

Using autoethnography to reflect on peer support supervision in an Irish context

Michael John Norton^{1,2} Martha Griffin³, Michael Collins⁴, Martha Clark⁵, Elaine Browne⁶

Abstract: Peer Support Workers and Family Peer Support Workers have been in place within an Irish context for a number of years outside statutory services. In 2016, the Mental Health Directorate of the Health Service Executive recruited for a newly established role. These new workers were employed directly into services and had the full privileges of employment, including supervisory and line management structures. Despite the growth of the peer support movement internationally, there has yet to be a clear model of supervision for Peer Support Workers in statutory services. This paper has gathered a variety of experts in peer support in Ireland to begin conversations which will hopefully lead to a clear model of supervision for Peer Support Workers. From the use of an autoethnographic approach four main themes were constructed to gather a complete picture of supervision for Peer Support Workers in Ireland as well as what an ideal model would involve. The paper concludes with recommendations for more research to be conducted in this area so that a clear, workable model of supervision can be created to protect the essence of lived experiences roles in statutory mental health services.

Keywords: peer support; supervision; mental health; organisational change

1. Recovery and Engagement Programme Lead, Office of Mental Health Engagement and Recovery, St. Loman's Hospital, Palmerstown, Dublin
2. Lecturer, Adult Continuing Education, University College Cork
3. Expert by Experience, Lecturer in Mental Health, Chair of the Peer Support in Mental Health Programme, School of Nursing, Psychotherapy and Community Health, Dublin City University, Glasnevin, Dublin
4. Peer Support Worker, St Michael's, St Mary's Headquarters, Castlebar, Co. Mayo
5. Peer Support Worker, Recovery College South East, Kilkenny
6. Peer Support Worker and Supervisor, Perspective Ireland Peer Support Centre, Claremorris, Co. Mayo

Address for correspondence: Michael.Norton@hse.ie

Date of first (online) publication: 16th October 2023

Introduction

The Irish mental health policy: ‘A Vision for Change’ (Department of Health 2006) provided the first ever mandate for people who use mental health services to be involved at all levels of design, development and delivery of mental health services into the future. Ten years later, in 2016, a new grade of staff in national mental health services was announced: ‘Peer Support Worker’; and a national accredited professional training programme developed in the School of Nursing, Psychotherapy and Community Health, Dublin City University. The Certificate in Peer Support Working in Mental Health is now the established qualification required of Peer Support Workers who work within the Health Service Executive and Peer Support Workers who were successful in completing the initial programme were employed directly into statutory services nationally.

Peer Support Workers in the Health Service Executive are described as mental health professionals who use their own personal experiences of mental health challenges and recovery to support others in an earlier phase of recovery. There is no universal definition for the concept of peer support working. However, in their quality rights document, the World Health Organisation (2019) states that

‘the term ‘peer’ does not simply refer to someone who has had a particular experience. Peer-to-peer support is primarily about how people connect to and interact with one another in a mutual relationship... Based on wisdom gained from personal experience, people in peer roles advocate for growth and facilitate learning... [Peer support] may be social, emotional or practical support [or all of these] but importantly this support is mutually offered and reciprocal, allowing peers to benefit from the support whether they are giving or receiving it.’

Peer support works based on the key values of mutuality, equality, self-determination, empowerment, empathy and recovery. In an Irish context, Peer Support Workers are employees of the mental health services and form an essential part of the multidisciplinary team (Hunt and Byrne 2019). As employees of the Health Service Executive, they are bound by the same institutional conditions as other employees including confidentiality, professional conduct, mandatory training, access to only the files required for the purposes of work and so on. The introduction of Peer Support Workers as key multidisciplinary team members is just one stepping stone

mental health services have taken in the creation of a recovery orientated service, as stipulated by the Health Service Executive (2017). Particularly through the idea of the centrality of the service users lived experience and the co-production of recovery orientated services between all stakeholders (Health Service Executive 2017).

A key requirement necessary to carrying out the role is the presence of lived experience of mental distress and recovery. This experience is vital in creating a better understanding of what someone may be going through in their life. It also has an important therapeutic role of creating informality, necessary in creating mutual spaces where service users can identify what they need to do for themselves to support recovery (Norton 2022). It is this quality that very much sets the Peer Support Worker apart from other disciplines. It also demonstrates the creation of a new knowledge subset – experiential knowledge – which if protected and nurtured can become an asset to the wider mental health system (Norton 2023). At the first recorded evaluation of Peer Support Workers in the Health Service Executive, there were 26 Peer Support Workers employed directly from statutory services (Hunt & Byrne 2019). Today, there are now 30 Peer Support Workers employed across eight community healthcare organisations nationally, with more recruitment commencing this year [2023]. This is in line with other jurisdictions such as Scotland, who have 80 peers currently supporting individuals who attend mental health services in their recovery (Christie 2016). According to Hunt and Byrne, Peer Support Workers enhanced service delivery for service users with 76% of respondents noting their interaction with Peer Support Workers as the catalyst that supported them to become more active in their community.

