Inner City Cadre Project

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Acknowledgements

The authors of this learning resource recognise the courage, perseverance and strength of people who have experienced personally the effects of mental ill health, have survived and have overcome much personal adversity, distress and suffering to pursue recovery. We wish to acknowledge our mentors, guides and teachers in the recovery movement. We acknowledge all the families and carers who have supported their loved ones, often against all odds, to strive for and achieve a meaningful and rewarding life, although they are still challenged by a mental health diagnosis.

A Note from the Authors

Recovery from mental ill health is an individual experience which takes place in a broader social, political and historical context. We are uniquely placed as peers to support people's recovery in many different working environments. Peer workers support clients' recovery not only through utilising their lived experience of mental ill health but drawing on the strategies they employed and skills they learned in the pursuit of health and wellbeing. Peer workers bring their experience and skills not only to support and advocate for clients, but to collaborate and partner with clients and colleagues. Peer workers collaborate to work within organisational guidelines according to context and circumstance. This collaboration creates caring and empowering environments and resources that not only support recovery but contribute to social change in the broader context.

This facilitated training and learning experience is designed to explore the role of peer work in mental health. The intention is to; provide a structured learning resource which will assist people to understand the requirements and skills for effective peer work. The resource outlines core issues related to peer work, and provides for interactive learning opportunities to; gain skills, and prompt discussion and reflection about the work. It is hoped Peer Workers will benefit from the interactive learning. We also offer this resource in the hope that peer workers find the content both intellectually stimulating and of practical use in guiding and strengthening their professional identity and role.

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Contents

1. Holding the Hope

- Demonstrate an understanding of "holding the hope" and building a mutual relationship
- Seek common ground with client
- Identify the challenges and frustrations involved in attaining goals
- Assist clients in setting and (attaining) goals

To be effective we need to be objective. To be objective we need to understand our own belief system and to develop a high degree of flexibility. We need not only to validate other peoples' views of events but more importantly find those views (as expressed by the participant) valid and having potential. Remember to make adjustments and allowances for different cultural backgrounds. Where do goals come from? If we don't understand the needs of the participant how can we assist them with their goals? In the very early stages of a relationship with your participant the most important thing taken by the diagnosis, namely their hopes and dreams, should be restored.

It is important to nurture the hopes and dreams of a participant. These hopes and dreams must be unconfined and uninhibited by the boundaries of a clinical diagnosis.

To work toward these hopes and dreams, many small goals leading onto larger goals will need to be set in place; this can form part of the Individual Recovery Plan (IRP). Other major recovery factors will also come into play such as 'challenges' but it is imperative that the goals, small and large, are chosen by the participant. It is then the Peer Worker's role to guide and mentor the participant toward the successful achievement of their goals.

Always remember a person's recovery journey is a unique and individual journey. No two journeys are the same. The participant makes the decisions. If as the Peer Worker you are making or unduly influencing the decisions, you are setting the participant up to fail. Your participant may struggle with identifying their goals and the process of achieving them. They may set a goal and find that this is not realistic or not what they really want. It is in the process of trying and finally succeeding that their ability and sense of self is restored and reinforced. This enables them to recover a life of their own choosing and hopefully to contribute back to their own community.

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2. Dissatisfaction is Not Always Negative

Dissatisfaction does not always have to be a negative process. Some degree of dissatisfaction with current circumstances may be necessary and helpful to motivate individuals to change the way they think, feel and behave. Distress expressed as dissatisfaction with current circumstances can be a motivating factor for engaging in new and often more healthy behaviours. Rather than being a reminder of lost opportunities or regret associated with failure in the past, dissatisfaction with current circumstances can be reframed to be a healthy motivating force for the achievement of more desirable or positive outcomes.

Identifying areas of dissatisfaction and distress can assist with establishing goals that help participants experience new outcomes that differ from their current situation.

3. Understanding the importance of optimism

Mentoring the Recovery Journey: Restoring Hopes & Dreams

- Mentor the client's unique recovery journey
- Model optimism for their clients
- Discuss the importance of optimism for a successful recovery journey
- Give examples of challenges met / faced in a recovery journey
- Share strategies for overcoming challenges
- Illustrate the impact of positive language in recovery

The language and words we use reflect our values and attitudes. Your attitudes, values and ways of thinking inform and affect your practice as a Peer Worker and can have a significant impact on your participant. In working with your participant in an empowering way and within a recovery framework, you will need to be attentive to the ways that you think about and view the person. Developing insight through reflection on your practice and planning ahead can help to guard against disempowering language and behaviour.

The manner in which you think about and converse with your participant impacts on them and on facilitating their sense of possibility. It is important that the words and metaphors we use inspire and enthuse our participants. Always try to use language that is meaningful to them and that is respectful of and values their personhood. This leads to encouraging an environment that promotes personal growth, increased self-esteem, personal efficacy and mutual participation. Recovery is thus enhanced or promoted. It is possible that your participant is living with strong internalised messages that have disempowered them over time. You may need to help them identify and reframe these messages or even weed them out. Focusing on your participant's strengths and searching for the positive in any situation is a way of 'fanning the flame of optimism' and promoting self-determination rather than victimhood.

The use of language includes the ways that you write about someone in case notes and how you speak about someone in their presence or absence. It includes how you speak about them within your team, during supervision or with other professionals with whom you may liaise from time to time.

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4. Language

There are many pathways to recovery and everyone's journey is individually experienced. Recovery is person centred and each person has a unique way of expressing their journey. It is important in our roles as Peer Workers to listen carefully and actively to what participants tell us and how they are informing us where they are in their journey so that we can offer support or challenge that is timely and relevant. Sometimes participants may use words other than 'recover' or 'recovery' to express their aspiration to live more fully, have a better life or live with an enhanced sense of wellbeing alongside their symptoms and vulnerabilities. Remember to foster and nurture the desires and hopes of the participant using language that they understand and is meaningful to them. This means respecting and entering their world and their individual way of communicating.

5. Listening

Generally when we tell our story we tell a version of it that we construct for that particular audience or person. The story we tell however is usually only part of our personal history. For people with living with a history of personal trauma and mental health challenges it is often the illness story that dominates and the survival and resilience story is minimised, omitted or actively disregarded. The illness story thus becomes the dominant story that shapes identity and is reinforced by repetition.

As peer workers we have a unique opportunity to encourage people to become aware of and put words to their parallel story of survival, resilience and transformation. As peer workers we have the opportunity to encourage or even challenge people to identify their survival and resilience story through the questions and responses we initiate in mutual conversation. It is in this mutual story telling space that we (client and peer worker) both discover and can nurture things that we may not have seen or been aware of before about each other or our self.

As peers we work with each other and our clients in a process that engages us in a journey of mutual discovery, change and growth. Most importantly, in relationship with our clients, and as peers, we do not start with the premise that a problem exists or that we are problems to be solved. Instead, with our clients, we utilise our empathy and other communication skills to become curious about and explore what has happened to us in our lives. Through engaging in this process we support our clients by validating their sense of self and supporting them to make sense of their experiences and personal story. As peer workers we foster the relationship that develops to nurture our clients' strengths, foster their empowerment and encourage them to engage in beneficial activities in which they can experience pleasure, joy, change, success and growth. We learn with our clients to give priority and value to the relational process that develops between us. Engaging with each other in this way gives expression to the meaning of being equal in worth or quality in our basic humanity. Through embracing the values of a shared common humanity and acknowledging our interdependence we foster the ground for developing 'mutual relationship' and promoting recovery.

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Through the sharing of our life stories we learn to value ourselves and each other by actively listening and being mutually present. Authentically and sensitively recounting our stories reminds us of who we are and forges a shared horizon that can provide opportunities for guidance and inspiration for our clients and ourselves. Through telling our stories, learning about our common voice, respecting our diversity, making connections and sharing a common horizon with our clients we can contribute mutually to foster an environment of trust, hope and optimism.

In learning to be familiar with and integrating our own stories we develop our identity, confidence and self-esteem. Developing insight into, and sharing with others who we are, what experiences have helped to shape our lives, what has happened to us and how this has impacted on our mental health can help us to connect with, validate and encourage each other. We can also share strategies we have found helpful to overcome challenges.

