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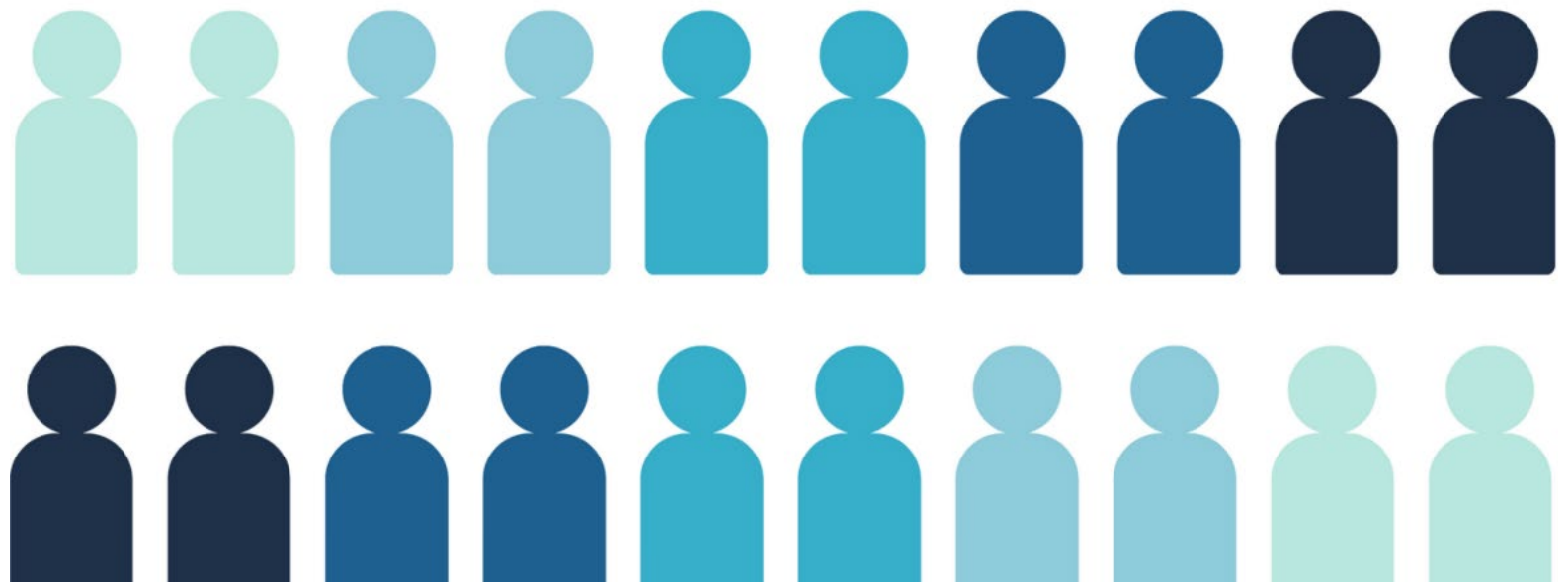
The Intensive Care Society Strategic Framework for Peer Support



Introduction: The ICS Vision

The Intensive Care Society recognises the potential and actual effects of working in intensive care, on the welfare and mental health of staff and the value of supporting staff of intensive care units in mitigating these impacts. Its vision is to provide an evidence-based framework for supporting all members of staff who work in critical care, and a training programme to support its implementation.

Peer support is one element of supporting staff in intensive care. Peer support offers a systematic, strategic approach to intervening to sustain staff who are coping well and to provide initial support those who are struggling.

This document outlines the core principles and values for supporting people affected by incidents and adversity at work, the nature of stressors experienced at work, the strategic intent of supporting intensive care staff within which peer support sits, and then outlines the Peer Support Framework in its principles, values and structure for safe delivery.

The Intensive Care Society would like to thank Professor Richard Williams and Ms Verity Kemp who have worked with our expert reference group to develop this document specifically with intensive care in mind.

This document is supplemented by Annex 1 (background knowledge for Peer Supporters) and Annex 2 (peer Support, How to Guide).