Supervision is a cornerstone of many allied health professionals in both statutory services, in community and voluntary organisations and elsewhere. During the creation of the Certificate in Peer Support Working [Dublin City University] and whilst designing this new grade of staff in the Health Service Executive, supervision was identified as a crucial component of the learning experience and as a mechanism to support reflective practice in the workplace. Support and supervision were provided through an adapted tripartite model of supervision (Proctor 1986) where students worked on their practice portfolios in collaboration with a designated practice supervisor from their mental health team and academic supervisor.

The overall design of the programme ensured that students developed the required knowledge and skills to be able to integrate with and work within mental health services as competent Peer Support Workers on

multidisciplinary teams. As a practitioner course with reflection as a core component of both learning and practical assignments, the programme ensured that reflective time was strongly encouraged, and group supervision was also included and facilitated by The Irish Advocacy Network [now Peer Advocacy in Mental Health]. When the course ended the supervision arrangements in the Health Service Executive remained, with the practice supervisor continuing on as supervisor.

Supervision provides an opportunity for professionals to reflect on their practice, receive feedback, and enhance their skills and knowledge (Kadushin & Harkness, 2014). Reflective practice, which is a core component of supervision, involves examining one's own experiences and actions to improve future practice (Schön, 1983). By engaging in reflective practice through supervision, professionals can identify strengths and areas for improvement, develop new strategies, and enhance their own critical thinking skills (D'cruz & Jones, 2017). Reflective practice can be facilitated through various supervision models, such as the Gibbs' Reflective Cycle (Gibbs 1988) and Kolb's Experiential Learning Cycle (Kolb 1984). These models provide frameworks for professionals to engage in reflection by examining their experiences, analysing their thoughts and feelings, evaluating the situation, and developing an action plan for future practice. Furthermore, reflective supervision emphasises the importance of the supervisory relationship, which should be collaborative, respectful, and supportive (Bogo *et al.* 2017). Overall, supervision and reflective practice are critical components of professional development, allowing professionals to enhance their skills, knowledge, and abilities to provide good quality peer support. Supervision and reflective practice are crucial for Peer Support Workers, as they provide a supportive environment for peers to develop their skills, knowledge, and grow personally and professionally. Through supervision and reflective practice, Peer Support Workers become more acutely aware of their strengths and weaknesses, identify areas for improvement, and developing their skills and knowledge. Reflective practice allows Peer Support Workers to become more self-aware of their thoughts, feelings, and actions. This awareness can help them to better understand their own biases and assumptions, which can impact their peer relationships, interactions, and practice. When Peer Support Workers receive regular structured supervision and engage in reflective practice, they are more likely to feel supported, valued, and respected in their roles.

The quality rights guidance module on peer support (World Health Organisation 2019) states that the provision of mentoring and supervision

is one of the most important components in sustaining peer roles. It goes further to say that when peer roles are met with resistance or confusion having a supervisor who has worked in a Peer Support Worker role is ideal. Much of the current literature examining challenges and barriers to the role suggest that supervision is essential for the successful integration of Peer Support Workers (Bennetts *et al.* 2013; Gates *et al.* 2010; Kemp & Henderson, 2012; Repper & Carter, 2010; Smith *et al.* 2016; Vandewalle *et al.* 2016).

Rationale for the study.

This paper is required for two reasons. Firstly, in an Irish context there are plans in motion to formally change the discipline providing supervision to Peer Support Workers within the Health Service Executive from current multidisciplinary supervisors to a new position within the peer profession [Peer Support Team Leader]. Since the employment of Peer Support Workers directly by the Health Service Executive in 2017 their supervision has been primarily co-ordinated and delivered by the social work discipline. There has been a varying degree of satisfaction with this arrangement across the country. Some Peer Support Workers have a very positive experience while for others it is less so. From the authors' training and experience in this area, we suggest that Peer Support Workers should be supervised by their own profession/philosophical position (Norton 2023). The rationale behind this idea is that peer support supervision works best when the practitioner understands their unique experiences and role within mental health systems, along with the emotional toll spent during day-to-day interaction with those they support (Francis & van der Veere 2011). Such an understanding of the experience from a philosophical and practical place would validate the idea of supervision occurring within the discipline. As such supervisors can understand fully and subsequently support peer support workers in ensuring they tap into natural resources at work and in their own communities and networks. The Health Service Executive is currently in the process of recruiting Peer Support Team Leaders nationally and part of their job description will be the supervision of basic grade peer support workers in their locality. Currently, there is a dearth of studies available surrounding the subject. There is some evidence of a greater emphasis on supervision during training rather than afterwards (Tate *et al.*

2021), like in some professions [nursing for example]. However, due to the vulnerabilities created as a result of sharing lived experiences, this notion has been rejected in an Irish context. As this is a growing area of great interest to Irish services and to other jurisdictions, this paper will form one of the first, to the best of the authors' knowledge, to examine peer support supervision in Ireland through the utilisation of an autoethnographic approach.

