

## Knowledge for peer support workers

### Knowledge of mental health and associated difficulties

Peer support workers (PSWs) use personal recovery, person-centred and values-based approaches that do not focus on diagnoses or diagnostic classifications used by mental health professionals. However, it is helpful for them to have a working knowledge of these systems, to help them understand and work with people in the culture and context in which they are located.

#### Knowledge of mental health difficulties

An ability to draw on a working knowledge of the mental health difficulties that people they will be working with could experience, and that:

mental health difficulties can affect people of any age, class, ethnicity, religion or income

there are multiple causes of mental health difficulties and these differ from person to person

the multiple causes may not be obvious or clearly known

mental health may change or present itself differently across a person's lifespan

An ability to draw on a working knowledge of the impact and effects of trauma on a person's mental health

An ability to draw on a working knowledge of the relevance of social disadvantage and adversity (and the absence of a valued role in society) on a person's mental health

An ability to draw on knowledge of factors that promote wellbeing and emotional strength (for example, being involved in the community, being in employment or undertaking voluntary work, having better social support)

An ability to draw on a working knowledge of the importance of families, carers and social networks in relation to mental health difficulties

An ability to draw on a working knowledge of how people may experience a mental health crisis, holding in mind that such events:

are self-defined, so how they present will vary from person to person

can be a response to traumatic or difficult experiences

may reflect the person's sense that they are 'out of their depth'

are often characterised by the person seeking urgent help

An ability to draw on a working knowledge of mental health diagnoses, with the aim of:

understanding how diagnosis is used within the mental health system (even while/if the PSW takes a critical perspective on its use and meaning)

helping people (who wish to do so) to understand their diagnosis and its meaning for them

helping the person to ask questions or discuss their diagnosis (when relevant) with mental health professionals

encouraging professionals to use plain language when talking to people about diagnosis (and avoiding the use of acronyms, technical terms and jargon)

### Knowledge of the impact of mental health difficulties on functioning

An ability to draw on a working knowledge of the ways in which mental health difficulties can affect functioning and individual development, for example:

- impact on daily functioning and quality of life
- impact on family functioning
- impact on social isolation
- difficulty in developing and maintaining intimate, family and social relationships
- difficulty gaining and maintaining employment, voluntary work or education

### Knowledge of associations between mental and physical health

An ability to draw on knowledge that people with mental health difficulties are more vulnerable to a range of physical health conditions (for example, difficulties with weight gain, diabetes and cardiovascular disease)

An ability to draw on knowledge that physical illnesses (especially long-term conditions) are a significant risk factor for mental health difficulties, particularly anxiety and depression

### Knowledge of interventions for mental health difficulties

An ability to draw on knowledge that interventions for mental health difficulties can be effective in helping to reduce symptoms and improve quality of life

An ability to draw on a working knowledge of the psychological, social and pharmacological interventions usually offered to people with mental health difficulties, and that:

- interventions may be offered independently, sequentially or in combination
- people accessing mental health services may not have a clear sense of the intervention options available to them
- access to different types of intervention may be limited by availability and local service provision

An ability to draw on a working knowledge of the potential physical, psychological or emotional side effects of medications and other treatments prescribed for mental health difficulties

### Help-seeking

An ability to draw on knowledge of barriers to accessing mental health support, such as fear, stigma and discrimination, including:

- an ability to draw on knowledge that only about one in eight people with mental health difficulties is receiving active treatment from any source

## Knowledge of trauma-informed care

An ability to draw on knowledge that the experience of trauma is part of the life story of many people with mental health difficulties

An ability to draw on knowledge that people can be re-traumatised by negative experiences of services, for example giving them a sense that:

- they are viewed only through the lens of a diagnosis or label
- they have no choice over their treatment
- things are done 'to' them rather than 'with' them
- they do not have the opportunity to give feedback about the care they are receiving
- their trust has been violated
- they have been subjected to coercive practices

An ability to draw on knowledge that re-traumatisation can impact on a person's sense of self, their sense of others and their beliefs about the world, and that these beliefs can directly impact on their ability or motivation to connect with and use services

An ability to draw on knowledge that trauma-informed care involves ensuring that people who use services can feel that:

- their physical and emotional safety is being addressed
- they have choice and control over their treatment
- they are part of collaborative care (that decisions about their care are made jointly)
- providers of care are trustworthy
- each contact validates and affirms them as individuals, and so empowers them

An ability to draw on knowledge that trauma-informed care involves developing and maintaining a relationship that helps people to feel safe telling their story and to engage in a narrative that centres on 'what has happened to me'

## Knowledge of local services and sources of mental health care

An ability to draw on a working knowledge of the local statutory and non-statutory mental health support options (as well as local community organisations, activities and resources) with which PSWs will be engaging to help people achieve their personal goals, including:

- what each organisation, service or resource is able to offer
- how to access each organisation or service
- whether services apply criteria that restrict access
- any limits (or gaps) in the services being provided

An ability to draw on knowledge of the relationships between the mental health team the PSW is employed in and other statutory and non-statutory services in the local community

## Knowledge of professional, legal and ethical frameworks

The standards of conduct set out below are those expected of all individuals working in a health context. They refer to the issues of confidentiality and consent, areas that are described in more detail in other sections of the Competence Framework for MH PSWs.

An ability to draw on knowledge that ethical and (where relevant) professional guidance represents a set of principles that need to be interpreted and applied to unique situations

An ability to draw on knowledge of the local codes of ethics and conduct that apply to all professionals in the service, and how these are implemented in relation to:

capacity and consent

confidentiality

information sharing

data protection

### Ability to maintain appropriate standards of conduct

An ability to maintain boundaries, for example by:

communicating the limits and boundaries of the role with the people they support

maintaining clear and appropriate personal and sexual boundaries with people they support, as well as their families and carers

ensuring that they do not use their position to further their own ends

not accepting gifts, hospitality or loans that may be interpreted as attempting to gain preferential treatment

identifying when a boundary has been crossed and determining how to respond appropriately

An ability to recognise and work within the limits of their qualifications, knowledge, skills and experience, and to:

only practise a particular therapeutic approach for which they have appropriate training and supervision

where appropriate, refer to colleagues, services or organisations with the relevant level of training and skill

### Ability to maintain standards of competence

An ability to maintain and update skills and knowledge through participation in continuing learning and development

an ability to seek opportunities to increase knowledge and skills

## **Knowledge of, and ability to work with, issues of confidentiality, consent and information sharing**

Decisions about issues of confidentiality and consent will be influenced by the person's capacity, but assessing this is a formal procedure that is not part of the PSW role. As such, decision-making that relates to capacity should be based on discussion with (and support from) colleagues and supervisors.

### Knowledge of policies and legislation

An ability to draw on knowledge of local policies on confidentiality and information sharing, and the ways these are applied when working within and between teams or organisations

### Ability to gain informed consent

An ability to give people being supported the information they need to decide whether to proceed with meetings with a PSW, for example:

- what these meetings would involve
- the potential benefits of these meetings

An ability to invite and to actively respond to questions regarding peer support

An ability to draw on knowledge that individuals have a right to withdraw or limit consent at any time:

- in the event of consent being declined or withdrawn, an ability to respect the individual's right to make this decision and the ability to seek advice from senior colleagues or a supervisor when required

### Ability to draw on knowledge of confidentiality and information sharing

An ability to draw on knowledge that a duty of confidentiality is owed to:

- the person to whom the information relates
- any individuals who have provided relevant information on the understanding it is to be kept confidential

An ability to ensure that a person's information is treated as confidential and used only for the purpose for which it was provided

An ability to draw on knowledge that confidentiality is breached where the sharing of confidential information is not authorised by the person who provided it or to whom it relates

An ability to draw on knowledge that there is no breach of confidentiality if:

- information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, and information has been shared in line with that understanding
- there is explicit consent to the sharing of information

An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could:

- place the person, or family members or carers, the PSW, other mental health professionals or members of the public, at risk of significant harm
- prejudice the prevention, detection or prosecution of a serious crime
- lead to an unjustified delay in making enquiries about allegations of significant harm to others

An ability to draw on knowledge that safeguarding needs usually take precedence over issues of consent and confidentiality

### Ability to share information appropriately and securely

An ability to ensure that when decisions are made to share information, the PSW:

- shares it only with the person or people who need to know
- ensures that it is necessary for the purposes for which it is being shared
- checks that it is accurate and up to date
- distinguishes fact from opinion
- establishes whether the recipient intends to pass it on to other people, and ensures the recipient understands the limits of any consent that has been given
- ensures that the person being supported (or the person who provided the information) is made aware that information is being shared, when it is safe to do so

An ability to ensure that information is shared securely and in line with local policies

An ability to discuss concerns about disclosure with colleagues (without revealing the person's identity)

### Ability to discuss confidentiality

An ability to discuss issues of confidentiality with a person:

- in relation to sharing information across organisations and services
- to secure and record their consent to share information

An ability to ensure that the person being supported is fully aware of the boundaries of confidentiality that apply in the context in which the PSW is working, for example:

- where the PSW is part of a team, ensuring that the person being supported knows that the PSW is part of team discussions
- discussing the person's concerns about information being passed on and the impact of these concerns on their relationship with the PSW

## Knowledge of safeguarding procedures

### Knowledge

An ability to draw on knowledge of local and national safeguarding policies

An ability to draw on knowledge that safeguarding concerns can arise across the lifespan, from infancy through to old age

An ability to draw on knowledge of the type of abuse and neglect that could trigger a safeguarding concern, such as:

- physical abuse
- domestic violence
- psychological abuse
- financial or material abuse or exploitation
- sexual abuse or exploitation
- neglect
- abuse in an organisational context

### Application

An ability to identify signs or indicators that could flag the need to institute safeguarding procedures

Where neglect, abuse or exploitation is suspected, an ability to respond appropriately by:

- discussing these concerns with the person being supported, and explaining (and agreeing) what actions need to be taken
- raising and escalating concerns in line with local safeguarding procedures

## Knowledge of self-harm and suicide prevention, and procedures for maintaining safety

The competences set out below provide a basic overview of the skills needed to recognise and manage suicidal behaviour and self-harm. More comprehensive detail can be found in the [Self-harm and suicide prevention competence framework](#).

PSWs should not be expected to work independently with someone expressing suicidal thoughts; they should seek support from others (both for their own wellbeing and for the person's wellbeing and safety).

An ability to draw on knowledge of the factors that contribute to, and increase the risk of, self-harm, self-neglect and harm to others

An ability to recognise and respond to expressions of distress and self-harm, and to acknowledge and discuss these feelings with the person in an open and non-judgemental way

Where there is evidence that a person may present a significant risk of harm to themselves or others, an ability to respond to this in a timely manner by:

exploring the reasons for the person's acute distress, to determine whether there are any immediately applicable strategies that may be helpful, and that the person has the resources to implement them

if these strategies are ineffective, discussing, explaining and agreeing on the next steps with the person

drawing on knowledge of local policies and procedures for responding to risk, maintaining safety and safeguarding (specifically, the risk of harm to self or risk to others)

### Sharing information to maintain safety

An ability to judge when it is in the best interests of the person to disclose information, taking into account their wishes and views about sharing information and holding in mind:

the immediacy of any risk (for example, where there is clear evidence of suicidal intent, such as a plan)

that disclosure is appropriate if it prevents serious harm to a person

An ability (if practically possible) to ensure that the person is informed of communications between the PSW and other parties regarding risk

An ability to draw on knowledge that it is appropriate to breach confidentiality when withholding information could place a person at risk of significant harm