

## Peer Support Worker Project in Hong Kong: A Local Experience and Observations

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### *Abstract*

*Peer Support Worker (PSW) project sets a new milestone for psychiatric rehabilitation in Hong Kong. The project, funded by the MINDSET, is collaboratively implemented by four mental health agencies to empower people with mental health problems, and advocate for recovery-oriented mental health care. The first batch of trained PSWs is ready for journeying into unprecedented roles and functions of being a peer support worker. They are faced with an enormous task to demonstrate their uniqueness and irreplaceability in the mental health service system. The challenge of PSW for mental health agencies is a paradigm shift, which requires organizational transformation in embracing the PSWs as valued members of the team.*

*Keywords: Recovery, Peer Support, Empowerment*

### **Introduction**

Historically, mutual support groups were the consumer-based services offered to supplement traditional mental health services. These groups were rooted in a consumer movement that emphasized rehabilitation, self-help, empowerment and advocacy. The emergence of Consumer Providers, for example in the U.S., is in line with a growing emphasis of recovery-oriented mental health services. Consumer Providers would serve as peer role models and instill hope for recovery

to other consumers (Chinman et al., 2006; Davidson et al., 1999; Grant et al., 2010). The employment of people with mental illness as peer support workers is considered to be a critical pathway for increasing consumer involvement in the mental health system. Serving as a peer support worker enhances self-esteem, which is essential in the healing process. Positive changes in self-esteem, hope, coping skills and community integration are evident for those involved in the Peer Support Services (Hutchinson et al., 2006). Peer support enables consumers

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to understand each other because they share similar experiences and can model for each other a willingness to learn and grow (Delaney, 2010).

The concept of recovery is gaining its popularity and importance in mental health services in Hong Kong. Recovery asserts that persons with psychiatric disabilities can achieve not only affective stability and social rehabilitation, but transcend limits imposed by both mental illness and social barriers to achieve their highest goals and aspirations. (The Recovery Model, Contra Costa County, California). With the belief to strengthen and expand consumer involvement, four mental health agencies ventured to pioneer the Peer Support Worker (PSW) Project in Hong Kong. They are: Baptist Oi Kwan Social Service, Caritas – Hong Kong, The Mental Health Association of Hong Kong, and New Life Psychiatric Rehabilitation Association. The project is envisioned by the collaborating agencies to set a milestone for psychiatric rehabilitation in Hong Kong. People with mental health problems are engaged to augment and contribute to the current mental health service provision, sharing their experiences in the recovery journey, and advocating for consumer-oriented mental health care. Sharing the vision, the project gained the sponsorship from a community partner in the business sector – the MINDSET, a philanthropic initiative on mental health from the Jardine Ambassadors.

This initiative is consistent with the global trend emphasizing the empowerment of consumers and the growing attention to recovery-oriented services. The advantage of peer support workers for the mental health agencies is creating a culture that recognizes people with mental health problems as help-providers. Nevertheless, the challenge of peer support workers is a paradigm shift for the agency, which requires organizational transformation in embracing peer providers as

valued members of the team. It involves an examination and redefinition of the agency’s human resource policies. It demands on-the-job support and coaching for peer support workers on an ongoing basis (Hutchinson et al., 2006).

**Components of Hong Kong Peer Support Worker Project**

*Project Period & Objectives*

This is a three-year pilot project commencing from 5 November 2012. The project objectives are:

- To enhance mental health service delivery through collaborative involvement with people living with mental illness
- To provide vocational benefits for people with mental health problems who perform the unique roles of PSW

*Definition of Peer Support Worker*

A peer support worker is a person who has recovered to a great degree from a mental disorder that he/she is now able to share with others who are undergoing similar problems, and help others going through the mental health system. Peer support workers have life experience that is relevant, often providing insights that professional training cannot replicate. They work to help other consumers with skill building, recovery/life goal setting, problem solving, establishing self-help groups, utilizing self-help recovery tools, and serve as a model for personal recovery (Website of Institute of Recovery and Community Integration). To qualify for being a peer support worker, he/she is required to meet the following criteria before training:

- Aged 18 or above with lived experience as consumers of mental health services
- Self-identify as having a lived experience with mental illness explicitly

- Possess good communication skills
- Have junior secondary education level or above
- Service users of the four collaborating agencies

potential peer support workers how to provide peer support related to recovery, including skill-building, establishing self-help groups and using self-help recovery tools. It also focuses on increasing personal growth and awareness for the trainees to become an effective PSW.

*Peer Support Worker Training (PSWT)*

Peer support worker training programme aims at helping the individuals become qualified peer support workers. The PSWT gives individuals the knowledge base and skills to help others effectively and educates

The trainees are required to attend 100-hour training and practicum. With reference to overseas and local experience, the training programme is composed of two levels, i.e. Elementary Level (36 hours) and Advanced Level (64 hours), with the following contents:

Table 1  
Elementary Level — Basic Knowledge, Concepts & Skills  
(Generic training for all participants jointly provided by the collaborating agencies)

Session	Topic	Hours
1	<ul style="list-style-type: none"> <li>● Course Overview</li> <li>● Basic Concepts in Recovery</li> </ul>	3
2	<ul style="list-style-type: none"> <li>● Understanding Mental Health &amp; Mental Illness</li> </ul>	3
3	<ul style="list-style-type: none"> <li>● Recovery and Peer Support</li> </ul>	3
4,5,6,7	<ul style="list-style-type: none"> <li>● Wellness Recovery Action Plan (WRAP) for Self Care and Self Management</li> </ul>	12
8,9	<ul style="list-style-type: none"> <li>● Basic Skills in Rapport Building and Communication</li> </ul>	6
10,11	<ul style="list-style-type: none"> <li>● Telling My Unique Recovery Story</li> </ul>	6
12	<ul style="list-style-type: none"> <li>● Mobilizing Community Resources for Recovery</li> <li>● Visit to a Self-help Group</li> <li>● Conclusion</li> </ul>	3
<b>Total Hours</b>		<b>36</b>

Table 2

Advanced Level — Job-related Skills Training & Practicum

Session	Topic	Hours
1	● Practicum Orientation	3
	● Responsibilities of PSW and Managing Boundary Issues	
2	● Facilitation Skills for Group / Individual Plan	3
3	● Working with Team	3
4	● Responding to Emergency	3
	● Practicum ( to be completed within 8 weeks)	
<b>Total Hours</b>		<b>64</b>

Upon the completion of classroom trainings, trainees are required to undergo a practicum in three service settings, i.e. Integrated Community Centre for Mental Wellness (ICCMW), halfway houses (HWH), and vocational rehabilitation service (VR). The practicum will last for eight weeks with a minimum of 52 practice hours.

**Job Posts Opened for PSW**

Working as a peer support worker can be a rewarding job for people who have undergone a recovery from mental illness. Peer support workers in the job structure can have 3 levels of status: work on full-time basis, half-time basis or hourly basis. To be qualified for the PSW job posts opened in the four collaborating agencies, applicants have to attend the PSWT and pass the written examination upon completion of the training course and practicum. They have the options to apply for job posts which are suited

to their talents and preferences. Three full-time equivalent job positions will be offered by each collaborating agency in the above three types of services, and the actual job postings will vary subject to each individual agency.

Through peer support activities, the PSW will serve as a consumer advocate, providing consumer information and peer support for other service users in emergency, outpatient or inpatient settings. He/she will also perform a wide range of tasks to assist service users in regaining control over their own lives and over their own recovery process, including but not limited to the followings (Daniels, Fricks & Tunner, 2011):

- Peer support – sharing personal recovery experiences and/or life goal setting
- Peer education – acceptance of the status as people in recovery and skills building
- Encouragement of self-determination and personal responsibility

- Individual advocacy, self-help and self-improvement
- Social networking and liaison with outside organizations

With reference to the above, the collaborating agencies will assign various duties for peer support workers according to the service setting offered for them. The followings are some duties for the PSWs:

- Phone concern for other service users
- Friendly visits together with respective case managers of service users
- Accompany service users in attending psychiatric consultation
- Conduct WRAP programme for other service users
- Involvement in Recovery Sharing Programme
- Face to face contact with other service users
- Leading community orientation programme for other service users
- Sharing of personal recovery story in community educational programmes etc.