Methodology

Autoethnography is a qualitative methodology (Chang 2016) that has grown in popularity as a reliable and evidence-based research method. Like other qualitative methodologies it uses elements of narratives to explore the social world (Pankowska 2022). In essence, it is an approach that seeks to expand knowledge through using autobiography, and then interpreting such self-experiences so that the social world can be further understood (Ryerson University 2017). As such, it takes from ethnography and autobiography so that a researcher's reflexivity and subjectivity are uncovered (Ramalho-de-Oliveira 2020). As a result, it is highly biased towards the world view of the researchers' themselves. However, despite this, it is useful as its sole purpose is to reach knowledge that is difficult and even impossible to extract from other research methodologies (Moberg 2022). This is possible because it allows researchers to become participants within their own study, thus creating new meaning and knowledge (Norton and McLoughlin 2022). This is completed by utilising the personal narrative and intertwining elements of the culture/society with it to create new meaning and knowledge (Ellis *et al.* 2011; Chang 2016). The methodology sits within the epistemological position of social constructionism. This is a position that sees knowledge created from the person's own life experiences and their interaction with others in society (Swords and Houston 2021). Autoethnography as a method presents several advantages including the ability to expand consciousness through reflexivity (Ramalho-de-Oliveira 2020). However, there are several challenges to autoethnography including ethical concerns of vulnerability due to sharing of oneself in a public domain and transparency of the findings being determined by the methodology of autoethnography employed by the researcher in a particular study (Ramalho-de-Oliveira 2020). This becomes problematic as there is no singular method used for

autoethnography research within the qualitative paradigm. Additionally, there is currently no concrete/defined way to undertake autoethnographic research. However, this paper will adopt Adams *et al.* (2015) approach to autoethnography research. In their book, simply entitled 'Autoethnography', they describe six elements essential to the approach including:

1. Foreground personal experiences in research and writing,
2. Illustration of sense-making processes,
3. Reflexivity,
4. Illustration of insider knowledge of cultural phenomena/experiences,
5. Description and critique of cultural norms, experiences, and practices,
6. Reciprocal responses for audiences.

(Adams *et al.* 2015)

A brief discussion of each phase is now presented

Foreground Personal Experiences in Research and Writing

The personal experience of a phenomenon is the first stage of this approach (Adams *et al.* 2015). During which, a descriptive exercise occurs where the researchers describe the personal experiences that they want to explore further (Adams *et al.* 2015). In this study, this is achieved through background questioning of the participants' understanding of current Peer Support Worker supervision in Ireland. By doing this, the personal feelings, attitudes, and beliefs around the experiences under investigation are gathered and realised.

Illustrate Sense-Making Processes

The second stage of the approach is a process of sense making of these experiences (Adams *et al.* 2015). Here, such experiences are contextualised and examined based on the culture and policy of the given organisation so that a gap in the knowledge is identified (Adams *et al.* 2015). Once again, this is established through further questioning around these experiences.

Reflexivity

Reflexivity is the third stage of Adams and colleagues' autoethnography process. This is an important stage as it involves participants reflecting on everyday practices to locate the self within the culture of the organisation (Adams *et al.* 2015). In this way, where the individual sits within the hierarchy of power is established which allows for scrutiny to occur between self and the organisational culture (Adams *et al.* 2015). In this

study, scrutiny will occur through reflective questioning into why the supervision process for Peer Support Workers at this time is the way it is.

Illustration of Insider Knowledge of Cultural Phenomena/Experiences

This stage examines the participants' role in the organisation and how they can create the changes needed for peer support supervision to be at its most authentic (Adams *et al.* 2015). As such, the stage allows individual participants to document what they feel needs to be achieved for this ideal to become a reality. Additionally, questioning here involves asking participants what they need to do, given their positions both internal and external to the organisations to make this ideal a reality (Adams *et al.* 2015). It is also important for the autoethnographer to examine hesitancy, silences, and other non-verbal cues during this stage as these are all evidence that can be used to contextualise what is being said during this process (Adams *et al.* 2015).

Description and Critique of Cultural Norms, Experiences, and Practices

This stage also critiques the culture, but from the perspective of these new norms created during the process (Adams *et al.* 2015). To document this, participants are asked to consider if this change was to occur, how would the system react and as a result if it requires a change in culture to be achievable. Participants would also get the opportunity to identify what cultural change would be needed for peer support supervision to be authentically delivered (Adams *et al.* 2015).

