



# Erasmus+ Project

## “European Standards for Peer Support Workers in Mental Health”

European standards for the work of peer supporter  
in-depth analysis



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# Erasmus+ Product IO1 - Questionnaire

## 1 Qualifications

Recovery is a unique, personal process in which the client gives meaning and direction to his own life. The recovery process leads to a renewed sense of self and identity. *Qualifications* that should be specifically addressed in the curriculum for the peer workers, are:

- a) The use of non-medical recovery supporting language
- b) A careful and open view in giving meaning
- c) Being able to listen without judgement
- d) Giving input based on equal value with respect for differences
- e) History and basic knowledge of classification and diagnostics in relation to psychiatric disorders

Qualifications as recently adjusted under **a, b, c, d** and **e** can be confirmed as being in accordance with the insights within Recovery in mental health organizations in the Netherlands. In the Dutch professional competence profile there is mentioned more. We will translate the most important parts of the profile in English when working on our product to make a European profile.

## 2. Organization of the activities of the peer workers in the respective country

- a) Exists as a specified legal term (in which laws / law / legal regulations?)
- b) Is the term peer worker used by the authorities and other public institutions in a defined way (which?)
- c) Is the term "peer worker" defined by the professional associations and non-government organizations (which?)?
- d) Other options, please define
- e) General remarks

### **2a** *legal term*

Giving a title to any profession is not always a legal matter in the Netherlands. Peer support work in mental health is defined by national scientific centers as "Trimbos Institute" and "Phrenos center of Knowledge". Furthermore the name of this profession is used by the umbrella organization of all Dutch mental health organizations "GGZ Nederland".

We have a national professional competence profile and a curriculum for education on several levels. They were developed by Trimbos and Phrenos. We are now working on a national professional register. But not in all fields we can work in, we are financed because we are not officially recognized by a specific professional register (called CONO) that is necessary for the finance of professionals working in mental health organizations.

### **2b** *term used by authorities*

The term peer worker is used by the health insurance companies and by local government. Other terms used are: Peer expert (EUCOMS), Certified Peer Specialist, Peer Supporter, Recipient, Person with lived experience, Survivor, Participant and Consumer.

Local government in the Netherlands is responsible for protected living / housing (apartments) for people with long-term problems with psychiatric disorders. The municipality of Amsterdam pays Cordaan for having such facilities. These services do not deliver any kind of treatment (cure). Mental health organizations delivering mental health treatment (like GGZ NHN) are paid by health insurance companies.

### **2c** *term used by professional organization*

As answered in question 2a the occupational name is used by the umbrella organization "GGZ Nederland" and in all fields where peer workers are active (addiction, poverty, mentally limited, etc.)

3. Related occupations / activities / functions that are not referred to as "peer workers" but operate in the same area / address similar topics in the respective country

- a) do they exist as a specified legal term (in which laws / sub-ordinate regulations / ordinances?)
- b) are these occupations / activities used by the authorities in a defined way (which ones?)
- c) Are these occupations / activities used by professional associations and non-government organizations (which?) in a defined way?
- d) other options, please define
- e) general remarks

Recently we are observing that the occupational name of peer (support) workers is a name sometimes being used in institutions for people with intellectual disabilities (and maybe other sectors in the health care system). This name is even heard in the context of poverty reduction. However when used in other contexts this name is only mentioned in a few cases and the professional application is still at an experimental stage.

This means that the occupational name in other sectors is not being used by law, authority, insurance companies or any professional association

What we notice and appreciate is that self disclosure gets common. It's usefull and supporting for recovery supporting care. However self disclosure is not the same as peer expertise. So education is required when used in other occupations/activities.

4. If a "peer worker" or related profession / function / activity exists, the person /s will usually be paid by:

- a) the patient / assisted person himself
- b) the health insurance
- c) government or public bodies (which ones?)
- d) Non-government organizations
- e) other options, please specify
- f) general remarks

The activities of peer workers in mental health are paid by health insurance companies (when services are delivering forms of therapy) or by local government (municipality) when the services are forms of protected housing aiming at living of service users as independently as possible

We have several options. There is no payment (yet) by the health insurance until we have a national professional register and acknowledgement by Cono registration (Coördinerend Orgaan Nascholing in de GGZ, see above) We expect positive development in this field.in the coming years. Payment is also possible by the patient himself when he has a personal budget (PGB in Dutch)

And there is payment when it is care under the law Social Support (WMO in the Dutch). Like for example care given in social domain or housing assistance

At GGZ NHN a part of innovation money we get from the insurance company is used for payment of peer support workers. We now have a alliance with the insurance company for the coming 5 years. And the development of peer support work, our recovery academies and taking part in recovery orientated intakes is part of the alliance.

When employees have had social benefits because of there mental vulnerability in many cases they remain (part of) their social benefit when starting to work.

5. Status Quo: A peer worker or related professional in our country must meet the following formal standards in our country (if a combination of elements is required, please include them all, please indicate them as much as possible).