**Manpower**

Continuous support and coaching from professionals, in particular, social worker, is crucial to effective implementation of the PSW. The four collaborating agencies have assigned designated social workers as Peer Support Worker Coach (PSWC) to plan, develop and implement the PSW project, providing on-going support to the peer support workers, coordinating the posting of peer support workers in various settings, and monitoring the progress and development of the project. On organizational level, the PSWCs jointly plan and deliver the PSW programmes. Specialist support on curriculum design in the PSWT was solicited from academic scholars, who also advised on the coordination of practicum and examination arrangements.

**Programme Evaluation**

This pioneering project plays a critical role in peer development and the recovery movement in Hong Kong. In order to achieve a meaningful and reliable programme evaluation and the project outcomes, the four collaborating agencies have invited the academic experts from both the Department of Social Work and Social Administration of The University of Hong Kong and Department of Psychology of The Chinese University of Hong Kong to assist in designing and conducting evaluative researches for the project. The evaluation will focus on two essential areas. The first area of concern is to examine the impacts on the Peer Support Workers. Assessment tools on Personal Recovery, Hope scales and Self-esteem scales will be used to examine the change of peer support workers after joining the project. The second area to be examined is the learning outcomes from the training programmes. For this area, the researcher will have ongoing tracking of trainees’ progress of their attendance, completion of learning activities and assignments, and review whether the trainees can be successfully employed as Peer Support Worker in the four agencies. It is expected that the preliminary study findings will be released in October 2013.

**Implementation of PSW in Hong Kong: Observations and Reflections**

The PSW training programme was well received by people with mental health problems. In the recruitment stage, more than 100 applications were received, and 32 applicants were selected for interview. In the selection process for interview, the panelists gave special attention to the “recovery journey” written by the applicants, in order to see how they came to self-identify their lived experiences with mental illness. An interview assessment guideline was developed so as to ensure the impartiality of selection. After

the interviews, the panelists discussed and exchanged views on individual interviewee, and came up with a list of 20 PSW trainees. Demographically, 16 are female and 4 male. The age range of the trainees is 25 to 60, with average age at 42. The characteristic feature of these trainees is that they accept their mental illness explicitly as their assets. Some even see their illness as an “amazing grace”. They have come out from a low valley of darkness and face their lives with hope. They are now self-affirmative, and have a strong desire to sharing their recovery stories and spreading the hope of regaining their control of life.

The biggest challenge of implementing PSW project in Hong Kong comes from the inculturation of tenets and concepts of peer support. Beginning from the training course, the trainers have to translate the concepts of recovery, for example, into local language which is understood by the PSW trainees. The barrier to inculturation is somehow overcome by a trainer who has a lived experience of recovery. In order to facilitate their learning, a training course manual was developed by the collaborating agencies, and Chinese course content and relevant references were prepared for each session. Home-exercise was assigned to deepen the trainees’ understanding on the course materials. The trainees were very motivated in learning and doing home-assignments. They all made good efforts to prepare themselves for the challenging job of being a peer support worker.

The trainers are also faced with enormous tasks in the design and implementation of the practicum. The practicum provides a good opportunity for the trainees to practise the class learning in real-life situations. However, it is crucial to develop a suitable learning arena for the trainees. Prior to the practicum, the trainers had to tackle some practical issues, like assessment content and method, code of practice, and arrangements of placement and supervision. One of the difficulties was to

develop the assessment criteria and method. Literature review was made, and special task group was formed to deliberate the assessment tools. After due considerations, four assessment areas were finally developed, covering: (1) attitudes and values of PSW, (2) understanding of service users’ needs and situations, (3) practice competencies, covering relationship building and communication, and competencies in PSW activities, and (4) learning attitudes. There was indeed much discussions and debates on the assessment protocol. Conventional marking scheme was adopted but with grades of ‘pass’ and ‘failure’ only.