Reciprocal Response from Audiences

The last stage is achieved through participants engaging with one another and having these critical discussions (Adams *et al.* 2015). It is marked as a stage as the building of relationships and active participation is key to the success of the process.

The situation of the authors in the autoethnographical process

This paper has gathered expertise in peer support from within Irish mental health service provision. Such expertise includes current [MCK, MC, EB] and former [MJN] Peer Support Workers, educators of Peer Support Worker

students [MG] along with representatives of service management [MJN]. MJN, MC, MCK and EB all have varying degrees of experience in peer support service delivery, with MC, in particular, delivering peer support for over a decade. MG brings a wealth of experience in the education of Peer Support Workers, whilst EB, MC and MCK all bring a supervision background. MJN also provides a wealth of experience as an author and project lead for peer support nationally. To conduct the study, MJN created an interview topic guide [Appendix One] based on the above autoethnographical steps (Adams *et al.* 2015). After this, a focus group was formed, and the interview discussion conducted over Zoom. This was required as participants were based in several locations covering the Republic of Ireland and as a result it was deemed unfeasible for participants to travel for the focus group interviews.

Data analysis

Once these experiences were gathered, Braun and Clarke's (2006; 2019; 2022) reflexive thematic analysis was conducted on transcripts. This involved many readings of the transcripts to gather main themes that can then be used for discussion within this text. One author [MJN] thematically analysed the transcript. For reliability and validity purposes, this transcript was also thematically analysed by another author [MG]. Once completed, both authors reviewed the themes and debated same until agreement was reached, whilst also noting their own biases and pre-conceived ideas on the subject matter.

Results

From a possible five autoethnographic accounts, three authors [MJN, MC and MG] were available to give their accounts. This was due to work related commitments [MCK] and internet issues [EB]. From the three autoethnographic accounts gathered four themes and six sub-themes were created [Table 1] and are now presented.

Table 1
List of Themes and Sub-Themes

Themes	Sub-Themes
The Rationale for Supervision	
Current Supervision in Ireland	Supervision Structure
	The Supervisor
	Supervision of Student Peer Support Workers
	Supervision – Fit-FOR-Purpose
Current Supervision Dangers	Lack of Role Clarity
	Imposing an Epistemological Position
Future Supervision – What’s Required	

The Rationale for supervision

The participants suggested several reasons for supervision. The first of which was to debrief and get support in the face of difficult cases and situations. MC suggests that this is needed as *‘Some of the cases are pretty tough.’* As an example, MC described a case they were working on where the *‘Monday [the client] would come to football ... on Tuesday he went to the gym ... And [by] Thursday, he left the accommodation and took his life.’* MJN suggests that debriefing is important because cases, like that described by MC can cause you to *‘sometimes... bring that stuff home with you.’* As a result, one of the primary reasons for supervision is to provide a *‘... space whereby you can offload in a safe and confidential manner’* [MJN] Additionally MG highlights other reasons for supervision including

‘... it helps with bias, burnout and stress management and even dealing with the organisational difficulty stuff around that as well ... There’s a kind of a voicing of it.’

MG described how supervision is also important in order *‘... to keep to the values ... and principles of peer support.’*

Current supervision in Ireland

This theme is divided into four sub-themes: the supervision structure, the supervisor, supervision of the student Peer Support Worker and supervision- fit-for-purpose. These are now discussed.

The supervision structure

Participants identified two supervision structures for Irish Peer Support Workers: academic supervision and practice supervision. Academic supervision encompassed a tripartite approach where students, their academic and practice supervisors would fill out a portfolio which supports their professional development. MG describes how she is *'an academic supervisor in a tripartite process when training students'* this encompassed utilising a portfolio to *'talk about what approaches [they] are using, what's their knowledge of recovery? How [they] apply that to [their] work [and] how does human rights and legislation affect [their] role?'* The other two participants [MC, MJN] spoke of how supervision occurred in practice. Core aspects of practice supervision surrounded a caseload and how the peer can improve interactions with service users.

'...We would go through the caseload that they would have. What should the monitor be 11 people and would spend time talking about where peer support is, what those eleven people, how much longer. It's anticipated that there will be certain stuff going on in different situations ... Retraining. What else is coming up? That you would need to help you? And certainly, any issues that you would have you bring them.' [MC]

MJN adds to this suggesting that the model of supervision used stems from *'... the social work model ...[where] it was divided into a few parts, [including] your caseload ... any new referrals. ... [a client's] suitable for peer support or not...personal care. How you look after your own care while you're supporting other people and ...training or CPD ...'* [MJN]. Additionally, there is a circle of accountability evident. This includes the record of meetings, and the use of a buddy, supervisor, and line management structure. Each has different roles which gel together to provide this circle of accountability as MJN now describes:

'... the buddy is the person that is on the team and there for moral support. The supervisor ... go through your caseloads and the line manager is just to look after the admin side of things.'

