

# Current Positioning of Peer Support Workers



A quick overview  
about

Problem-Solving Oriented Training Program for Advanced Medical Personnel,  
The Ministry of Education, Culture, Sports, Science and Technology  
University of Tokyo "TICPOC (Trauma-Informed Care, Co-Production and  
Organizational Change)" Project

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Department of Neuropsychiatry, University of Tokyo Hospital

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## Introduction

**For everyone who has shown interest in this booklet**

We began accepting peer support workers as our colleagues in the Department of Neuropsychiatry, The University of Tokyo Hospital in 2017, and we now have four peer support workers in hospital wards and day care and education departments. This booklet provides information about the services they provide in our department and how we conduct our program for peer support worker training (TICPOC D course).

TICPOC → <https://co-production-training.net/>

This booklet is intended for people who are interested in this field, including current and future peer support workers, and those who want to collaborate with peer support workers in the fields of healthcare, welfare, government administration, and education.

By introducing some aspects of peer support workers' current tasks and challenges within our department, we hope to initiate reflection and dialogs about the employment of peer support workers in other organizations.

In addition, we hope this booklet serves as a first step for those who are considering bringing peer support workers into their organization.

### **Definition of "peer support workers" in this booklet**

This booklet defines "peer support workers" as people who enter into an employment agreement with an organization to contribute to its users' recovery by tapping into their own experiences with mental disorders and mental illness and the use of mental health services, as well as the perspectives they have gained from these experiences.



## Feature 1 Frontline reality

# Peer Support Worker Interview



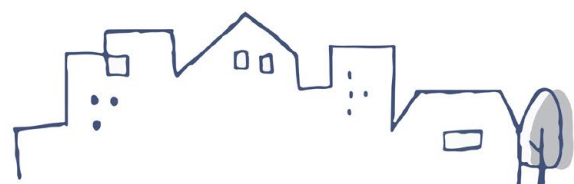
This is an interview with peer support workers who work in our department.

Two peer support workers, **Yosshi** and **Ishiyon**, who work at the Department of Neuropsychiatry, The University of Tokyo Hospital, talked frankly about how they feel about their work, including what they find rewarding and the aspects that are challenging for them.

## Defining peer support work through trial and error

### Can you describe what your daily tasks are?

**Yosshi:** I do a lot of different tasks such as engaging a patient in conversation in the Occupational Therapy Room, interacting with patients attending a group session at the Psychiatry Ward every Monday, and visiting newly admitted patients to introduce myself for future consultation. We are taking baby steps, exploring what we can do and the extent to which we should do it. I hope to build trusting relations with patients.



### So, rather than being asked what to do, you are exploring and creating your own work.

**Yosshi:** That's right. Our work is not structured at all. We are at a stage where we must build and shape our own work.

**Ishiyon:** I'm at a day care facility called Day Hospital. We run a lot of programs daily, and I participate in them alongside members as their peers, taking a step away from the educational stance of other medical staff. That is the foundation of our work. In terms of sharing my experiences, I sometimes talk about my personal recovery story when asked.

✎ About three or four months into my peer support work, I launched a session called "Ishiyon's Room" for casual conversation with members. Casual interactions provide the best environment for equality and interactivity. With that in mind, I hope to use frank conversation as the path for recovery.

Suggesting the launch of a new session only three or four months after joining the organization sounds very soon. You must have had some courage to do so.

**Ishiyon:** Indeed. Yet, after three or four months, although I was not dissatisfied with the organization, I started to see how it could be improved. I wanted to accept members as they are, rather than giving them conditional

approval, for example, by praising if they followed some protocol. That's why I suggested the idea to other staff, who encouraged me to get it started right away.



## I love it when I see patients smiling and talking, full of energy.

### When do you feel glad to be working as a peer support worker?

**Yosshi:** I love the way I can connect with patients and members emotionally. For example, there was a member who was experiencing poor mental health and was very introverted. I worked with him and had chats with him, and he eventually started to say hi to me, initiate conversation with me, and even smile at me. Such changes may be small, but I love the moment when I notice positive change, sensing that people have opened up to me and trust me. I do this work to see everyone smile.

**Ishiyon:** This is a tough question. Specialists tend to focus on pathological factors and what patients cannot do. I direct my attention more to each member's personality, their likes and dislikes, what they are good at, and what they

used to be good at but cannot do now. When I hear members talk passionately about these things in the course of a casual conversation, I feel a deep sense of reward about doing this work.

