Ideas of how peer support workers facilitate interprofessional learning in mental health care teamwork: conceptual paper

Tuija Viking and Lena Nilsson

Tuija Viking and Lena Nilsson are both based at University West, Trollhattan, Sweden.

Abstract

Purpose – *The purpose of this paper is to contribute theoretical ideas of how peer support workers (PSWs) bring added value to interprofessional learning (IPL) in mental health care teamwork. The question is: How can we theoretically understand the value of PSWs' expertise for IPL in mental health care teamwork?*

Design/methodology/approach – *Initially, the authors formulate a hypothesis. Then, the authors describe the focus and context in IPL and PSWs, respectively, and the PSWs' and mental health professions' different roles, expertise and perspectives. The authors also refer to some peer provided programs related to IPL. Finally, the authors construct an outline and apply ideas from Wenger's Communities of Practice (CoP).*

Findings – *Using CoP, the PSWs as newcomers can by their perspectives change mental health professions' perspectives and stimulate IPL in teamwork.*

Originality/value – *The paper gives theoretical insights of how PSWs can facilitate IPL in mental health care teamwork.*

Keywords *Interprofessional learning, Interprofessional teamwork, Peer support workers, Mental health care, Communities of practice*

Paper type *Conceptual paper*

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Introduction

Interprofessional learning (IPL), which is the learning that arises from the interactions between two or more professions when they exchange different perspectives and knowledge (Freeth *et al.*, 2005), can also raise the quality of health care (Reeves, 2016). In care, the use of different competences can result in more holistic patient care (Ponzer *et al.*, 2009). This is the underlying assumption of the concept of IPL.

A similar assumption is the basis of the concept of peer support workers (PSWs), who are "people with lived experience who are employed to support others who face similar challenges" (Repper and Carter, 2010, p. 3). PSWs can, by highlighting the user's individual strengths, contribute to a holistic view of health care (Mead *et al.*, 2001) that increases the quality of care.

This statement – that IPL and PSWs are grounded in the same assumptions that exchange of different expertise improves the quality of care – gives an indication of the IPL potential in mental health care teamwork with PSWs. This hypothesis is our starting point in this paper. Then, we describe the main focus and context in IPL and PSWs, and the PSWs' and mental health professions' different roles, expertise and perspectives. We also describe some peer

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provided programs related to IPL. Finally, we construct an outline of IPL in teamwork with PSWs, and apply ideas from Wenger's Communities of Practice (CoPs). The purpose of this paper is to contribute theoretical ideas of how PSWs can bring added value to IPL in mental health care teamwork. The question is: How can we theoretically understand the value of PSWs' expertise for IPL in mental health care teamwork?

Interprofessional learning and peer support workers

The formulated hypothesis, that both IPL and PSWs are assumed to benefit the quality of health care by exchange of different expertise, gives indications of the potential IPL in teamwork with PSWs. This hypothesis, however, requires an illumination of these concepts' main focus and context.

The focus and context of interprofessional learning

The concept of IPL has, as it sounds, a pedagogical focus. This learning is mainly facilitated in formally organized trainings called interprofessional education (IPE) where students or members, with different professional backgrounds, are learning "with, from and about each other to improve collaboration and the quality of care and service" (Centre for the Advancement of Interprofessional Education, CAIPE, 2018). IPL can also be expected to occur among interacting members from different professions, where the learning is often explained by a socio-cultural learning approach. This is relevant to IPL as it is based in social constructivism and emphasizes how humans learn together with others and how the context where they work affects learning (Hean *et al.*, 2009). It is assumed that learners, from their own positions and standpoints, engage with the roles, beliefs and values of other professions.

In health care, the central context for IPL is the teamwork. In interprofessional teamwork, a team identity is developed by the members, who work together in an integrated and interdependent way to find solutions and deliver services (Reeves *et al.*, 2010). In teamwork, IPL can be facilitated by giving opportunities for the different professions to interact with each other, exchange and reflect various expertise, perceptions and values (CAIPE, 2018).

The focus and context of peer support workers

The concept of PSWs has a care focus. In mental health care, employed PSWs drive for an approach to recovery that is "creating a meaningful self-directed life regardless of challenges faced, that includes building resilience, having aspirations and the achievement of these" (Te Pou, MidCentral DHB and Northern Region Alliance, 2014, p. 5).

The essential context, due to a recovery effort, for PSWs is the psychiatric inpatient care and municipal teams (Repper *et al.*, 2013a). In teams, the PSWs can, by challenging the attitudes of health care professionals, support the service-users' recovery. The recovery-focused PSWs can, by challenging existing boundaries, change the culture in mental health care (Gillard, Edwards *et al.*, 2014), where teamwork is a central context.

