Engage in activities that you like or are relaxing, while making sure to leave stressful tasks for another day. If some painful emotions have arisen, talk to someone who can support you. Remember you have earned this rest and care.

Once you have regained your energy resources, work with the feedback. Put more emphasis on the aspects of your story that affected the audience, change the wording in some paragraphs and so on. Doing this ensures that you will feel even more comfortable the next time you will be sharing your story.

10. GO PEER!

Congratulations, you have taken the first steps in the direction of peer support. You now hold important knowledge, about what peer support is, how to communicate in a peer support interaction, or how to use your story to help others in their recovery.

Most people in this world don't get the chance to access such learning, or they might be too busy, too distracted, too negligent to even care about it.

And this world, as we know it well, desperately needs more human connection, more solidarity and support, so that loneliness and alienation from human values don't get the best of us.

By using the peer support wisdom and practices in your immediate environment, you can already be an agent of change and contribute to reducing some of the unnecessary distances between human beings. Whether you needed this ebook to achieve this, is up to you to decide.

But we hope that you know by now, that your full presence and attention is often the most precious gift that you can offer to another person, the best way to

11. RESOURCES

This chapter contains some links to websites with more information about different topics that are important to a peer supporter.

Boundaries in peer support

<https://journals.sagepub.com/doi/full/10.1177/2156869311431101>

Research on the value of peer support

<https://mental.jmir.org/2020/6/e15572/>

<https://psycnet.apa.org/record/2021-31508-001>

Recovery model

<https://www.verywellmind.com/what-is-the-recovery-model-2509979>

<https://www.rethink.org/advice-and-information/living-with-mental-illness/treatment-and-support/recovery>

References and resources on nonviolent communication

https://en.wikipedia.org/wiki/Nonviolent_Communication

<https://www.cnvc.org/learn-nvc/what-is-nvc>

<https://awarenessagents.wordpress.com/2019/06/11/practice-empathy-with-nonviolent-communication>

National empowerment center

<https://power2u.org>

Hearing voices approach

<https://imhcn.org/bibliography/recent-innovations-and-good-practices/hearing-voices-approach>

Open dialogue

<http://www.dialogicpractice.net/open-dialogue/about-open-dialogue>

Resources on safe space

http://www.sassycooperates.org/sassy pontificates/2016/1/23/safe-space?fbclid=IwAR2L8-Vffjh-PuI9NZ1_gMZfRROHwC2kSAajtXdkY9iOM_DQ2EsaqnNE7us

https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2019-03/safer_space_guidelines_mar_2019_eng.pdf

<https://www.valokuvataiteenmuseo.fi/en/museum-info/safer-space-principles>

communicate to them that they are not alone, that they are cared for. And maybe by reading this material you also learned some extra tools that can make it easier and more efficient to offer support when you decide to.

Now that you are a part of the peer-support-knowledge-holders-group, you might feel called to learn even more about it, to develop and refine your skills, even pursue a peer support role in an organization. We do hope that you listen



to that call and see for yourself what the next steps could be: get a certification in peer support, look for an organization in your community, start to volunteer, etc.

Whatever path you choose, we believe in you and in your motivation to use your empathy, your lived experiences, your skills, for turning this world into one that is better fit for humans.

With hope and confidence,
The authors



12. CONTACTS

Partner organizations

HUGARAFL (e. Mindpower) is an Icelandic peer run NGO founded in the year 2003. At the core of Hugarafll's work stands the ideology of empowerment, that is put into practice through every activity and interaction. Peer support and eCPR are some of the main tools we use, following a recovery model.

Some of Hugarafll's activities are: Groups for study, discussion and experience sharing about empowerment, recovery, trauma, the mental health system; Educational groups on psychology topics such as self-confidence, autono-



my etc.; Hearing voices peer group; Peer support; Support groups for friends and families; Yoga; Mental health education for students; Empowering groups for youth; International collaborative projects; Writing articles, media coverage and legislative input on mental health; Conferences, lectures and workshops; Artwork and music; Therapy and counseling.

www.hugarafli.is

Email: hugarafli@hugarafli.is

HerstelTalent (e. RecoveryTalent) is a Dutch peer run NGO founded in 2015. Our mission is to support people to find their personal meaning of life. We want to be excellent in how we use 'knowledge gathered by life-experience' as a source of recovery. Everybody who works for HerstelTalent has their own experiences with complicated life-circumstances. They also reflected on their own experience with recovery and used this knowledge to support other people. We support them in community centers or at home. We also give advice about recovery to boards of mental health hospitals and city-councils.

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