The supervisor

Participants highlighted differences in the supervisor depending on the context. For instance, MG suggested that for academic supervision ‘... *there’s no standard.[as] it differs around the country as the courses are different.*’ This did not seem to be the case once students were employed within statutory services as these peers were supervised by ‘... *social work*’ [MC].

Supervision of student peer support workers

Again, differences can be identified between areas that have Peer Support Workers in situ. For example, in MC’s local area, ‘... *social work has been very proactive... [by] ask[ing] a peer to] take on the supervision...*’ of student Peer Support Workers. This acceptance of responsibility was also identified with MC’s multi-disciplinary team who allowed this student to sit at the table. However, this did take some persuading.

‘...on the MDT team ... I had asked them, I said look, we’ve a girl coming to do six months, ... she would like to sit on the MDT and before they got time to say anything I added we have trainee nurses, we have trainee OTs, ... So I’m assuming there’s no problem.’ [MC]

This was not the case in MJN’s situation where he ‘... *was never allowed [have student peers] ... because of governance, if something goes wrong. If the **** hits the fan, who’s to blame?*’ From an academic perspective, the supervision and accessibility of supervisors for student peers seems to be a challenge due to the unpredictability and unavailability of placements and because there is ‘...*no Memorandum of Understanding (MOU)* [MG] in place with the Health Service Executive.

Supervision: Fit-for-purpose

Again, there seems to be disagreement as to whether the current system is fit-for-purpose. From an academic perspective, MG shares that the current process does not work in some areas and needs ‘*Senior peer support [Workers]’* put in place to help in those areas. On the contrary, MC, in his local area, finds the process fit-for-purpose and helpful.

‘... locally I would say it is working well ... I can only speak for myself and ... all, Peer Support Workers in[area]. It has worked pretty well here.’ [MC]

Current supervision dangers

Along with describing the current supervision process and structure, participants also highlighted dangers of the process if it was to continue. These are highlighted under the sub-themes: lack of role clarity and imposing an epistemological position below, which are now discussed.

Lack of role clarity

From the responses of MG and MC, the supervisors of Peer Support Workers do not understand the peer support role in any real depth. MG states that *'... some supervisors still ... don't know what the role is.'* MC agrees with this suggesting *'... a near total lack of understanding by the people that's doing the supervision of what our role is...'* However, this is not the case in his area as *'... they all get it.'* [MC]. This lack of understanding of this unique but complex role is evident to such an extent that the unique position of these workers is being threatened. This is evident by MG's exert below:

'When somebody said you should do XYZ in a situation. And that's fine for the person who's doing it because they can do XYZ, but you work in a very different way. So when you apply XYZ, it doesn't work.'

Imposing an epistemological position

The lack of understanding of the role is just one factor that threatens the unique position of lived experience during supervision and practice. MG suggests that power imbalances may also have a role to play as one can force the peer to conform to a way of working that is not authentic to lived experience. MG provides an example of this where there was a *'...situation where a nurse has been supervising [a student peer and] it created a power imbalance ... [resulting in a] nasty [situation] in some areas [leading to] ...a fear that social work is seeing peer support as sub discipline of social work ...'* This suggestion of Peer Support Workers becoming a sub-discipline of another was also evident by MJN accounts of a similar experience to that of MG. *'... supervision from a person from a different discipline does have the danger of that person throwing their own position onto you and expecting you to perform in a way that relates to that discipline.'* [MJN]

MC's accounts suggest that he did not encounter such difficulties noted by MG and MJN. In fact, he identifies that being supervised by a different discipline *'enhances'* the experience.

Future supervision: What's required

From participant accounts, there were several items that are needed to enhance peer support supervision in an Irish context. Firstly, it was identified that ideally, '*peers should be supervising peers*' [MJN]. If this is not possible supervision between Peer Support Workers, can be enhanced through introducing training like '*...core reflection and Intentional Peer Support...*' [MG]. MG also highlighted the need for more positions to be created, including senior positions. However, there is an acknowledgement that a service readiness exercise is required to ensure that the new peers are properly supported to carry out their work as authentically as possible.

'More positions, more senior positions ... Like ... I remember when the IPS (Individual Placement and Support) positions came ... Genio and the Health Service Executive put a lot of work into integrating them into the team, explaining what their role is ...'

MG also discussed the idea of locating peer support outside of the organisation so that they do not become co-opted and entangled by policy and procedures associated with the organisation as suggested by '*... the World Health Organization...*' Added to this, MG also suggests the need for Irish peers to '*...create [their]own model*' of supervision. Finally, MJN suggests that a total organisational cultural shift is required for peer support to be implemented in a way that the authenticity of the role is not lost. However, he notes that such an ideological shift is slow and takes time to achieve properly.

'...It goes back to this organisational change piece. Organisations just don't wanna change ... everything that happens has to be agreed by the Head of Service before it can be initiated ... So I think the process of getting things to where they need to be is slow ... because the system itself is slow ...'

Discussion

This paper started a conversation on peer support supervision in Ireland using autoethnography in order to begin considering what a model of supervision would look like for Peer Support Workers in this context. The results demonstrate that a new model needs to be considered and developed to support the discipline moving forward. Experience of supervision varies

from area to area and is person, not discipline dependent. Where there is a larger concentration of Peer Support Workers, the supervision and support works better. The peer profession [those who utilise lived experience as their knowledge subset] is a discipline in itself albeit at an early stage of development and thus warrants nurturing and protection as a different way of working. Discussions regarding protecting lived experience is just now beginning, with Norton (2023) commentary suggesting that the academic community needs to step back and understand lived experience from a philosophical perspective first before discussing how peers can apply it to practise. All of which is carried out in an attempt to protect the knowledge that is attained and therapeutically transferred through lived experience (Norton 2023). This is the first examination of this in an Irish context, but similar findings are evident in the literature in other jurisdictions, building on the World Health Organisation's preference for a supervisor having worked in a peer role. Peer Support Workers need to feel safe and empowered themselves to support other persons effectively and not to drift from peer work into other areas, for example social work.

Current supervision on the ground in Ireland requires managerial input to address issues such as training requirements, the allocation of time to a caseload and rostering. All of which has been identified in the above accounts. There is a genuine alignment of values and ethos to peer support supervision that stems from a social work perspective. This aspect of supervision is clearly visible by MC's accounts from his local area. However, despite this, these supervisors are also very open to supervision being carried out by the peers themselves which was noted by MC's account of supervising students as part of his workload.

The positive experience of supervision, as noted by MC, has greatly supported the assimilation of Peer Support Workers onto multi-disciplinary teams in local areas. Gillard *et al.* (2013) found the opposite in Peer Support Workers not being readily accepted onto teams. Reminisce of this can also be identified within these accounts but has not been experienced by the participants personally. It is important to remember that other mental health disciplines also have lived experience but may not divulge due to fear of stigma and discrimination within the system and indeed within their given profession. However, this fact may have also contributed to MC's positive experiences of peer support supervision. Equally so, it is very possible that other mental health professionals do not have lived experience but have an innate understanding of peer support. MC has had

three supervisors in his time with the Health Service Executive [six years] and four supervisors in his role as a pre-Health Service Executive Mental Health Peer Support Worker [five years]. All experiences were positive for MC with just the one supervisor disclosing that they had a lived experience themselves. The ability of the individual to carry out the role is positively impacted by the supervision process also.

Additionally, the debriefing functionality of supervision and the unstinting support during what can very well be difficult and complex cases, was certainly evident in the discussion of the Irish supervision process. Lakeman & Glasgow (2009) would have similar findings. Here, they found that supervision may involve the validation for good work achieved but at times, can include the sharing of difficult experiences. Any new model of peer support supervision must ensure that this aspect of supervision is maintained as participants in this study found same beneficial.

Strengths and Limitations

There are several strengths and limitations to this study. Firstly, this study is the first to examine the supervision process of Irish Peer Support Workers, working within statutory mental health systems and as a result provides unique input into current processes, benefits, and challenges. The utilisation of an autoethnographic approach both benefits and weakens the study outcomes. It benefits as it allows for in-depth discussions to take place between experts that otherwise would be difficult to ascertain and write down (Moberg 2022). However, the use of the named approach also weakens the study as it is highly biased towards the opinions of the authors of the study. As such, more research is required, examining peer support supervision from an independent sample of peers to identify if the supervision processes, structures, and concerns named here actually have an evidence base. Additionally, the low sample size [$n=3$] in this study reduces the findings intended impact further. However, the low sample size can be seen as a reflection of the relatively low numbers of Peer Support Workers currently on active duty in Irish mental health services. Regardless, any future qualitative empirical study should have a larger sample size via focus groups in order to get more rich data and also to examine whether the above findings can be enhanced or elaborated on so a more complete

understanding of peer support supervision can be realised. Additionally, any further investigation into peer support supervision, should continue data collection until data saturation has been reached. This was not possible within this study due to logistical reasons surrounding authorship and so on.

Conclusion

This study was the first to examine the supervision of Peer Support Workers within an Irish context. It identified, through the use of autoethnography, the current supervision structure, the dangers of supervision deriving from a different discipline and the need for change in supervision structures within an Irish context. Although not generalisable to peer populations outside the Republic of Ireland, this study has uncovered concerns that are in need of future research by the academic community to ensure that peer support is supervised and practised in the most authentic way possible.