- a) Secondary education (class 9/10)
- b) Higher education (class 12/13)
- c) Non-academic vocational qualification without educational profile
- d) Non-academic professional qualification with educational profile
- e) Non-academic professional qualification with health profile
- f) Academic professional qualification without profile
- g) Academic professional qualification with educational profile
- h) Academic professional qualification with health profile
- i) Individual membership in a professional organization, company or chamber
- j) Obligatory further education in methodical / didactic questions
- k) Compulsory education in the health sector
- l) Compulsory education in general occupational and employment areas
- m) Obligatory technical supervision
- n) Mandatory ethical advice
- o) other options, please specify
- p) general remarks

Before choosing the profession of peer worker, people need to have a personal experience being confronted with socially profound and in other respects very serious consequences (disruptive?) of mental health problems . Because everybody in society can be confronted with this condition this means that every thinkable previous educational background ( if there is any continued education at all) can be involved. The question is therefore not which prior education is necessary but which follow-up education and practical training must be provided for the practice of peer workers.

In the Netherlands actually there is a variety of possibilities for further education with a non-academic vocational profile. Examples are WRAP, TOED, WMEE, “Herstellen doe je zelf” etc. Mental health organizations are making their own choices in whether or not one (or more) of these courses are compulsory for a peer worker. In practice this means that those choices differ from organization to organization varying from relevant skills (self reflection) up to academic level.

Peer workers nowadays can follow an education at an academic level ( translated to the context in UK and USA).This education is available at “Hogeschole” (the equivalent in Germany is “Hochschulen”) and on “HBO level and with Associated Degree”. This is another level then education in (Dutch) academic / university centers. Hogeschool (translated to English) is “university of applied science” This HBO AD education is not compulsory. There

is a certain tendency showing that peer workers with longer experience and aiming to perform at senior level want to register for this course.

Development in this area are changing fast. We have lots of options for educations, some lead to officially recognized levels, others don't. The all work with a national curriculum for education that was develop by earlier mentioned Phrenos and Trimbos.

6. Vision for our project: A European peer worker or professional relative should meet the following formal standards (if a combination of elements is required, please include them all, indicating them as much as possible).

- a) Secondary education (class 9/10)
- b) Higher education (class 12/13)
- c) Non-academic vocational qualification without educational profile
- d) Non-academic professional qualification with educational profile
- e) Non-academic professional qualification with health profile
- f) Academic professional qualification without profile
- g) Academic professional qualification with educational profile
- h) Academic professional qualification with health profile
- i) Individual membership in a professional organization, company or chamber
- j) Obligatory further education in methodical / didactic questions
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- m) Obligatory technical supervision
- n) Mandatory ethical advice
- o) other options, please specify
- p) general remarks

In future, as stated under 5, we need to focus on follow-up education and practical training following whatever pre-education does exist.

Generally speaking mental health organizations more and more are differentiating peer work in 3 levels. A generalist, a more senior/specialized level and a level for peer workers engaged in recovery oriented policy and management. Consequence of this probably is the development of 3 different curricula. The term "specialized" does not mean that one has to be qualified for specific mental health problems. It wants to indicate that a peer worker is functioning at a more experienced / senior level

In the further future one could think of an academic education for peer workers to enable them to do (applied) scientific research in the field of recovery. In connection with this a scientific chair for recovery might be created in universities.

## 7. Vision for our project: A "peer-worker" with European standards:

- a) should have a generalist education to be a peer-worker with non-compulsory specialization
- b) should receive "professional" training as a peer worker
- c) should have specialized training as a peer worker in general and a compulsory initial qualification for specific groups with specific mental health problems
- d) other options, please define
- e) general remarks

A generalist education is needed (as much as for the occupational level of "senior" peer workers and peer workers working on policy level). A "professional" training in practice applies to all functions performed by peer workers. Intervision and supervision for all peer support workers is important. Especially since the work of a peer support worker is difficult while working with your own experience.

A non-compulsory specialization might be considered in the field of addiction care if the assumption is correct that working with service users in addiction care differs greatly from working in the "regular" mental health system. The same question can be formulated for the sector of forensic care .

## 8. The proposed curriculum for peer workers:

- a) should be developed taking into account the ideas and views of the patients being cared for
- b) In our country, there may be resistance from stakeholders questioning construct validity or the presence of needs
- c) should receive informal support from stakeholders / patients
- d) should be formally supported by stakeholders through public hearings and invited speakers at congresses
- e) other options, please specify
- f) General remarks

It is important that the development of curricula will be supported by organizations of service users in mental health organizations (participation councils) and interest groups of service users on national level. The support can be formal as well as informal. Resistance from stakeholders like umbrella organization GGZ Nederland, Trimbos Institute and Phrenos Center of Knowledge is not to be expected as long as they are kept involved in the development of the curricula (we have asked them permission to use and translate the dutch curriculum to English and they agreed, in return they want to receive the translation from dutch to english) . Also municipalities and insurance companies should be informed and the dutch association of peer support workers.

Organizing conferences for peer workers, employees of mental health services and relevant stakeholders will contribute to the desired support.