That's interesting. Specialists focus on a pathological side, and members tend to talk about their suffering and difficulty in front of staff. But you feel rewarded when you see members eagerly talking about what they are good at.

**Ishiyon:** That's right. At Ishiyon's Room, members started to talk more about positive things about two and a half months after the launch. It's not like we are asking them to do so, but more and more members come to the session, wanting to tell me what they like or are good at. I'm loving the experience.

## It is sometimes difficult to determine whether my opinion is right because different people have different perspectives.

### What are your challenges?

**Yosshi:** It is difficult to determine whether what I want to do and try is really good for patients or is practical to implement. I sometimes wonder if I'm merely imposing my good will onto them.

### Do you talk about such challenges with doctors in your ward or staff in clinical settings?

**Yosshi:** Yes, I share my feelings and seek doctors' advice or opinions, given from a different perspective. There are as many opinions as there are people. It's important to have a sense of balance.

**Ishiyam:** Ever since I decided to become a peer support worker, I have always felt that I should not act like a representative of our peers. I am only one of those who share the same experience. Yet, at the same time, I'm determined to harness the views of people like us. There are times when I wonder if I'm making

a statement as if it is a collective view of us all. What I want to do is to gather members' opinions, concerns, and joys, and communicate them on their behalf.

### Has there been any specific example?

**Ishiyam:** For example, when I saw a specialist dealing with a member from an educational perspective, it did not sit well with me, leaving me wondering whether that was the right stance. I was not sure whether that was just me or whether members also shared the sentiment. It is times like this when I feel this occupation is difficult.

### Is there any aspect of the TICPOC D course that has proven to be useful?

**Yosshi:** Other peer support workers might say the same thing, but I find myself sometimes drifting toward the stance of specialists. In such a situation, what I learned in the D Course helps me remind myself of the perspective that peer support workers should adopt.

**Ishiyam:** I appreciate most about having colleagues to talk with others. For example, in the D Course, we can hold discussions about concerns we may have at the workplace (in a session focusing on boundary) or the sense of uneasiness we feel at work (in a session about recovery language) (without sharing personal information). It is reassuring to be able to get together weekly or fortnightly with people who are also learning about peer support work.



### What is your motivation in doing peer support work?

**Yosshi:** Well, I might share the same view with Ishiyam, but I think every person has their own unique valuable. I want as many people as possible to feel they are valuable. That is my biggest motivation.

**Ishiyam:** I want as many people as possible to live true to themselves. When you find it difficult to live, you don't always have to take medication to alleviate symptoms or receive social skill training to boost communication skills. The greatest thing about peer support work is for us to be able to bring out who they

really are. This is not quantifiable, like the ratio of people who find work or go to higher education after receiving day care services.

Absolutely everyone I become associated with in my work has something good. Members are dealing with situations that could affect the course of their life, and therefore, they deserve my utmost respect. I remember how hard it was for myself. That is why I admire these people and want to be of assistance as much as I can. People might deserve admiration because of some skills, but these members deserve absolute admiration for living with and surviving mental illness. It is a pleasure to be able to help them, even by the smallest amount.

## Challenges of working for the University of Tokyo Hospital

### What is unique about working for the University of Tokyo Hospital? For example, is there any factor that makes it difficult to work here, or is there something that you think should be changed?

**Yosshi:** The Department of Neuropsychiatry, The University of Tokyo Hospital has a fast turnover of doctors. Patients only stay hospitalized for up to one and a half months at most, and it is really difficult to build trust with them in such a short period of time. Senior residents change each year, for example. The peer support work I have performed during one year might have to be restarted from scratch in the following year. That could be a difficulty.

For example, I might successfully build the trust of doctors, who would then start asking me to have interviews with specific patients as their awareness about peer support work grows. Then, these doctors get transferred elsewhere, and I suddenly find myself dealing with new doctors and having to explain to them what peer support work is.

### That is a major challenge. You might work hard to establish the right workplace culture and mentality, but everything goes back to square one when staff are rearranged.

**Yosshi:** It is disheartening to see something we have built up disappear into thin air after one year.

**Ishiyam:** Specialists here are conducting work with a sense of pride and firm identity, while valuing tradition at the same time.

Peer support workers might seem like people who threaten their existing sense of value. It is difficult to change people's attitude or an organization, but we must engage each staff member in dialog to boost awareness.

—Even if you think some transformation is needed, others might like to avoid drastic changes. They might be worried that dramatic changes could end up causing problems. An organization that values existing culture seems to have more people who want to preserve it.