Over the next few days we will have the opportunity to tell our own stories. As you will experience through the *Who Am I?* process, understanding and appreciating our experiences through telling our stories are essential parts of sharing our journeys as peers.

Remember that asking what has happened to clients rather than what's wrong with them is a way to stimulate discussion without judging, pathologising, or turning into a problem the stories or experiences that people share with you.It is through developing deep respect for this mutual sharing of the lived experience that we gain insight and comprehend that we can overcome the past and through hope, courage and perseverance, build on our strengths and reclaim our aspirations and dreams for a positive future.

The lived experience of the Peer Worker and clients they work with is a basis for establishing common ground in which trust is developed. Sharing the stories of who we are and the experiences that have shaped our lives in a safe and respectful environment gives us the opportunity to practice engaging with each other as peers as we might expect to with our clients. For many of us this might be the first time that we have intentionally engaged in this kind of exercise. Throughout the exercise you are invited to pay compassionate attention to the story teller and afford dignity and respect to recognising common ground and differences as you notice responses in yourself to their story.

The Peer Worker's strongest contribution to supporting a client's recovery journey is the sharing of their own 'lived experience'; in other words, the authentic and equal sharing of their personal journey. This is a catalyst for trust to grow between the worker and the client and should lead to a mutually beneficial relationship.

Disclosure of your 'lived experience' is essential for a person employed as a Peer Worker. How much of your story you disclose is up to your discretion. However, complete authenticity is essential to the relationship with the client because we are equal in 'standing and value' in our essential humanness. The Peer Worker's expertise, recognised as a 'lived experience', makes you responsible for assisting your clients and team members through the sharing of your journey in the same way as we may expect a psychologist or other professional to contribute their expertise to their clients and the team.

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Building Your Listening Skills

The following framework of understanding is taken from *Essential Aids to Effective Listening* by Maurice A. Howe. This information will help build the listening and questioning skills of a Peer Worker.

Environmental
(a) Ensure physical comfort has been allowed for
(b) Ensure an absence of visual distractions, noise and interruption
(c) Ensure there is a comfortable space between those present
(d) Allow sufficient time – don't rush

Listening Attitudes
(a) It is obvious that the worker has a desire to listen and hear
(b) The worker is accepting and non-judgemental
(c) The worker is honest and open
(d) The worker shows patience

Listener's Emotional State
(a) The worker feels relaxed and comfortable
(b) Shows positive interest towards the speaker
(c) Avoids being too helpful as well as judgemental

Listening Behaviours
(a) The worker is attentive in posture, is calm with good eye contact
(b) Uses appropriate questions and comments
(c) Exhibits good listening habits – doesn't frame a quick Response

Interactional Factors
(a) A good relationship is essential
(b) A welcoming and pleasant atmosphere
(c) A shared identity, especially over the situation or problem
(d) Good chemistry is experienced

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6. Regret, the Grieving Process and Depression

Mental health problems can often send our lives into turmoil, and take away or prevent our participation in opportunities for living a fulfilled life as well as robbing us of our sense of purpose. Our sense of self can be overshadowed by a diagnosis or condition and life as we know it irrevocably changed. This can lead to living with a sense of loss of what might have been or should have been an entitlement to an able life; this ongoing sense of loss can then have a continuing presence or influence in our lives. This ongoing feeling of having lost our rightful destiny to a healthy and able life is called a non-finite loss or grief. People sometimes express this sense of loss in terms of having 'lost a piece of the jigsaw' or there being a 'black hole' in their life (Bruce & Schultz, 2004).

This sense of loss is often accompanied by feelings of sorrow, sadness and despair or resignation for 'what I might have been' or 'what I might have become'. Left unexpressed or not validated, these feelings can be experienced as depression or in behaviours such as withdrawal and isolating oneself, drinking or substance abuse, feelings of dependency, rejecting those to whom we are attached, demanding attention and aggressive or other destructive behaviour (Bruce & Schultz, 2004).