1. Core Principles and Values for Preparing and Supporting People Affected by Incidents and Adversity

The ICS and healthcare employers should consider and work towards establishing a set of core principles and values for supporting staff of intensive care units. They should be based on similar core values and principles established for supporting people affected by incidents and adversity. For the ICS, they are:[1]

1 Agree values, ethics and approaches to human rights: values, ethics and human rights must be central to the design and delivery of services.

2 Agree definitions: agree, disseminate and use definitions in frequent use to ensure there is common understanding.

3 Orientate services to staff members and their families in the cultures in which they live, relate and work: all aspects of the project would be planned, designed and provided with full consideration for people's social environments, their cultures and the needs of their families and communities in which they live and work.

4 Translate lessons from evidence and experience into plans and frameworks for delivering psychosocial care for staff of intensive care units: translate lessons learned through research and experience into ethical and effective plans for delivering the project.

5 Integrate psychosocial care into policies and plans for running intensive care units: this means fully integrating psychosocial and mental healthcare into all aspects of policies and plans for intensive care units.

6 Ensure that communications are effective: good communications with all staff in the intensive care units is fundamental to sustaining the resilience.

7 Adopt a balanced approach to designing and delivering psychosocial care: by ensuring that there are appropriate psychosocial care interventions available combined with clear signposting to mental healthcare if appropriate.

8 Create integrated, comprehensive psychosocial care programmes: offer psychosocial care that is based on good communications, social connectedness and support within intensive care units.

9 Build on existing services and skills to develop and deliver effective responses: this means that planning psychosocial care should be based on building out from available services and resources.

10 Work to agreed standards: plans should adopt minimum standards for services to achieve that take account of the range of circumstances that might be encountered.

Some Definitions used in this Document:

Psychosocial

Psychosocial refers to the emotional and cognitive (psychological), social and physical experiences of people in the context of their particular social, cultural and physical environments. It describes psychosocial and social processes that occur within people, between people and across groups of people.

Psychosocial care

The numbers of people who require supporting interventions to assist them to cope with distress consequent on major incidents is very substantial despite the majority of distressed people not being likely to develop a mental disorder. Many of them may be psychologically resilient despite their distress. But intervening early can reduce the risks of their developing disorders alter. These interventions are termed psychosocial care.

Mental healthcare

Formal biomedical and psychological interventions from which people who have mental health problems may benefit. Usually, they also require psychosocial care as a platform on which their mental healthcare is based.

2. The Nature of the Stressors Faced by Intensive Care Staff

Primary Stressors

Primary stressors are inherent in routine and clinical emergencies; they arise directly from the events. People who are affected are highly likely to suffer pain and distress. They and their relatives may undergo great upheavals and short-, medium- and long-term changes in their lifestyles as a consequence of their experiences, injuries, physical care, recovery and rehabilitation, and the effects on their families that continue beyond the injuries, illnesses and adversity they experience.

Secondary Stressors

Secondary stressors are circumstances, events or policies that are not inherent in events. The term describes conditions that persist for longer than the emergencies. It includes failure of infrastructure recovery, gaps in provision of services, failures in rebuilding, and problems with insurance. Secondary stressors include the impacts of policies and plans made prior to events that limit people's recovery and adaptation, and sustain adversity.

Occupational stressors

Some non-inherent stressors are universal matters that relate powerfully to the wellbeing of staff of all organizations. Sparks & Cooper have shown that there are seven general factors that influence the physical, psychosocial and mental health of staff in all organisations.[2] They are:

- Perceived job control
- Career development
- Workplace climate or culture
- Nature of job and workload
- Home-work interfaces
- Role clarity
- Relationships at work

3. The Strategic Intent and Direction of Supporting Intensive Care Staff

The peer support programme is provided within the context of a systematic, strategic approach to intervening to sustain staff who are coping well, support those who are struggling and ensure that staff who may be unwell receive the timely assessment and mental healthcare they require. Figure 2 from the Stevenson Farmer Review represents a stepped model of care.