# A round-table discussion on the initiative for peer support worker development

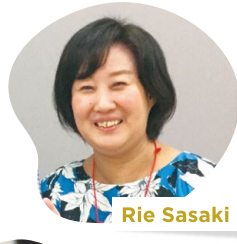
A round-table talk among senior peer support workers on the initiative

Three senior peer support workers who created TICPOC's peer support worker training program attended a round-table discussion to talk about fostering peer support workers, highlight benefits of the program, and point to current challenges. We also asked about their personal views on how peer support workers will become more involved in healthcare settings.

Yuki  
Kawamura



Rie  
Sasaki



Toshihiko  
Nishimura



## Having two identities

What is your frank opinion about this booklet after reading it?

**Kawamura:** The former participants' comment section included feedback from a psychiatric social worker who aspires to become a peer support worker. Some psychiatric social workers want to be a peer staff/peer support worker, while those who are working toward becoming a peer support worker are trying to become qualified to be a psychiatric social worker. There are already many peer support workers with a specialist qualification, and there will be more and more people like that in the future. In this sense, I like the inclusion of a comment from a former participant taking the approach of getting trained as a peer support worker while having a different specialized qualification.

**Nishimura:** There has been a lot of talk about

support work identity. I, for one, believe a line should be drawn between peer support workers and other healthcare/welfare specialists including social workers. Each of these occupations has different standpoints and direction, and we must be conscious about such distinctions. Collaboration is about specialists with different standpoints coming together and enhancing one another's knowledge and expertise. Peer support workers must make efforts to enhance and deepen their expertise.

**Sasaki:** When people with personal experience in this area become interested in applying that experience in person-to-person support work, many of them would like to have structured training, like TICPOC's peer support worker training program, if there are more options. Given the limited availability of such structured training opportunities for peer support work, ↗

↗ more people are currently opting to get trained as a psychiatric social worker. This is causing confusion in expertise and raising questions about their specialist identity.

**Kawamura:** You are right. However, at this stage, there are not many other facilities where you can learn about peer support and recovery in a structurally designed course.

**Sasaki:** As Nishimura says, that is creating a situation that causes identity confusion and switchover. Some people may start taking a course with a primary focus on the value of peer support, but be unaware that another value of an existing support profession is being installed in the process. This could create the possibility of separating them from the value of being a person with shared

personal experience, which is slightly alarming.

**Kawamura:** That's right.

**Nishimura:** A person with both social work and peer support work qualifications should consciously distinguish them in their work. Having them mixed up could lead to a worrying consequence.

**Sasaki:** Social work and peer support work are two different things. There could be some overlapping and interactions, but Nishimura is more concerned about identity confusion. TICPOC's peer support worker training program, which we are currently putting together, includes networking with people in other professions to learn from one another. This is a very meaningful process, making our training program quite unique in this sense.

## Developing the ability to explore, think and withstand difficulty

Thank you all. Carrying over from the previous question, what elements are you emphasizing or want to emphasize in TICPOC's peer support worker training program?

**Sasaki:** This program is not about teaching "right answers." With eyes set on a career after the training, participants are brought together to learn to explore and think for themselves so that they can fulfill their duties when assigned to a workplace as a peer support worker in the future. Comments from former participants about how the program gave them these very abilities to explore and think, are very pleasing, making us appreciate that our assistance for this program over the last year produced positive results.

When you start working as a peer support worker in reality, you may experience many more difficult situations and struggle much more than expected. This may cause some people to experience anxiety and others to bottle up their concerns, forcing them to eventually leave the occupation under a less-than-desirable circumstance. That would be a terrible pity. As peer support workers, we must be able to withstand

such difficulty. With this in mind, I want participants to learn together for one year to develop the ability to explore, think, and withstand difficulty. Where there is no immediate answer, participants nurture their power to endure and to remain flexible.

**Nishimura:** This program is not about one-directional delivery of information. It is about absorbing experiences gained in the training and incorporating them into your own experiences to enable you to think things through. I'm sure former participants fully understand this approach. Having read comments by former participants, I think our intentions behind the program appear to be working in practice. As Sasaki said, this program is not about teaching right answers. It is a venue for everyone to come together to explore ideas and provide peer support. As a peer support worker, I think it is important to create a place for peer support. This training program offers a valuable experience in creating such a place.

Continuing on from Sasaki, I believe professionalism or a professional spirit is paramount in conducting professional work. Every profession

has its own unique form of professional spirit that provides support to workers when they encounter difficulty. We should all think about what constitutes professional spirit for peer support workers. When you start working in this field and encounter difficulty, I hope you remember and turn to the spirit of being a peer support worker.