For many of your program participants, cherished hopes, dreams and life plans have been interrupted by mental illness and replaced with sadness and the manifestation of fears and dreads. Participants may express themselves in terms of metaphors to convey their sense of loss, incompleteness or the vulnerability they feel about their sense of self.

Be alert to the ways the participant you are supporting uses metaphor to convey to you their story. In each person's story there are clues to their response to loss.

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7. Medication and side effects

It is usual for clients to present issues with regard to taking medication. Many clients cease taking their medication for all sorts of reasons without including their doctor or psychiatrist, case manager, or mental health care service provider, families or carers in any discussion about this.

For some clients, medication can take on a symbolic meaning and becomes a reminder of their mental ill health. For other clients medication is used as a tool for wellness to control unwanted or intrusive symptoms and mood states that interfere with daily living. With unwanted and intrusive symptoms alleviated or under control, the way is paved for attitude change and engagement with other people.

During various phases of their recovery clients often want to cease or reduce their medication and may initiate discussion with you about this. It is important that you familiarise yourself with the issues about reducing or ceasing medication. Ceasing smoking, reducing the use of alcohol and other drugs and exercise can all have an effect on how much medication a client may need to take. Being familiar with the issues around medication you can feel confident to support your client to raise the topic with their doctors and mental health care providers. It is as important that people are informed in relation to coming off medication as it is important to be informed about taking it. It is important that clients get appropriate and adequate support for coming off medication as they do for taking it.   Your duty of care is to support your client's process by encouraging them to discuss openly with their doctor or psychiatrist, case manager and mental health team the issues that have arisen for them around the use of medication. When working as part of a mental health service team you may need to explain to your client that under duty of care you have an obligation and responsibility to disclose the client's intention to cease, or the fact that they have ceased, taking their medication where they have not disclosed this themselves to their mental health care providers. When clients are, encouraged to take responsibility for making informed decisions based on the best information and support available at the time they are empowered.

For many people the use of medication to support recovery is related to; finding the right medication and the right minimum dosage with the minimum of unwanted side effects. Having good relationships with one's doctor and mental health care providers in which one can discuss the use of medication openly and be informed about its effects, promotes empowerment through informed decision making. In turn this promotes the development of hope and taking responsibility for the self.

Sometimes people combine a number of therapies to support their recovery. Learning to relax, mindfulness practice and natural therapies can all support recovery. Combining these practices into one's life can often mean that one needs to use less medication and your clients may need support for this process. It can be challenging for more traditional service providers and doctors or psychiatrists to collaborate and partner with clients and adjust the medication regimes to account for these practices as complimentary tools for wellness.

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8. Self-Care

Self-care actually applies to everyone not just Peer Workers. There may be times when the challenges that a participant is facing rekindle some fears or create personal challenges as they trigger other vulnerabilities in the worker. If this happens you need to speak with your supervisor and look at personal strengths and strategies for managing the issues that arise.

Many of us are on medication and we need to ensure that we know ourselves well enough to maintain good mental health. In other words, we need to be aware of and adhere to our own personal boundaries.

Looking after our physical health and so promoting our mental health are important components of self-care and living a healthy lifestyle. It is important that we model in our own lives the attitudes and behaviours we might expect from our participants. When we eat healthy food, participate in regular exercise and get healthy sleep we generally feel better about ourselves. We can relax more easily, experience more stable moods and cope more easily with the ups and downs of day to day living.

Planning meals ahead, shopping, preparing and cooking interesting and nutritious meals within a budget is deeply challenging for many people. Choosing to use alcohol and other drugs, smoking, a sedentary lifestyle, poor diet and sleep habits may indicate that people need support with self-care and learning to make better lifestyle choices. Making changes in any of these areas can be helpful. For most people mastering these areas of daily life are essential aspects of living a recovery oriented life whether independently or communally.

Regular health checks with a GP are an important component of self- care. Monitoring blood pressure, cholesterol and blood sugar level keeps an eye on our metabolic and immune functions. Regular dental checks are important for maintaining good oral health care. These two areas are especially important for people taking medication to consider.

In the early stages of recovery and at certain stages in their lives it might be necessary to work with our clients on various aspects of self- care as they seek a more balanced and healthy lifestyle.