Figure 2: Employers can provide support for all employees to thrive, and more targeted and tailored support for those who may need it

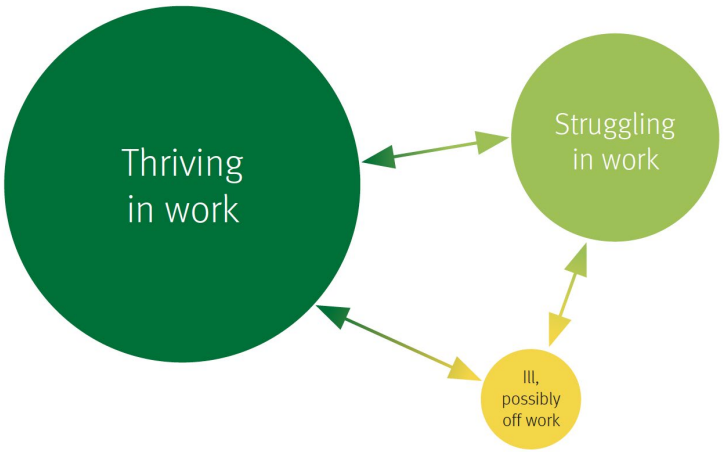
Approaches that are based on supporting people's memberships of families and social groups include:

- Social support
- Leadership
- Team building and training in groups that work together
- Peer support
- Creating and sustaining psychological safety in work cultures
- Psychosocial interventions based on principles of psychological first aid and community development
- Access to employer-based or employer-arranged health surveillance and healthcare

4. The Purpose of Peer Support

The Stevenson-Farmer Review of mental health and employers was published in 2017 and concerns organisations of all types.[3] It identifies there broad groups of staff in any organisation as shown by Figure 1 that has been taken from the report written by Stevenson and Farmer for thew Prime Minister of the UK.

Figure 1: Three phases people experience in work



Their report considers how employees might be better supported. Its findings are to be particularly relevant to staff of organisations that deliver care for other people as their main function including those working in the pre-hospital environment. The report presents three challenges to employers that are summarised by Figure 2 , also taken from the report on the Stevenson-Farmer review. They are:

- Assisting employees to thrive at work
- Supporting staff who are struggling
- Enabling people who are ill to recover and return to work.

In the NHS context, peer support describes the work of healthcare practitioners who provide emotional and social support for colleagues who share a common work experience in the same specialty. The purpose of the peer support programme proposed for the ICS is to provide for those staff who can be described as struggling. Peer supporters will be trained to an agreed standard and have access to supervision.

Regardless of its setting, peer support is considered to have value, either on its own or as a complement to clinical care. Thus, peer support is not a substitute for, or an alternative form of clinical care and it does not set out to offer these therapeutic features.

4.1 The Nature of Peer Support

Peer support is when people use their own experiences to help each other.[4-6] There are different types of peer support, but they all aim to:

- bring together people with shared experiences to support each other provide a space where you feel accepted and understood
- treat everyone's experiences as being equally important
- involve both giving and receiving support.

In peer support everyone's views and experiences are equally valued, rather than anyone being seen as more of an expert than others. Peer support can be provided in both group and one-to-one relationships, and can take place in community groups, clinical settings, and workplaces. The course that the authors focus on is based on one-to-one support. The person who is seeking support is considered a peer, not only because of challenges they face, but also due to their past or current connections with their clinical setting or workplace. They are not patients, but colleagues.

Regardless of its setting, peer support is considered to have value, either on its own or as a complement to clinical care. Thus, peer support is not a substitute for, or an alternative form of clinical care and it does not set out to offer these therapeutic features. Nonetheless, seeking peer support may be the first step that a person takes towards recovery, or it may be introduced years into a person’s journey towards wellness. The specifics of a peer support relationship are unique for each person.