In the teamwork, thereby, various roles, expertise and perspectives are represented. To understand the dimension of the professional differences, these are now described.

Different roles, expertise and perspectives

The employed PSWs' and mental health professions' roles differ fundamentally. Repper *et al.* (2013b) defined these roles. Staff's role is for example to diagnose or/and formulate difficulties, make assessments of problems and offer clinical interventions, treatment and support. The PSWs, in contrast, contribute emotional and practical support, and as a bridge, unite "them" and "us." PSWs, which as role models (Davidson

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et al., 2006) influence recovery-oriented practice within the team (Repper *et al.*, 2013b), strive to develop a mutual and reciprocal relationship with the service-user. PSWs provide service-users' needs by supporting their personal recovery planning, and work to develop self-management strategies and "to ensure that all of this is communicated to the professional staff team" (Repper *et al.*, 2013a, p. 6). In the teams, the PSW role is an adjunct to staff roles.

That means that mental health professions' and PSWs' expertise differ. PSWs have "expertise of lived experiences" (Basset *et al.*, 2010, p. 3). PSWs' expertise is based on their own experiences from mental health problems, while the mental health professions' expertise is based on education (Repper *et al.*, 2013b) rooted in psychiatric models and diagnostic criteria (Mead *et al.*, 2001).

The mental health professions' and PSWs' perspectives are also different from each other. Ehrlich *et al.* (2020) exemplified, in the context of community mental health care centers, how PSWs contribute a psychosocial perspective, whereas staff contributes a biomedical perspective.

However, even if the professional differences are profound they can benefit IPL. This was shown by researchers in educational settings.

Peer programs/education and interprofessional learning in mental health care

In mental health care, IPL has directly or indirectly been related to peer programs/ education. One example is Migdole *et al.* (2011), who described a peer-based patient support program in the context of a psychiatric emergency department (ED). In the program, former consumers of mental health system were recruited and trained to function as PSWs helping other consumers in the care. Migdole *et al.* (2011) also indirectly exemplified a potential IPL when PSWs were described sharing their experiences when educating medical students during their emergency room rotation.

Weller *et al.* (2021) introduced a workforce development program called Interprofessional Peer Education and Evidence for Recovery program (I-PEER), where master's students in social work and occupational therapy participated with PSWs. The program aimed to improve the care for persons with mental health conditions and substance use disorders. In the program, the PSWs and students collaborated and interacted in learning activities that promoted IPL.

To the best of our knowledge, researchers have not suggested theoretical ideas of IPL in teamwork, where PSWs and mental health professions are co-producing together to find new ways of working (Repper *et al.*, 2013b). We think that Wenger's (2000, 2010) socio-cultural learning theory, CoP, is useful.

Communities of practice

In Wenger's (2000) CoP, the learning is a social process. People's relationships to different types of communities are what enable them to "know" about the world. People are, by engaging in activities and conversations, making meaning, but also producing physical and conceptual artifacts such as words, tools, documents and similar forms of reification. This refers to the shared experience and around which humans organize their participation or are "making into an object" (Wenger, 2010, p. 180). The learning occurs when both participation and reification are in interplay. This interplay shapes a social history of learning, resulting in the emergence of a community that participants define as a "regime of competence" (p. 180), which is a collection of criteria and expectations by which they recognize membership. Eventually, a history of learning becomes a social structure among the participants, namely a CoP.

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In a CoP, the members make meaning to constitute an identity (Wenger, 2010). The members' experiences are actively constituted, formed and interpreted through learning that is, besides acquiring skills and information, becoming "a knower in a context where what it means to know is negotiated with respect to the regime of competence of a community" (Wenger, 2010, p. 181). In a community, the formation of identity creates a tension between experience and competence.

The socially defined competence is in interplay with the human's experiences (Wenger, 2000). Newcomers, for example, join a new community. In this community, the newcomers want to be one of them, and thereby feel a need to align their experiences with the competence the others define. The members' competence draws on their experience. Knowing involves two components. The first is the *competence* that the communities have established historically, meaning how to act in appropriate ways and be acknowledged as a competent member. The second is the human's ongoing *experiences* of the world as a member of a community. When the competence and experience are in tension and either starts pulling the other, learning occurs.

When a newcomer enters a community the competence pulls the experience along, until the learners' experience reflects the competence of the community (Wenger, 2010). Conversely, a new experience can also pull a community's competence along as when a member brings some new dimension into the practice and has to negotiate whether the community will welcome this contribution as a new dimension of competence, or dismiss it. In both examples, "moment of learning is a *claim to competence*, which may or may not be embraced by the community" (Wenger, 2010, p. 181).

The learning requires a balancing act taking advantage the history of the practice, and at the same time, being released from it, which is "possible when communities interact with and explore other perspectives beyond their boundaries" (Wenger, 2010, p. 182). Boundaries of CoP make it possible to connect communities and offer learning opportunities (Wenger, 2000). At the boundaries, competence and experience often diverge. Such a boundary interaction is an experience of being exposed to a foreign competence. Learning can occur by the divergence between experience and competence, established competence and non-established competence. Boundaries can "be areas of unusual learning in places where perspectives meet and new possibilities arise" (Wenger, 2000, p. 233).

Wenger (2000) introduces some bridges across boundaries, e.g. "brokers" that establish relationships between communities. Brokers can bring elements from one practice to another.

In a biomedical community, the members mainly observe and measure illness, while in a community represented by PSWs, they empower the service-users by their own strengths (Repper and Carter, 2010). Referring to Wenger (2000), the latter community can, through brokers, contribute new values and views to the former community.

Findings

The findings are presented in the following way. Firstly, we show an outline of our hypothesis. Secondly, we apply CoP to understand how PSWs can facilitate IPL in teamwork.

Outline of the interprofessional learning potential in teamwork

The outline (Figure 1) illustrates the hypothesis of the potential IPL in teamwork. The outline shows how IPL and PSWs are based on the same assumptions that exchange of different expertise leads to holistic based care that improves the quality of health care. When PSWs

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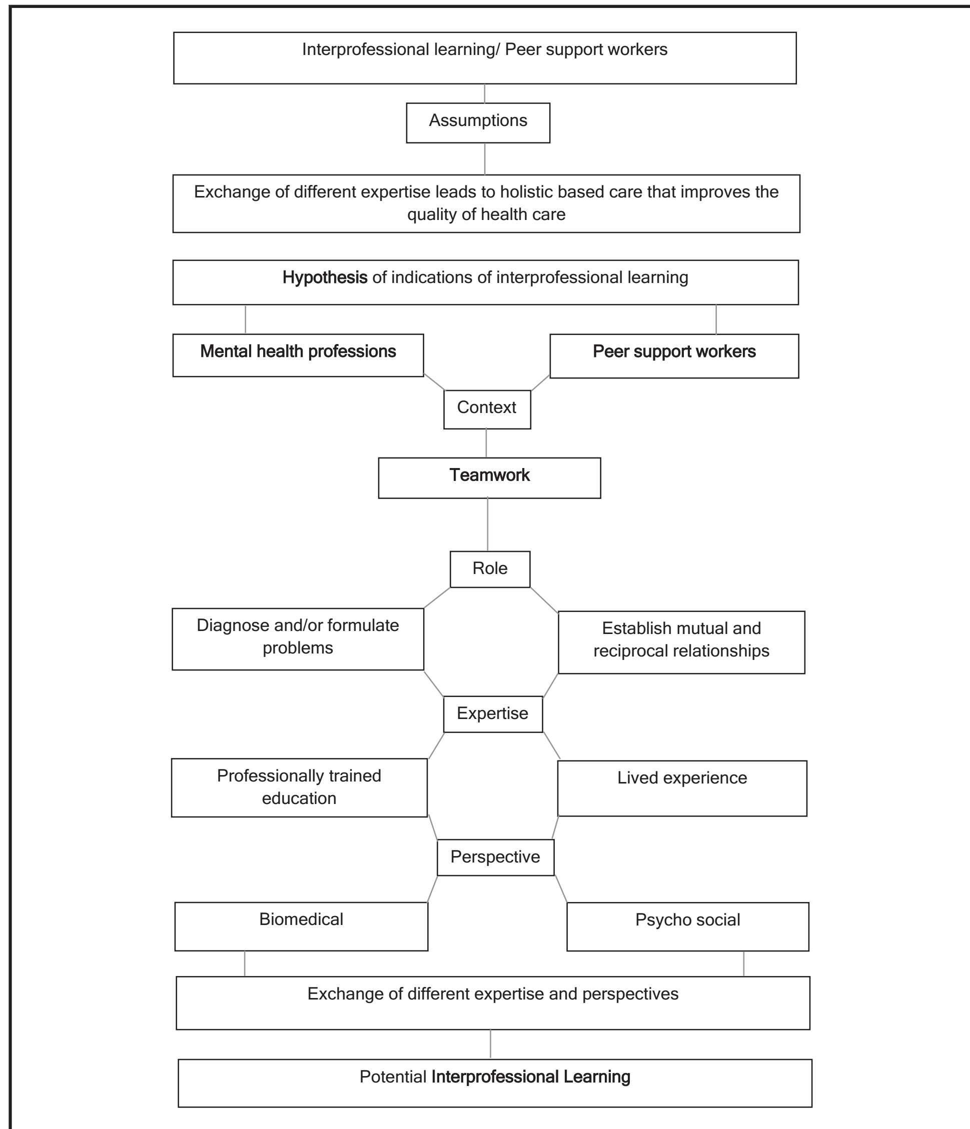
Figure 1 Hypothesis of the potential IPL in teamwork



support individuals' recovery and contribute to a holistic approach to care, this is not achieved in isolation. In this context, to some degree, mental health professions are also involved, which means that it can be assumed that they also exchange their different expertise and perspectives with each other. The outline also shows how teamwork is the central context for both PSWs and mental health professions; how the mental health professions' role is for example to diagnose and/or formulate problems, while the PSWs' role is to establish mutual and reciprocal relationships; how the PSWs' expertise is based on lived experience, while the mental health professions' expertise is based on professionally trained education; how the mental health professions mainly contribute a biomedical perspective, while the PSWs contribute a psychosocial perspective; how PSWs and mental health professions reflect and exchange their different expertise and perspectives; that result in potential IPL. When PSWs share their lived experiences and learn together with mental health professions – by co-creating possible ways forward – it cannot be ruled out

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that their different expertise and perspectives are also reflected, exchanged and negotiated in the teamwork.

We also find how PSWs, as newcomers, take place in a new community, where the unspoken boundaries are areas of learning that deserve attention. This potential IPL is worth noticing and facilitating, even if this is a challenge.

Peer support workers as newcomers that facilitate interprofessional learning in teamwork

The learning is highlighted in many ways. PSWs as newcomers are joining a new community, the mental health professions' community. In this community, the PSWs, using their expertise of lived experience, are working together with staff, with expertise based on education. With these backgrounds, the competences also differ. PSWs' new competence may be welcomed or rejected. Whether the new competence is embraced or dismissed, learning is the claim of competence (Wenger, 2010).

This boundary interaction, where PSWs as newcomers expose their foreign competence, is important for the learning. As Wenger (2000) points out, learning can occur when new perspectives are presented. PSWs can, by bringing a psychosocial perspective that complements the mental health professions' biomedical perspective, give fuel for IPL in the mental health professions' community, or in mental health care teamwork.

In teamwork, PSWs can become brokers that connect mental health professions' community with the PSWs' community. The recovery-oriented PSWs, using their lived experiences, convey values and views that may change the culture in mental health care (Gillard, Edwards *et al.*, 2014). In mental health care teamwork, PSWs act as brokers that "bridge the 'them' and 'us' divide" (Repper *et al.*, 2013b, p. 6).

Preserving the distinctiveness of peer support workers' role in context of interprofessional learning

When introducing ideas of how to promote IPL, possible challenges must be identified and problematized. IPL requires mutual exchange of knowledge, meaning that everyone's different knowledge is used, examined and compared (Ponzer *et al.*, 2009) in relationships that are based on equality (Dahlgren, 2009). With such an agenda, it is crucial that PSWs, as newcomers in accordance with Wenger's (2000) thoughts, are not pressured to align their experiences with the competence the staff defines. One major challenge is how do PSWs retain a distinct experience-based perspective so that they can continually challenge or sensitize mental health professions in ways that appreciate what it feels like for the people they support. Otherwise, the PSWs, despite their recovery focus, risk becoming socialized into traditional ritual and practice.

To counteract a socialization into current ways of working, organizations and teams need to give conditions for PSWs to retain a distinctive role – which is not only about how they do things but what they do. PSWs alone have time to build relationships, offer practical support, share coping strategies built up through life experience and solve problems together on a mutual and reciprocal basis (Repper and Carter, 2010). To ensure that the PSWs maintain their specific position, in IPL stimulated teamwork, an introductory discussion of the members' roles, expertise and knowledge is necessary (Repper *et al.*, 2013b).

Conclusions

This paper contributes insights into how PSWs can promote IPL in mental health care teamwork. Inspired by Wenger's CoP, we suggest that two different communities – the

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mental health professions' community and PSWs' community – become united in mental health care teamwork with PSWs. By ensuring that PSWs as newcomers preserve their distinct role and experience-based perspective, IPL can be facilitated. This conclusion motivates supporting the interactions between mental health professions and PSWs to share and exchange their different perspectives, knowledge and values.

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About the authors

Tuija Viking is a PhD student in Education with specialization in work-integrated learning at University West, Sweden. Her research area is interprofessional learning in teamwork. Tuija Viking is the corresponding author and can be contacted at: tuija.viking@student.hv.se

Lena Nilsson, PhD is Associate Professor in Education at University West, Sweden. Her research area is health promotion development at work and work-integrated learning.

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