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9. Be Familiar with Confidentiality

Some of the most common ethical dilemmas raised by peer workers relate to confusion or misunderstanding about maintaining personal and professional boundaries (usually found in organisational codes of conduct), confidentiality (see National Standard 1.8) and the rights of families and carers to be involved in the care of their client with the clients' informed consent (eg. See National Standard 1.12,6.11).

It is the right of the client to have their privacy and confidentiality recognised and maintained to the extent that it does not impose serious risk to themselves or others (National Standards, criteria 1.8 also Standard 6)

Informed choice and consent: (Standard 6) Ask if anyone can identify a situation or scenario they have encountered as a peer worker in which there was an ethical issue? If someone gives an example ask what was the ethical issue and how it was resolved (just take one example).

(In this section participants will be invited to think of a scenario from their own experience that relates to the maintenance of personal and professional boundaries. They will then choose the most constructive scenario to use as a basis for discussion of the issues and possible courses of action and expected outcomes). Be mindful and careful not to reveal in conversation to anyone any potentially identifying information regarding your clients in this session.

Questions for Discussion

1. What ethical issues are raised by this scenario?

2. Which specific aspects of your organisations code of conduct or the National Standards (eg.Standard 2.1, 3.6, 6.2) are relevant?

3. What are some potential consequences of what is happening in this scenario?

4. From whom might you seek guidance?

5. What possible courses of action might you take?

6. What outcomes might you expect?

Conduct a whole group discussion on the issues.

Rules around Privacy and Information, data collection and use can be found in the privacy legislation under National Privacy Principles and in the National Standards, Standards 1 and 6. The legislation allows for possible exemptions to privacy and confidentiality if the person poses a risk to harming themselves or others.

Lead a discussion in which participants can raise issues related to protecting the privacy and confidentiality of the client.

Remember that it is empowering for a person in their recovery process to have some control over to whom and when information related to them is disclosed. This needs to be balanced with legislative requirements, the needs of people involved in their care, either professional or family members. It is possible that the clients' needs may change over time in relation to disclosure of information but it is important that where clients have the capacity to give informed consent they are given opportunity to. This way they are empowered in their own lives and feel a sense of control as well as receiving well coordinated care.

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10. Advocacy and Representation

Advocacy can come into play in so many areas of the work – that is, advocacy being a verbal support or argument for a cause. The following list includes a few of the major areas where you could find yourself in the role of an advocate:

- Court, Tribunal
- Housing
- Centrelink
- Hospital
- Clinical services
- Family
- State trustees
- Other service providers
- Police

What qualities does a good advocate need?

- To believe in the cause
- To think in a clear and ordered fashion
- To approach the matter in an objective way factoring in the opposition's argument
- To be able to talk clearly and calmly
- To ensure at all times all facts are correct
- To understand the social/dress conventions of whatever institution you may be required to attend and to present yourself accordingly

You may find yourself working with a client who is currently under an involuntary or community treatment order or equivalent, according to the legislative jurisdiction. The legislation is found on the internet by searching for the relevant Mental Health Act for that State or Territory. As peer workers you will usually be part of a treatment or service providing team supporting clients under these types of orders unless you are working as a specialized peer advocate within the mental health system. Your role is to support the client in a relationship based on principles of mutuality and respect and to foster empowerment by encouraging the client to take responsibility for themselves in relation to others. It is within your role to advocate for your client within the team to initiate a review of the type of treatment order they are under. This is a specialized area of advocacy and you may find yourself supporting clients through the review process in collaboration with other mental health providers, legal representatives or specialized peer advocates.

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11. Be Aware of the Difference Between clinical and Recovery Goals

The traditional medical or clinical models of care and service provision for people with mental illness can be identified through their focus on outcomes related to 'maintenance, containment and risk management'. Traditional clinical outcome measures have tended to assess things such as; the intensity of symptoms, medication compliance, the number of hospitalisations or frequency of use of mental health services and the level of skills for functioning in daily life. Traditional outcomes and expectations for people with mental health challenges have been based on medical conceptions of mental illness. While traditional clinical outcome measures provided important information for clinicians they did not necessarily capture the concerns of people in recovery and did not usually reflect optimistic or high expectations in the long term for people with mental illness. In the traditional model, recovery was usually considered to be the return to a previous level of health and functioning following an episode of mental ill health.