**Kawamura:** That sounds cool. I would not have thought of the word “spirit” in that sense. Having heard what

Nishimura said, I agree that the power to think and explore is particularly needed when you start work. Yet, this message would not sit well if it were delivered in the form of a patronizing instruction. What is great about this program is that all parties concerned, not just participants, have an actively exploratory attitude, rather than waiting for someone to spoon-feed answers. Everyone, not just participants, shares their opinions and embraces one another’s views or identifies another way of thinking. This is truly impressive.

## Learning together with people in different occupations based on different backgrounds and philosophy

**Kawamura:** On a related note, you hear the word “collaboration” mentioned often these days in reference to co-creating a place for training. Yet, collaboration is, in many cases, something initiated from the top down. You don’t find many occasions in which a subordinate suggests collaboration to a supervisor. It is normally a supervisor suggesting collaboration to a subordinate.

I get the impression that many organizations boast about “(internal) collaboration” when it is actually a top-down initiative. However, in this program, classes seem to be created by both lecturers, who act like an emcee, and participants, using their thinking power together.

This collaboration is possible in TICPOC’s peer support worker training program because it involves people from a variety of backgrounds, including doctors, psychiatric social workers, psychologists, and nurses, collaborating with peer support workers. I think it is incredibly important to have this learning experience alongside people in other healthcare occupations.

**Sasaki:** I guess, if these classes are held only among peer support workers, they may end up forming a too uniform perception of what they should value as peer support workers. But we must always question the validity of the collective perspective of peer support workers. In other words, it is important to be conscious about the

sense of value that other occupations uphold.

**Nishimura:** This program provides not only a place of thinking together, but also a place that provides peace of mind. I participate in the program with the idea that one of the aims is to learn about how to provide a place with a sense of security. This program is definitely unique in that it offers a place of safety and security.

**Kawamura:** I also feel a sense of security when I participate in this program. I feel secure when taking on a new challenge, running up a set of stairs, and staying in an unfamiliar setting. I love this positive sense of security.

In acting as a peer support worker, we don’t have many opportunities to talk with a psychologist or experience their sense of value. Hearing about what psychologists value makes me realize that their value may contradict that of peer support workers. Yet, such information is always fresh and different, making me feel glad to have learned it.

**Sasaki:** Since I became involved in this program, I have realized the importance of peer support workers gaining more knowledge about specialists. I want peer support workers to know, in the stage of professional development, that other specialists do not represent a threat and are not enemies. They are fellow workers working together to transform the ↗

↗ mental health category. We might share a sense of discomfort at times, but we should see one another as partners to work together and collaborate. I hope this program fosters such a perspective in participants before they make a transition into the workplace.

**Kawamura:** Looking back at my past work, or my present work for that matter, I have never handled a case all by myself as a peer support worker.

For each case, there is normally a support team, which explores what can be done to guide the patient in a better direction.

A peer support worker providing a recovery

story would not bring about a change alone. If a peer support worker’s action produces a significant change for a person receiving the support, there have to be others (supporters) who are reinforcing the peer support worker’s action, or adjusting the surrounding environment to bring about a positive outcome. This is what I have come to learn through this training.

**Sasaki:** As we collaborate in this way, it would be even more wonderful if the work leads to not only a sense of identity as a peer support worker but also a sense of belonging to our society. As work is carried out, I want all peer support workers to feel that they are fulfilling a role in society or making a contribution to society.

## Broadening the scope of peer support workers’ workplaces

**What are your views about the “future of peer support work” and the “type of peer support workers needed”?**

**Sasaki:** In terms of the future of peer support work, we must remember that there are currently not enough peer support jobs available for job seekers to be able to pick and choose their workplaces. This healthcare field is still very limited. When you think about whether there are peer support workers in your local area, the answer is often “no.” This should be improved to the extent that peer support workers can find a job in their local areas, and that those seeking support from peer support workers can access their services readily. To this end, employment opportunities and workplaces are needed.

Ideally, this field should expand such that peer support work seems like a practical job possibility within local communities. Peer support work could vary enormously. Some positions may be in a casual setting, while others could be very formal, similar to medical institutions. In any event, peer support work services must become more readily available and accessible for those in need.

**There should be greater job opportunities in local communities and regions.**

**Sasaki:** Currently, peer support jobs might seem only available in Tokyo or major regional centers. Many workers say such job opportunities do not exist in their local areas. This is definitely an issue.

**Kawamura:** Let’s take Miyagi Prefecture, for example. Its capital city, Sendai, may have peer support workers, but there is probably no one employed as a peer support worker in the rest of the prefecture.

Yet, any locality should have an initiative that can be likened to peer support work, such as a self-help group. Those who are involved in such initiatives may include people who are currently receiving support themselves but would like to give support in the future. Unfortunately, these people have little access to information, for example, on how to find such a job. I always dream of a world in which people can access learning opportunities when they become inspired to work in a particular field (not limited to peer support work), to be the best they can be.



## Expansion of peer support workers

**Nishimura:** There are regional disparities. Yet, I don't think peer support workers should be dispatched by the national government, local governments, or specialists. As Kawamura has just said, we must be aware of regional characteristics. It would be ideal if peer support work emerged naturally within communities, rather than being assigned by public authorities. The number of peer support workers has increased, but the peer support workers who are actually capable of providing peer support are still limited. The occupation does not seem to have taken root.

What would be the root system of peer support workers? At the end of the day, it is the belief in the potential of peer support work. I think human existence, the human way of life, and its significance and meaning are not something that someone else can determine.

These elements emerge out of complex human connections and are constantly changing. This is the best part of peer support work. Fostering the belief in the potential of peer support work—that is, growing its root system—is a challenge that TICPOC's peer support worker training program and other similar trainings must take on.

**Sasaki:** I completely agree with you two about the future outlook of peer support work. I also want to see specialists form teams that include peer support workers.



A support team of specialists who respect one another's expertise and value should include peer support workers as a matter of course. At present, peer support workers are not a natural part of such teams. It should become normal for such a team to include peer support workers alongside established specialists.

Additionally, I'd also like to ensure that peer support workers maintain their connection with local self-help groups and those who share similar experiences. It would not be desirable for peer support workers, who tap into their experiences in providing peer support, to no longer have any connection with other who have had similar experiences. This type of connection must be valued and maintained so that people suffering from mental disorders can learn about peer support work and start a positive cycle of learning to possibly become peer support workers themselves. These mutual interactions should help build a peer support culture.

**Nishimura:** That is quite true, considering that peer support work is about human connection.

**Sasaki:** Peer support workers should maintain connection with their peers. Without such connections, the workers cannot provide services that are based on the core value of peer support.

**Kawamura:** Working as a peer support worker, I am always conscious of whether I am connected to local self-help groups or others who share similar experiences. I can definitely say that having someone who has had similar experiences and eggs me on helps me cope with some difficulty. Having a support system, be it a local community or someone with similar experience, makes a huge difference in terms of whether I can keep on working in this occupation. It is important to have a supporter in your local community, rather than only having support from your specialist team.

## Recruiting peer support workers

**We are hoping that this booklet will encourage some employers to recruit a peer support worker. What would you like to say to employers who are about to recruit a peer support worker or are considering doing so but are not yet fully convinced?**

**Kawamura:** I have seen situations in which this type of question was asked. Some would tell the employers to just go ahead and recruit a peer support worker. They would tell them to bring a peer support worker into their workplace and see what happens. This sounds a little irresponsible. It could end up in a disaster.

I want employers who want to recruit a peer support worker to take a fresh look at their workplace and its current status and workplace culture, rather than considering adjusting these factors to facilitate peer support work. Is your workplace somewhere that is safe and secure for carers or those returning to work after maternity leave? Do your workers feel assured of their safety and secure when someone with a mental disorder pays a visit? I want employers to take a closer look at their workplaces.

**Sasaki:** I'm sure specialists have their ideal way of providing support. When you are recruited to such a position for the first time, you must have some idea about how you want to interact with users as a person in interpersonal support work. Once you start working, however, you might find your workplace to be short on time and staff, and you cannot work exactly as you had hoped in many instances. Those of you who are suffering from the gap between reality and ideal would find that adding a peer support worker to the workplace serves as a trigger for establishing a more desirable way of providing support. In this sense, I suggest welcoming someone who has experienced mental hardships into your workplace as a colleague. That person could help you build a more desirable way of offering support. This could lead to a workplace

where everyone feels proud of their own work.

**Nishimura:** In recruiting peer support workers, I want prospective employers to value the experiences that the workers bring to the workplace. If you advertise a peer support job and interview two candidates with similar experiences, how do you choose which person to employ? This is something I have been pondering for some time.

Both of these people might have experienced similar hardships, but the significance of these experiences is individual. All candidates differ in how they applied meaning to such experiences. Observe how they perceive the meaning of life, and keep this in mind when and even after you employ them.