Author contribution list

MJN conceptualised the study, MCK and EB both supported the creation of regular meetings of the authors to progress the study and proof-read the article before submission, MJN, MG and MC, recorded their experiences for the process of autoethnography to occur. MG and MC wrote the introduction and discussion. MJN reviewed these areas as well as writing the methodology and findings section of this paper. Finally, MJN reviewed the paper with MCK, MG and EB before final submission to the journal.

References

- Adams, T.E., Jones, S.H. & Ellis, C. (2015) *Autoethnography*. Oxford University Press, Oxford.
- Bennetts, W., Pinches, A., Paluch, T., & Fossey, E. (2013). Real lives, real jobs: Sustaining consumer perspective work in the mental health sector. *Advances*

- in *Mental Health*, 11, 3, 313–325. <https://doi.org/10.5172/jamh.2013.11.3.313>
- Bogo, M., Regehr, C., Katz, E., Logie, C., Tufford, L. & Litvack, A. (2017). Toward understanding the eminently practical: Supervision as an applied practice. *Journal of Social Work Education*, 53, 1, 66-77. doi:1080/10437797.2016.1232767.
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3, 77–101. doi: <http://dx.doi.org/10.1191/1478088706qp063oa>.
- Braun, V. & Clarke, V. (2019) Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health* 11, 4, 589-597. doi: <https://doi.org/10.1080/2159676X.2019.1628806>.
- Braun, V. & Clarke, V. (2022) *Thematic Analysis: A Practical Guide*. London SAGE Publications Ltd.
- Chang, H. (2016) *Autoethnography as Method*. Oxon, Routledge.
- Christie, L. (2016) Peer Support Roles in Mental Health Services. [Accessed 13th March 2023 at <https://www.iriss.org.uk/resources/insights/peer-support-roles-mental-health-services>].
- D’cruz, H. & Jones, F. (2017) Supervision, reflective practice and self-care: Exploring the relationship. *Social Work Education* 36, 2, 204-216. doi: 10.1080/02615479.2016.1269288.
- Department of Health (2006) *A Vision For Change*. [Accessed 01st December 2022 at: <https://www.hse.ie/eng/services/publications/mentalhealth/mental-health--a-vision-for-change.pdf>].
- Ellis, C., Adams, T.E. & Bochner, A.P. (2011) Autoethnography: An overview. *Forum: Qualitative Social Research* 12, 1. doi: <https://doi.org/10.17169/fqs-12.1.1589>.
- Francis, F.T. & van der Veer, G. (2011) Field report: Peer support supervision as a procedure for learning from practical experience in a mental health setting. *Journal of Mental Health and Psychosocial Support in Conflict Affected Areas*. 9, 2, 154-158.
- Gates, L., Mandiberg, J., & Akabas, S. (2010). Building capacity in social service agencies to employ peer providers. *Psychiatric Rehabilitation Journal*, 34, 2, 145–152. <https://doi.org/10.2975/34.2.2010.145.152>
- Gibbs, G. (1988). *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford, Oxford Polytechnic.
- Gillard, S.G., Edwards, C., Gibson, S. L., Owen, K., & Wright, C. (2013). Introducing peer worker roles into UK mental health service teams: a qualitative analysis of the organisational benefits and challenges. *BMC Health Services Research* 13, 1. doi: <https://doi.org/10.1186/1472-6963-13-188>.
- Health Service Executive (2017) *A National Framework for Recovery in Mental Health 2018-2020*. [Accessed 14th March 2023 at <https://www.getirelandwalking>.

[ie/ files/recovery-framework.pdf](#)].