Contemporary understandings of recovery have largely developed from the consumer literature and experience. They are supported by longitudinal studies demonstrating that people do recover from mental illness and a reconceptualization that tends to focus on more optimistic expectations. This reconceptualization of recovery in the context of living with a mental health condition suggests that recovery can take place in the presence or absence of symptoms, while choosing to access hospital or other mental health services and involves informed choice regarding the use of medications and other complimentary treatments. The supporting recovery framework is based on constructs that reflect the experiences and concerns of people in recovery or who have recovered from mental ill health. The constructs reflect things such as the importance of hope and optimism, leading a self-determined life and taking responsibility for oneself. This includes managing one's life, illness and wellbeing , developing a positive sense of self and finding meaning and purpose in life.

Federal and State funding in the mental health sector is now aligned to services being recovery oriented. Some of the most powerful outcomes for people with mental health challenges within a contemporary recovery framework come from collaboration and partnerships. Clinical and other providers of mental health services in the community are working with people with mental health challenges to allocate resources and develop programs and services that maximise opportunities for supporting recovery.
The degree of transformation of the mental health service sector to one that embraces contemporary recovery principles varies widely. Some services have branded themselves 'recovery oriented' but in fact have remained unchanged and, have not embraced the principles enshrined in contemporary recovery practice. Many psychiatric units have found it difficult to break from the 'traditional medical model'.

A positive example of a Mental Health Service embracing a contemporary approach to recovery is demonstrated by St Vincent's Mental Health Services in Melbourne. Several years ago the hospital staff adopted the 'strengths approach' to recovery. Today, all staff working in this hospital's psychiatric unit and the community outreach services is educated in this approach and use it daily in their work with great success. For example, a group of 18 people who were

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housed in a large institution were moved to a residence in the community run by St. Vincent's Mental Health. All were considered as 'treatment resistant' and not much hope was held for their future. The staff started working from a

'strengths approach', and now the majority of these people are living independently in the community.

One of the challenges for Peer Workers is to work collaboratively and in partnerships with clinical services and in the broader community to maximise opportunities and potential to support people's recovery. This can sometimes be challenging within a system in which there is a wide variety of values and beliefs about the potential of people with mental ill health to recover and live productive and satisfying lives of their own choosing.

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12. Stigma

For many people with a mental illness social isolation and withdrawal can be significant impacts of mental ill health as people attempt to manage their situations. Feeling socially included, accepted, cared for and valued, creates a sense of belonging and connection with others.

The experiences of joy, success and pleasure that come from being accepted and valued by others, support recovery. Many people describe how it is through the experience of the quality of the relationships they have with people that they discover that recovery is supported and promoted or hampered. Relationships that foster recovery are described as non-judgmental, constant, supportive, encouraging and welcoming.

People recovering from the effects of mental ill health identify satisfying relationships with family, partners and friends as currently important in their recovery or something they hope to attain as part of their recovery. Nurturing these types of relationships are important as they impact on a client's self-definition and identity, self-efficacy (belief in the ability to see or imagine oneself achieve one's goals and aspirations) and sense of personal satisfaction with life.

The experience of mental ill health can leave families confused, worried and scared. Often a family's initial contact with mental health services is at the hospital or with a CAT team during times of crisis and trauma. Education and support around recovery for families as soon as possible helps build resilience by dispelling some of the fear, being optimistic about the possibilities for recovery, providing information about negotiating the mental health care system, and nurturing and strengthening family bonds. In some cases ongoing support will assist with reuniting the family where the relationships have become characterized by alienation and withdrawal or have been disrupted in some other way. National Standard 7 relates to mental health services recognizing 'the importance of carers to the wellbeing, treatment, and recovery of people with mental illness'.

Families are respected and valued partners in people's recovery. Building and supporting families' skills can improve communication and reduce alienation and withdrawal as clients negotiate new identities, change roles and perceptions of themselves within their family or seek support from them.