**Finally, do you have anything you would like to add?**

**Sasaki:** It has just occurred to me that, when you were asking elements that are emphasized in TICPOC's peer support worker training program, were you talking about the structure of the program or the intentions behind the program's structure? We have run out of time to touch on that. Perhaps next time.

**Nishimura:** Kawamura was saying how peer support workers could learn from other specialists. That is quite true. As a future direction of TICPOC's peer support worker training program, we would love to incorporate insights and tips from a variety of different fields.

For example, we could use the perspective of peer support work in scrutinizing and digesting the issues of trauma, advocacy, or organizational culture. The program could go downhill if we only pursue the theory of peer support work. We should incorporate insight from various fields and reflect upon how the information can be put into practice.

# Training Program

The Department of Neuropsychiatry, The University of Tokyo Hospital launched an initiative to foster peer support workers in FY2019. This initiative was undertaken as a Problem-Solving Oriented Training Program for Advanced Medical Personnel, The Ministry of Education, Culture, Sports, Science and Technology (MEXT) (TICPOC D course). The program is aimed at peer support workers who empathize with the value of patients who shared similar experiences and can thus assist their subjective decision-making.

## Aims of the program

This program provides a place of learning with a focus on the philosophy of recovery and peer support, which forms the foundation of peer support work.

Through the learning process, participants become capable of incorporating the philosophy into their own behavior and way of thinking. By the time they complete the course, they are expected to have solid foundation for offering practical support based on the concept of recovery and peer support at their respective places of work.



## Focuses of training program

Based on the value of service users, the program aims to nurture human resources capable of providing support in collaboration with other specialists in the field of mental health social work.

Three core elements are required to gain a work stance oriented to the value of patients.

### Co-production

Peers and specialists working together for co-creation

### Trauma-informed care

Offering support with in-depth knowledge about the possibility of trauma

### Organizational change

Transforming an organization to put these concepts into practice

For more details

TICPOC

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## Program contents

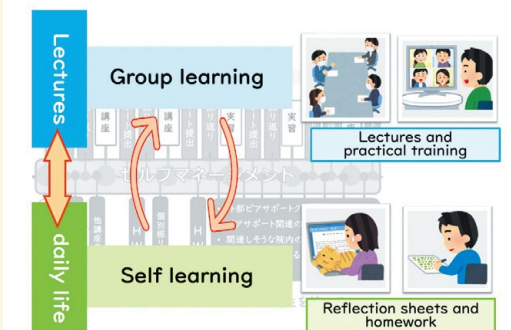
The program features dialog-based lectures and practical training at the University of Tokyo Hospital, using a variety of learning resources and environment.



One year for fostering (growing the root system for) the concept and philosophy of recovery and peer support within yourself

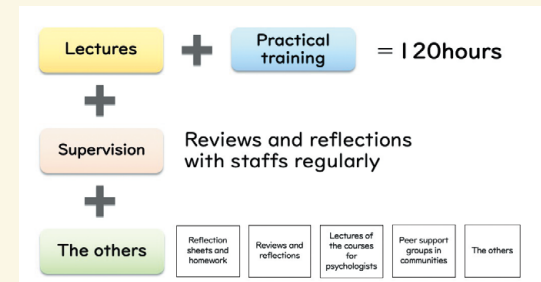
## Examples of lectures in this program

- History of right to movement and peer support
- What is peer support?
- Thinking about self-disclosure
- Recovery-oriented use of words
- Thinking about rights
- Self-care and self-management



## Practical training at the University of Tokyo Hospital

- Cross-functional collaboration practical training at a hospital ward (about two weekdays per week for one month)
- Community collaboration practical training at the Day Hospital/Recovery Center (about two weekdays per week for one month)
- Transition from senior peer support worker to supervisor, and cross-functional review





## Comments by past participants



### • Former participant: Yamada •

Having completed this program, I'd like to share two key phrases with future participants: "be confident about feeling at a loss or worried" and "make it a habit to think."

These two phrases are interconnected. We go through a cycle of feeling at a loss or worried (or becoming aware of yourself doing this) → thinking it over to achieve growth → encountering another source of feeling at a loss or worried → thinking it over again. In my experience, lectures and discussion sessions were filled with moments of inspiration, highlighting my lack of thinking. Yet, that is not a bad thing. In fact, it is a good thing. The more inspired I was when I noticed my lack of thinking, the longer it stayed in my mind or the more it appeared in notes I took. It is important to review and recall these findings to explore what you should do. That is what I have come to believe after completing this program.