4.2 Values

Peer support espouses a person-centred approach in which the relationship between a peer and a peer supporter is the foundation. This means that the values that define peer support are:

1. Promoting a positive outcome through self-determination: having belief that each peer wants to achieve a positive outcome and will be able for identify what most suits them and their needs. It is voluntary; people engage or disengage as they choose
2. Empathic and equal relationships: Peer support in this context is offered in the context of a shared work experience. Experience in common: peers share similar backgrounds, experiences, interests, or goals.
3. Dignity, respect and social inclusion: acknowledging the intrinsic worth of all people, whatever their background, preferences or situation. Peers feel able to express themselves and be themselves in peer support.
4. Integrity, authenticity and trust: noting that confidentiality, reliability and ethical behaviour underpin every interaction.
5. Health, safety and wellbeing: Acknowledging all aspects of a healthy and full life. Peer support has structures in place to create physical and emotional safety and one of those structures is the supervision that peer supporters should be offered
6. Lifelong learning and personal growth: acknowledging the value of learning, changing and developing new perspectives for all people. Peers have choice and control in how they are involved in their peer support and the freedom to be oneself.

4.3 Principles of Practice

The guiding values underpin the principles of practice. They describe the nature of the relationship and the philosophy of peer support work.

Principles of practice for a peer supporter include:

- Encourage self-determination by working with each peer to co-create and explore options rather than simply providing direction
- Interact in a manner that keeps the focus on the peer rather than themselves and maintains a peer relationship that is open and flexible, making themselves available as necessary to a reasonable extent
- Use appropriate language and interact in a manner that focuses on the peer's requirements
- Share aspects of their experiences in common in a manner that is helpful to the peer, demonstrating understanding
- Practice self-care, monitor their own wellbeing and be aware of their own needs for the sake of their mental health, recognising the need for health, personal growth, and resilience when working as a peer supporter
- Use appropriate communication skills and strategies to assist in the development of a relationship that cultivates trust and openness
- Empower peers to work towards identifying an appropriate time for ending the relationship with the peer supporter

- Respect professional boundaries of all involved when exploring with the peer whether engaging with other professions, for example, occupational health, might be appropriate
- Facilitate connections and refer peers to other resources whenever appropriate
- Know personal limits, especially in relation to dealing with crises, and ask for assistance when appropriate
- Maintain high ethics and personal boundaries and this includes being clear between supporters and each peer about what are those boundaries, the limitations to confidentiality that need to be in place and who else in the organisation is to know about each peer's use of the service
- Participate in continuing education and personal development to learn or enhance skills and strategies that will assist in their peer support work.
- Peer support proposes that interventions are based on being provided in proximity to the person, as soon as is practicable, with the expectation that there will be a positive outcome and is based on a simple process and methodology.

4.4. Managing Peer Support Safely

Peer support must be delivered in a safe manner, if it is to be successful. The next section on implementation summarises the principles.

5. Implementation of a Peer Support Program within you ICU

Systems should be in place to ensure within organisations that offer peer support to employees such that all peer supporters:

- Are well supported and part of a programme that is resourced appropriately
- Have access to comprehensive training that gives them the confidence that they have the appropriate skills, knowledge and behaviours
- Are working within a framework that clearly sets out the parameters of the service, provides signposts to associated services including where to get support in emergency situations
- Are focused on a recovery-based approach
- Have access to and receive continuing support and supervision delivered by professionals or with the relevant expertise
- Have a framework for the conduct of conversations that might include suggestions for the length of sessions, the number of sessions, how and where those sessions might be conducted and how to access support in the event of an emergency.

6. Governance

The Governance of a Peer Support programme is important. The literature shows that organisations that attend to developing a governance structure have the most success in embedding peer support in their organisations.

A key element of the governance structure includes ensuring that there is a well-defined vision for peer support within the organisation and a strategic intent and direction for it that shows the outcomes the organisations is expecting to achieve. The idea of developing and implementing a peer support programme often originates from a particular service or department and its associated group of staff; that is, from the ground up. It does not have to originate at, for example, Board level, but it is important that managers and leaders in the organisation understand and share the vision for peer support and are able to support it. This should be done by ensuring that the organisation has:

- A clear policy describing the peer support programme, outlining its intended purpose, goals and scope, and its client base
- A clear definition of peer support and any other relevant terms, the operational model and who it is intended to help and how the programme is to be linked to existing services
- A clear description of the extent of the peer support programme
- A clear description of what the service is not
- A process that ensures that peer support is not a programme inflicted on staff but arises from a defined need
- Taken account of the resources required to implement the programme
- A clear description of with whom responsibility lies for managing the programme
- A clear description of processes for evaluating the programme
- A clear description of how peer supporters are to be recruited, from where and what competencies are required and desirable and how staff chosen as peer supporters are to be supported and supervised

7. Delivery

Consideration should be given to how the peer support programme is to be delivered that takes account of local circumstances.

