



ABSTRACT FORM

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Title of the contribution/Titolo del contributo	Peer-support in Community Mental Health Centres: The Bologna 2013-2017 program and current situation.		

Objectives/Obiettivi

Background: In the last 15 years different forms of collaborations among mental health stakeholders (SHs: professionals, service users, care givers, family members, users and family members' associations) have been implemented in Bologna Community Mental Health Centres (CMHCs). Collaborations grew spontaneously from the common interest of SHs and were implemented in different ways such as front desk reception in CMHCs, evaluation of quality of CMHCs, self-help groups, recreational activities, support in services user's personal treatment plans, housing and rehabilitation programs.

Objective: The program had the specific aim to coordinate and formalise the activities of peer support workers and to clarify their role and functions.

Methods: Three CMHCs out of eleven were involved in the pilot program; they were chosen because of a long-standing and abiding peer-support organisation. A focus group, involving stakeholders active in peer-support activities, was organised in order to define the method and the objective of the program. The program was planned to last 4 years (years 2013-2017). Subsequent evolution is reported hereby.

Results: The focus group produced a "Peer support program plan" in which the peer supporter was defined as a person with an experience (personal or relative's) of mental health problems willing to use his/her own experience to help others. The document defined the need of a specific training and evaluation before starting the activities with service users and conceived peer-support as a specific offer of CMHCs. As a consequence peer supporters became workers with wages paid for their time spent in it. In order to put into practice the program, four user/family's associations were involved in the program; two training workshops were organised which involved in total 28 Service Users, 11 Relatives, 70 Professionals. A total of 33 active peer supporter were active and paid for different activities, which were constructed and planned with mental health professionals. The evolution of the program has been slowed down because of new labour market regulations, which hindered payment of nonprofessional workers by nonprofit associations. These difficulties have been in part overcome by introducing peer support trainees in Mental Health Centres; currently many other peer workers work as volunteers.

Conclusions: Peer support activities in public mental health settings can be formalised and planned with mental health professionals. Future implementation needs a better understanding of how these figures can have a stable role inside the mental health system.

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