- Hunt E. & Byrne M. (2019). *Peer Support Workers in Mental Health Services: A Report on the Impact of Peer Support Workers in Mental Health Services*. [Accessed 13th March 2023 at <https://www.hse.ie/eng/services/list/4/mental-health-services/mental-health-engagement-and-recovery/peer-support-workers-in-mental-health-services.pdf>].
- Kadushin, A. & Harkness, D. (2014). *Supervision in Social Work*. (5th edn.). New York, Columbia University Press.
- Kemp, V., & Henderson, A. (2012). Challenges faced by mental health peer support workers: Peer support from the peer supporters point of view. *Psychiatric Rehabilitation Journal*, 35, 4, 337–340. <https://doi.org/10.2975/35.4.2012.337.340>
- Kolb, D.A. (1984). *Experiential Learning: Experience as the Source of Learning and Development*. New Jersey, Englewood Cliffs.
- Lakeman, R., & Glasgow, C. (2009). Introducing peer-group clinical Supervision: an action research project. *International Journal of Mental Health Nursing* 18, 3, 204-210. doi: 10.1111/j.1447-0349.2009.00602.x.
- Moberg, J. (2022) 'The great oblivion'- An autoethnographic depiction of social and personal recovery after electro-convulsive therapy (ECT). *British Journal of Social Work* doi: <https://doi.org/10.1093/bjsw/bcac220>.
- Norton, M.J. (2022) More than just a health care assistant: Peer support working within rehabilitation and recovery mental health services. *Irish Journal of Psychological Medicine* doi: <https://doi.org/10.1017/ipm.2022.32>.
- Norton, M.J. (2023) Peer support working: A question of ontology and epistemology. *International Journal of Mental Health Systems* 17, 1. doi: <https://doi.org/10.1186/s13033-023-00570-1>.
- Norton, M.J. & McLoughlin, M. (2022) Fusion of clinical and lived experiences of psychosis: Lessons learned and implications for future clinical teaching. *Psychiatry International* 3, 286–296. doi: <https://doi.org/10.3390/psychiatryint3040023>.
- Pankowska, M. (2022) Autoethnography on researcher profile cultivation. *Information* 13, 3, 154. doi: <https://doi.org/10.3390/info13030154>.
- Proctor, B. (2010). Training for the supervision alliance: Attitude, Skills and Intention. In *Routledge handbook of clinical supervision* (pp. 51-62). Routledge.
- Ramalho-de-Oliveira, D. (2020) Overview and prospect of autoethnography in pharmacy education and practice. *American Journal of Pharmaceutical Education* 84, 1, 7127. doi: <https://doi.org/10.5688%2Fajpe7127>.
- Repper, J., & Carter, T. (2010). *Using Personal Experiences to Help Others with Similar Difficulties: A Review of the Literature on Peer Support in Mental Health Services*. [Accessed 13th March 2023 at <https://www.together-uk.org/wp-content/>

- [uploads/downloads/2011/11/usingpersexperience.pdf](#)].
- Ryerson University (2017) *Guidelines for Conducting Autoethnographic Research*. [Accessed 14th March 2023 at <https://www.torontomu.ca/content/dam/research/documents/ethics/guidelines-for-conducting-autoethnographic-research.pdf>].
- Schön, D. A. (1983). *The Reflective Practitioner: How Professionals Think in Action*. New York, Basic Books
- Smith, T., Abraham, M., Bivona, M., Brakman, M., Brown, I., Enders, G., Goodman, S., McNabb, L. & Swinford, J. (2016). 'Just be a light': Experiences of peers working on acute inpatient psychiatric units. *Psychiatric Rehabilitation Journal* 40, 4, 387 – 394. <https://doi.org/10.1037/prj0000224>.
- Swords, C. & Houston, S. (2021) Using social constructionism to research the recovery movement in mental health in Ireland: A critical reflection on meta- theory shaping the inquiry. *Irish Journal of Applied Social Studies* 21, 1. doi: [https:// arrow.tudublin.ie/ijass/vol21/iss1/5](https://arrow.tudublin.ie/ijass/vol21/iss1/5).
- Tate, M.C., Roy, A., Pinchinat, M., Lund, E., Fox, J.B., Cottrill, S., Vaccaro, A. & Stein, A. L. (2021) Impact of being a peer recovery specialist on work and personal life: Implications for training and supervision. *Community Mental Health Journal* 58, 1, 193 - 204. doi <https://doi.org/10.1007/s10597-021-00811-y>.
- Vandewalle, J., Debyser, B., Beeckman, D., Vandecasteele, T., Van Hecke, A., & Verhaeghe, S. (2016). Peer workers' perceptions and experiences of barriers to implementation of peer worker roles in mental health services: A literature review. *International Journal of Nursing Studies*, 60, 234 – 250. <https://doi.org/10.1016/j.ijnurstu.2016.04.018>
- World Health Organization; (2019) *One-to-One Peer Support by and for People with Lived Experience*. WHO QualityRights Guidance Module. [Accessed 01st December 2022 at <https://apps.who.int/iris/handle/10665/329591>].

Appendix One: Interview Topic Guide

Foreground personal experiences in research and writing

What is the process of supervision currently for Peer Support Workers in Irish services?

Bring us through a typical supervision session? What are the key parts?

Illustration of sense-making processes

Do you believe that the current supervision process is fit for purpose?

What do you feel are the current gaps in supervision of peers?

Reflexivity

Do you feel supervision is necessary for Peer Support Workers? Why?

How does supervision effect your identity as a peer?

How does your past experiences effect your work currently?

What makes a good/bad supervision session?

What are the benefits/challenges to supervision?

What elements of supervision work/not work?

Illustration of insider knowledge of cultural phenomena/experiences

What do you think is needed to address this gap?

What is stopping supervision from being conducted by peers themselves?

What is the ideal supervision structure or model?

Description and critique of cultural norms, experiences and practices

If this change was to occur, how would the system react to this change in your opinion?

Reciprocal responses for audiences.

Is there anything else you would like to add?