Forming and sustaining of friendships with people beyond supported socialisation or professional and therapeutic roles allows clients to regard themselves as participating members of society rather than outside society. People want a network of friends like other people who are not faced with mental ill health.

Feelings of unconditional acceptance generated through relationships with peers can be an important experience for people pursuing their recovery. Being part of a social group, through having in common mental health challenges, helps to reduce the effects of stigma. Feeling safe about sharing experiences fosters empathy and engagement. Through the experience of mutuality, (inclusion and acceptance as equals with peers), people experience not only being a worthwhile human being cared for by others, but also being someone who has something of value to offer others. The establishment of

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respectful, trusting, constant relationships in which clients can take an active role in directing their own recovery, promotes and fosters a sound foundation (hope) for continuing to establish and expand a life outside the effects of mental illness.

Where appropriate, it is within our role as peer workers to help clients access resources and develop skills to assist with; building bridges back to families, friends, or peers and the wider community.

Recovery is often stressed as an individual orientation or commitment to live a self-determined process related to having a meaningful and fulfilling life with or without symptoms of mental ill health. Recovery also happens in the social context of people's daily lives. Pursuing one's recovery means directing one's attention and resources to achieve goals and engage in activities that are personally and intrinsically meaningful, realistic, and not only aligned with one's aspirations in the present, but also may be related to the imagined future view of the self. This ongoing process of personal goal setting, engagement and achievement experienced in activities for their intrinsic value gives us a sense of mastery and purpose in life and nurtures the experience of growing and developing as a human being.

Working out ones' recovery path and goals can be difficult to begin with. As a peer worker you may find yourself engaged with supporting your client to explore activities and goal setting in line with their immediate concerns and interests. In this way activities and interests are pursued in the present for their intrinsic value to the self. As circumstances change and new opportunities and interests arise, goals and activities can be revisited and reviewed. This process supports recovery through being in line with clients' hopes, dreams, values and interests and through recognising that goals and interests can change as people open to new experiences and as they engage with different phases in the recovery process.
How do we support our clients to develop personally meaningful activities and relationships?

Through your work with the client you will get a sense of people and places that hold a special significance for them and activities they like to engage in. Expand on these connections to aid in developing meaningful activities and strengthening and deepening relationships. You might support your client to make goals related to leisure, recreation, work they do for others and paid employment. Having trouble identifying goals? Explore childhood or earlier interests with clients. This may give you and the client a clue to where their strengths lie and the interests they are more likely to pursue or enjoy. Experiences that focus our attention and generate pleasure and joy support recovery. Try to engage your client in activities that are not 'mental-health' specific. Encourage clients to interact with and move into the wider community. Many councils and neighborhood houses have a wide range of activities that can be explored. Be creative.

What are your own views on employment?

Many people who experience mental health conditions are given the message by health professionals and society more generally that work is not a realistic possibility for them. Low expectations for people with mental health conditions, combine with factors like stigma, a reluctance of employers to engage them, a lack of awareness of the

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issues related to work and employment by mental health professionals and doctors and the overall shape of economies to create barriers to employment and/or return to work after a bout of mental ill health. Research and surveys conducted with people with mental health conditions repeatedly show that they would like to be employed. Many people with mental health challenges already work very successfully. With the appropriate support for employers and potential employees and adjustments in the workplace, more people with mental health conditions could be employed.

Employment is a great goal to work toward, bringing with it many benefits both personal, economic and social. However, the choice to move into paid employment must be made by the client. People should have the opportunity to be supported and progress towards paid employment in their own time. They should not be forced or coerced to move to situations which are of greater stress and responsibility unless they choose to do so. Your client may need support to access local employment service opportunities or to pursue education or training that equips them with knowledge and skills for employment. You may find yourself working with your client to support them toward further education and training with employment as a goal. This may involve partnering and working together with your client and employment agencies, and vocational and training specialists. After a long period of unemployment volunteerism can be an initial path that leads to exploring options for paid employment or being part of something that gives structure, direction and focus for its own intrinsic value.