In order to prepare for a good learning environment, orientation on PSW project was arranged to respective frontline service staff, promoting their understanding of the concepts of peer support. This orientation programme was found to have a good effect in facilitating the kick-off of PSW practicum in respective units. In addition to having a designated PSW coach, each trainee at the placement unit was matched with a social worker responsible for coordination of matters pertaining to the practicum. The concerned social workers also played the role as an assessor and participated in a tri-partite evaluation on the performance of the trainees in assignments at the end of practicum. The assignments included writing a reflective journal, conducting a public sharing of his/her own ‘recovery story’, and individual support work or group work. To help the trainees consolidate their learning experience, it was originally planned that each trainee would be given half an hour supervision weekly. However, in reality, the supervision time exceeded an hour to meet the diversified learning needs of the trainees.

The results of this PSW project were encouraging. 18 trainees (90%) passed the PSW examination and practicum, and only one dropout before the practicum due to personal reasons. Upon their graduation, all graduates made a written reflection. Some of them are cited and translated with original Chinese texts attached:

*“The most impressive of my practicum is relaying the needs and feelings of the service users to the halfway house administration. The co-workers at the house are receptive to my ‘bridging role’. I would say that the ‘bridging role’ of PSW is most unique and commendable.”*

「最深刻嘅係當我做實習嘅時候，我有機會將服務使用者嘅需要同感受話比宿舍知，而宿舍都樂見我可以成為彼此之間嘅橋樑。橋樑嘅角色係朋輩支援工作人員呢個崗位最應該被like [讚] 嘅地方。^^」

*“In the process, I feel the support of the service users at the placement unit. I see my contribution as a PSW. The most memorable is the mutual support among PSW trainees.”*

「在過程中，感受到服務使用者的支持，亦能發揮自己朋輩的角色，最難能可貴是同學間互相支持。」

A trainee is most poetic, and she wrote the following reflection with the first letter of Mindset Peer Support.

*Renewal of mind, living an abundant life;  
Healthy spirit, educating the community;  
Peer support, reliving my potentialities;  
Seeing life, accepting its imperfection;  
Mutuality of peer support, dedicating a genuine love;  
You and I are journeying in unity.*

思想更新，活出豐盛人生  
健康精神，教育惠及社群  
培育朋輩，重新展現潛能  
訓勉人生，接受人間缺憾  
朋輩互感，獻出真摯愛心  
輩份無分，攜手積極同行

The PSWs have completed their practicum and most of them are ready to pioneer the unprecedented roles and functions of PSW. The searching journey of the unique roles of PSW is probably long

and winding. They have to demonstrate perseverance in searching for the uniqueness of PSW in collaboration with their employing agencies.

## Conclusion

Employing people with mental illness in mental health field is not something new. However, using the model and concept of Peer Support Worker in psychiatric rehabilitation practice is probably a new initiative in Hong Kong. It recognizes the strengths of the consumers, and advocates for effective mental health and recovery-based services. It demands a transformation of the agency culture to embrace the PSWs in the continuous improvement of the mental health care. PSW in Hong Kong is still at embryogenic stage which requires concerted efforts of all parties concerned to flourish it. It is envisioned that PSW as a recovery-oriented mental health care will be recognized by the government and the general public in near future, and more organizations will join hands to promote and employ PSWs in their work force.

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摘要

「思健」朋輩支援計劃—本土經驗及觀察

「思健」朋輩支援計劃開創香港精神康復服務新一頁。四間志願服務機構聯合提倡推行復元為本的社區精神康復服務；培訓復元人士成為朋輩支援工作人員，以過來人經驗，推動其他服務使用者踏上復元之路。首批受訓的朋輩支援工作人員已準備開展他們前所未有的工作旅程。他們要面對的挑戰是：如何在其他人面前展示朋輩支援工作人員的獨特性及精神康復服務的存在價值。精神康復服務機構的挑戰是：如何以維新變革去迎接朋輩支援工作人員作為工作團隊的一份子。

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