Having gone through such experiences, I started peer support work and can now positively accept a sense of helplessness and incapacity I occasionally get during work. I can also tell myself to embrace a sense of loss and concern I might feel while putting what I have learned into practice. What is important is to continue thinking through and reflecting on individual cases. I appreciate TICPOC for letting me experience feeling at a loss or worried, finding inspiration, and thinking things through.

Concluding my comments, let me say who I think should be undergoing this training program. It is people who are feeling at a loss and worried. If you want to be a peer support worker but are feeling unsure and unconfident, this program is for you. Once you participate, you might end up feeling even more at a loss, worried, and obliged to think. Like I said before, that is not a bad thing. It is actually a good thing. I hope you will come to realize that.

## Comments from other specialists who have undergone the training program

At the medical and welfare frontline, we feel greater need for knowledge and technology than ethics in many cases. In such a workplace environment, I wonder if all specialists are conscious about the code of ethics during work.

(A peer support worker who participated in Course 07 "Occupational ethics in work")

Even during role play, I felt my boundary becoming unstable. One of my findings this time was, "A boundary becomes established flexibly according to people, situations, and environment involved through the process of mutual negotiation. This leads to mutual protection."

(A psychologist who participated in Course 13 "Boundary")

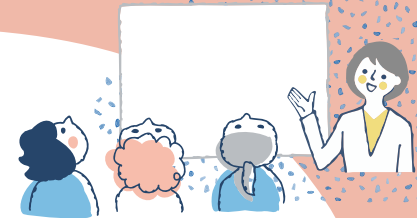
We might think we know the concept of confidentiality, but the definition of what should be kept confidential might differ greatly from person to person. We shared our experiences about how we felt when information about us became known to others. I came to realize that it is important to be aware that different people have a different definition about what should be kept confidential.

(A registered nurse who participated in Course 08 "Confidentiality in work")

The course offered real-life experiences that you would not find in a textbook, including users looking to a peer support worker with admiration (because the worker is recovering from illness to be able to work in the current position), and peer support workers finding difficulty in supporting the type of users who are different from themselves.

(A psychiatric social worker who participated in Course 14 "Available community resources")

### • Former participant: Maki •



I used to work as a specialist (psychiatric social worker/certified social worker) at a government office and a disability welfare service office. However, I began to feel lost about my occupational identity, as it seemed to be diluting the side of me that shares similar experiences with people I was dealing with. It was then that I learned about the University of Tokyo Hospital's peer support worker training program, and I decided to enrol to learn about the significance of applying my shared experiences in my work and how I can put that into practice.

The course not only offered knowledge about recovery and peer support, but also featured cross-functional dialogs involving peer support workers to learn about different perspectives of other professions. Directing my attention to their respective expertise helped me identify the significance of adding peer support workers to a support team. The stance of respecting other specialists for their differences and similarities alike facilitates the process of co-creation between specialists and peers.

Alongside my study, I engaged in day-to-day work duties, interacting with users. This made me think about what kind of peer support worker I wanted to be, and what I could do in my community using my shared experiences. In the support framework, I sometimes felt it difficult to make use of peer support. Yet, the process of feeling worried and thinking through a situation is very valuable. I formulated my subsequent work style through the process of comparing my daily duties against what I learned, reviewing my work, and verbalizing the outcome.

Studying in the Course D will be beneficial not only for those who want to be a peer support worker but also for those who are already involved in support work but are feeling at a loss about the way they work. My current ambition is to broaden the potential of peer support in healthcare, welfare, and even normal daily life. When I become unsure about my way of life and work, I'd like to refer back to the philosophy of recovery and peer support each time.

# Messages from adviser



**Yuki Miyamoto**, Department of Psychiatric Nursing, School of Health Sciences and Nursing, Graduate School of Medicine



**Shinichiro Kumagaya**, Research Center for Advanced Science and Technology (RCAST), the University of Tokyo

**Miyamoto:** This course is great in that all participants think together, rather than simply receive information from the top down. This applies consistently throughout the course. It is not about teaching right answers. It is about learning that providing a place where you feel secure allows you to think and interact with others. Feeling secure as you take on a fresh challenge, run up a set of stairs or contemplate a query... I felt what Kawamura defined as a “positive sense of security” during my time studying in this course.

Someone commented that participants should come to realize that other specialists do not pose a threat. This is truly important on both sides. In a peer support campaign, some specialists may falsely assume that those with shared experiences see specialists as enemies. In some cases, people with shared experiences band together, thinking that specialists do not understand them. That is not how it should be. One of the positive features of this course is that everyone gathers together as fellow learners.

**Kumagaya:** As Miyamoto has just said, specialists and patients could end up opposing each other out of an excessive sense of self-defence, requiring peace-building or dispute resolution. Peer support workers are at the forefront of some sort of disarmament campaign, or a campaign for peace-building, trust-building, and peace-keeping. The round-table discussion highlighted the significance and seriousness of their work in having to coordinate between the two parties to build trust, despite being in a position that could be viewed with scepticism from both sides, with a torn-out sense of identity.

I don't think this responsibility should be imposed only on peer support workers. Specialists must reflect upon their roles, and so must the suffer-

ers' community. The discussion also referred to the need to improve the workplace environment. This booklet might be a textbook for both specialists' and patients' communities, making them think about how they should change.

**Miyamoto:** This training program is structured very well. The contents of individual elements are fantastic, but the philosophy underlying the elements is even more fantastic. The approach of thinking together and fostering the philosophy within oneself over time until it bears fruit is impressive, and so is the program's structure and use of time, guiding participants in a specific order to achieve progression.

What I found incredible is the way Sasaki is facilitating the program, rather than teaching specifics, and allowing participants to speak out. The program is really built around the philosophy of recovery and peer support.

I was also amazed to hear that those who completed the program can positively accept their sense of helplessness and incapacity. I guess that is what learning is all about.

**Kumagaya:** The former participant Yamada's comment about being able to “positively accept a sense of helplessness and incapacity” has a powerful impact. I have a keen interest in high reliability organization study. The state in which an organization is operating well according to manuals is considered as a normal time, while the state where the manuals are no longer functioning well is deemed as an abnormal time. The study examines requirements of an organization for maintaining operational continuity even at an abnormal time. At the end of the day, it is about how an organization should handle an event, which is not covered in manuals.

✎ In such a situation, my conclusion is that there are probably two requirements. One is to have abstract goals and an operational direction, philosophy, and value shared across the entire organization. In other words, there is a shared understanding about the operational direction of the organization, which is a powerful goal with a moderately high level of abstractness. The other requirement is to have an organizational culture of having all participants involved in exploring questions with no set answers through dialogs and observation. An organization that meets these two requirements is resilient to abnormal situations and can maintain operational continuity in an emergency. The former participants Yamada and Maki spoke of this in language that is easy to understand.

The former participant Maki said she wanted to broaden the possibility of peer support work in day-to-day life, which left a strong impression. In last year's Recovery Forum (NPO Community Mental Health & Welfare Bonding Organization: COMHBO), I asked participants at the end of the session, “Between peer support and medical care, which do you think is the purpose and which is the means?” My personal opinion is that peer support is the purpose, and medical care is nothing more than the means. Peer support has a clearer focus on how to enrich our lives. Patients' recovery is the central theme. Existing medical technologies and knowledge are nothing more than elements that play certain roles in the context of peer support. I was being a devil's advocate in raising this issue. In many cases, peer support is turned into the means to fulfill medical purposes. I asked whether the reverse has become the norm. The former participant Maki said, in the end, that peer support is something that is relevant not

only in special situations, but is inseparable part of normal daily life. It is indeed a type of support required as long as we live. That is what I felt, reading past participants' comments.

**Miyamoto:** This program can fulfill its purpose because its contents, structure, and how Sasaki is involved are based on the clear direction of sharing something that has no answer, as mentioned before. The program would not have worked if it had been built around fixed notion about how medical care should be. That is why I am very impressed by this program.

**Kumagaya:** I talked about how I felt, using keywords such as trust-building and peer support as a form of purpose. It is easier said than done. Turning these concepts into reality involves a tremendous amount of work, based on my own experience. I take my hat off to the considerations and initiatives of Sasaki and all others concerned. This achievement would not have come about without a firm and stable philosophy. A group of specialists and even a community of concerned parties must continue to reflect on their initiatives and actions, rather than become reliant on the work of peer support workers.

It seems the answer is already written here. This booklet has plenty of explanation about the direction we should pursue. All that is left to do is to stay conscious of the fact that peer support workers are the means, and formulate how we should work tomorrow according to our purpose. The ball is on our court. Readers of this booklet might be a group of specialists in the narrow sense of the word, or someone involved in patients' campaigns, or even members of the general public. I hope this booklet gives them an opportunity to reflect and contemplate.