

DESCRIPTION OF THE PRACTICE	
1. Title of the practice	
Equal support – a road to recovery	
2. Organisation responsible for the practice	
<p>The municipalities of Aarhus, Viborg and Randers, and the Midtjylland Region are the responsible organisations.</p> <ul style="list-style-type: none"> • In the region: psychiatrists, nurses and other relevant stakeholders who participate in assesment and treatment. • In the cities: civil servants working on housing benefits, mentors, educators involved in psychoeducation programme and social workers 	
3. Contact person(s)	
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4. National/regional/local context of the practice	
<p>The national ministry has the relevant competences for integration aspects. There is a central implementation agreement between the health sector at regional level and social services at city level. The Midtjylland Region located in Central Denmark comprises 19 municipalities. Among those are the municipalities of Aarhus, Viborg and Randers. There is a regional and local collaboration between the statutory mental health services, social services, municipal housing organisations and two user-led organisations.</p>	
5. Summary of the practice	
<p>The project is a peer-to-peer project based on the mental health recovery model. It is meant to provide peer support and psycho-education for people with mental health problems through user-led organisations to promote independent living and social inclusion and to improve the working conditions between the hospital and social services.</p> <p>The purpose of the project is to bring together people with mental health problems (e.g. ADHD) who have personal “lived experiences”. Those persons act as user peers for professionals in the services offered to newly diagnosed persons by the Midtjylland Region and the three cities (Randers, Viborg and Aarhus).</p> <p>User organisations are involved in the project and create the contact with peers. The project is run by a broad partnership between the region, cities and user organisations.</p>	

The region manages the hospitals and makes the description/assessment of the person's functional disorder and some of the treatment / therapy. The description is the baseline for the support services offered by the cities. The cities offer services like housing, housing benefits, support costs, psycho-education, employment support and financial support.

The project will develop and will two activities addressed at users:

1. a mentor model, where the mentor has personal "lived experience" and acts as peer.
2. a psycho-education model, where the educator combines the role of the professionals and peers.

6. Staff involved

The stakeholders were engaged through a jointly shared Health Agreement of the Central Denmark Region between the hospital and the social sector. Using their personal "lived experience", **peer mentors** support the individuals to learn to live with and manage their mental health problems and work with regional statutory mental health practitioners, municipal housing services, as well as with welfare and social workers. Peer mentors provide support based on personal "lived experiences" and psycho-education is provided by **practitioners and peers working in partnership**. Peer mentors can be both paid and voluntary.

7. Target group

People with mental disabilities discharged after psychiatric assessment or treatment from the health system

8. Aims of the practice

- Providing peer mentors and psycho-education for people with newly diagnosed mental health problems.
- Smoothing the transition period for users after a discharge from hospital
- Preventing and acting about potential stigma and social exclusion around the known discharge challenges for individuals (e.g. perceiving transitions as difficult and chaotic)
- Creating connection between peers/users who share similar experiences
- Using available knowledge in a more systematic way implementing it at a larger scale

9. Issues for social services

Service Integration/ Cooperation across services	X	Service Planning		Contracting	
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Technology	Skills Development (of the workforce)	Quality of services
ANALYSIS OF THE PRACTICE		
10. Status		
Pilot project (ongoing)		
Pilot project (terminated)		
Project (ongoing)	X - The project started in January 2015 and will be conducted for three years.	
Project (terminated)		
Implemented practice (restricted areas)		
Widely spread practice/rolled out		
11. Scope of the practice		
<i>Describe the setting of the practice, considering the following criteria:</i>		
<ul style="list-style-type: none"> • <i>Micro level practice:</i> practice that involves individuals at local level • <i>Meso level practice:</i> practice that involves organisations or communities • <i>Macro level practice:</i> practice that involves large population groups 		
Micro level initiative (see section 4)		
12. Leadership and management of the practice		
<i>Describe the leadership of the practice, considering the following criteria:</i>		
<ul style="list-style-type: none"> • <i>Collaborative management:</i> shared between large partnerships, often of central, regional and local representation • <i>Organisational management:</i> by one organisation • <i>Professional management:</i> managed by a single person • <i>Shared management:</i> shared with no defined leadership 		
See section 4		
13. Engaging stakeholders in the practice		
<i>Describe the engagement of stakeholders, considering the following criteria:</i>		
<ul style="list-style-type: none"> • <i>Individual practice:</i> individuals have sought practice change • <i>Network approach:</i> one or more organisations develop a network • <i>Collaborative approach:</i> large collaboration with relevant stakeholders 		