Factors to consider:

- Who will manage the service, and what time and other resources will be allocated to allow the management of the service
- Development of local job descriptions, person specification and interview processes
- Consideration of how jobs are to be advertised
- Agreement about the practicalities including what time will be allocated to each peer support session, where will the peer support sessions take place, how contact will be made to request a session, and how peer supporters are to be allocated
- A definition of what a typical session looks like, for example, its approximate length and how many sessions are offered
- Training, support and supervision for peer supporters
- Arrangements for ongoing development of peer supporters.

8. Confidentiality

Each service should consider whether it is necessary to keep formal records.

While peer support is not a clinical intervention, it is suggested that a basic record is kept by the managers of the service for the purposes of evaluation, safety as well as for statistical purposes that may include:

- An indication of the person seeking peer support e.g. initials
- An indication of the peer supporter they saw and on what date(s)
- A record of any onward referrals made
- The peer supporter sending a brief confidential email with a summary of outcomes agreed.

It is important to maintain confidentiality. It should be clear, however, to those people who use the service that there are limits to confidentiality, such as when there is a risk of self-harm or harm to others.

9. Supporting Peer Supporters and Maintaining Standards: Supervision

Skills for Care defines supervision as "an accountable process which supports, assures and develops the knowledge skills and values of an individual, group or team".

It is essential that peer supporters have access to supervision. This should normally be provided by a trained mental health practitioner such as a clinical psychologist. Supervision can be provided either in groups or on a 1:1 basis depending on local requirements and the topics to be covered. Supervision should provide an emotionally safe space that, enables critical reflection, a means to mitigate stress by peer supporters talking about their experiences, to receive feedback and be provided with opportunities to consider developmental needs.

10. What Peer Support Is Not

Peer support is not a substitute for, or an alternative form of clinical care and it does not set out to offer these therapeutic features. It may be the initial action that a person takes towards achieving wellness that may include therapy. The specifics of a peer support relationship are unique for each person.

Peer supporters should not, for example:

- Provide therapy
- Direct what their peer should be doing
- Act as spokesperson for the peer
- Overshadow their peer with details of their own experiences or opinions
- Become a friend
- Provide resources rather than signposting resources.

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The annex

The annex which is also copyrighted by R Williams and V Kemp, supports this document by summarising background knowledge

References

1. Williams R, Bisson J, Kemp V. Health Care Planning for Community Disaster Care. Chapter 16 (pp. 244-260) in: Textbook of Disaster Psychiatry, 2nd edition. Robert J Ursano, Carol S Fullerton, Lars Weisaeth, Beverley Raphael (eds). Cambridge: Cambridge University Press; 2017.
2. Sparks K, Cooper CL. Occupational differences in the work-strain relationship. Towards the use of situation-specific models. Journal of Organisational Psychology 1999; 72:219-229.
3. Stevenson D, Farmer P. Thriving at Work: The Stevenson Farmer Review of Mental Health and Employers. Department for Work and Pensions and Department of Health and Social Care; 2017.
4. Varker T, Creamer M. Development of Guidelines on Peer Support Using the Delphi Methodology. Australian Centre for Posttraumatic Mental Health, University of Melbourne; 2011.
5. Sunderland, Kim, Mishkin, Wendy, Peer Leadership Group, Mental Health Commission of Canada. Guidelines for the Practice and Training of Peer Support. Calgary, AB: Mental Health Commission of Canada; 2013. Retrieved from: http://www.mentalhealthcommission.ca
6. Williams R, Kemp V, Stokes S, Lockey D. Peer support: an introductory or briefing document. Faculty of Pre-Hospital Care, Royal College of Surgeons on Edinburgh; 2020. At: https://fphc.rcsed.ac.uk/about/about-us/news/2020/peer-support-for-front-line-workers-during-the-covid-pandemic