The stakeholders were engaged through a shared Health Agreement of the Central Denmark Region between the hospital and social sector. Participants in the project are:

- Region Midtjylland – Central Denmark Region (covers 19 municipalities)
- 3 Cities / Municipalities
- Two user organisations

Peer support and mentorship is provided by participating user-led organisations. Broader implementation partners include statutory mental health practitioners in the regions and housing and social workers in the cities. The region and the 3 cities are supposed to implement the programme after the project-period. It will include a wider groups of professionals:

- In the region: psychiatrists, nurses and other that participate in assessment and treatment.
- In the cities: housing benefits personnel, mentors, educators involved in psycho-education programme and social workers

14. Involvement of service users and their families

Describe the involvement of service users, considering the following criteria:

- *Team involvement: service users and carers were part of the practice team*
- *Consultative: a consultative body of users was set up for an on-going dialogue and feedback*
- *Involvement in care: person-centred approaches to care/support*

User organisations are involved in the project. They ensure the contact to the peers. See also section 13.

15. Costs and resources needed for implementation

Describe how the practice is financed, considering the following criteria:

- *Within existing resources: staff time and other resources are provided 'in-house'*
- *Staffing costs: costs for staff investment*
- *Joint/Pooled budgets: two or more agencies pool budgets to fund services*
- *Funded project: external investment*

The programme is financed by the Ministry of Children, Gender Equality, Integration and Social Affairs. Cities provide extra funding. The project will run over three years (2015-2017) and the costs are estimated at around 8.2 million DKK (1.1 million EUR; 823,000 GBP).

16. Evaluation approaches

Describe the evaluation method of the practice, considering the following criteria:

- *Multi-method: use of both a qualitative and a quantitative approach*
- *Single method: qualitative or quantitative approach*
- *Audit: looks at data sources such as existing medical records, and/or other routinely collected service data.*

<ul style="list-style-type: none"> • <i>Informal</i>: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback • <i>No evaluation</i> • <i>An evaluation is planned</i> 	
<p>The evaluation is made on the basis of programme effects for the service user: progress in his/her own recovery. The effects will be measured by the recovery indicators: hope, wellbeing, inclusion, citizenship, empowerment, meaningful life (e.g. participation in education, job, day care programme).</p>	
<p>17. Measurable effects of the practice and what it has achieved</p>	
Service users	Evaluation will be carried out at a later stage
Formal care givers	
Informal carers	
Organisations	
<p>18. Anticipated or 'aspirational' effects of the practice and what it has achieved</p> <p><i>This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.</i></p>	
Service users	Effects on service users will be evaluated on the basis of indicators. Those will mainly measure increased well-being.
Formal care givers	
Informal carers	
Organisations	Despite the shared Health Agreement, health and social services organisations and staff can still behave and think in a 'siloed' way.
<p>19. How the practice has changed the way the service is provided</p>	
<p>n.a.</p>	
<p>20. Sustainability of the practice</p> <p><i>Describe if the practice is sustainable, considering the following criteria:</i></p> <ul style="list-style-type: none"> • <i>Potential for sustainability</i>: practice was newly started or is on-going/not yet mainstreamed. How could the practice be sustained (in terms of resources)? • <i>Organic sustainability</i>: service users have been empowered to take the practice forward • <i>Established</i>: the project has been operational for several years 	

After the 3-year initial start-up funding, the municipalities are expected to fund and sustain their individual projects and that peer support will become embedded in mental health services.

21. Transferability of the practice

Describe if the practice has been transferred, considering the following criteria:

- *Transferred:* transfer to other regions, countries, service user groups, etc.
- *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed