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Letter to the Editor

Using learned tools for experiential gain: the application of experiential knowledge to traditional service processes

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Introduction

Peer support work is a relatively new phenomenon in Irish mental health discourse. It was first recommended as a practice, within an Irish context, by both '*A Vision for Change*' (Department of Health 2006) and through the work of Naughton et al 2015. Peer Support Workers are unique in that they use their lived experiences of mental health difficulties as a knowledge set to create a space of informality, a space which demonstrates pure mutuality and reciprocity allowing the peer and the individual service user to discover for themselves what they need for their recovery at that moment and time (Norton 2022). The idea of a person's lived experience being used in this way is not new. Lived experiences have been used to create mutuality and a common purpose among service users in both the mental health and addiction services for years. Dating back as far as the civil rights movement of the 1960's and 70's and even earlier according to Davidson et al (1999) who suggested that lived experience, used in this manner began in the 1800s when Harry Stack Sullivan encouraged peer support practices within the asylum environment.

However, despite the literature base for peer support exploding in recent years, as evident in a Cochrane review constructed by Chien et al. (2019), little evidence has focussed on lived experience as a knowledge set, and specifically, how it is employed by Peer Support Workers to support individuals with lived experiences of mental health challenges in their recovery. From a review of the literature undertaken as part of a Master's degree, only three examples of such discussions have been noted thus far in the vast literature space (Bailie 2015; Kumar et al., 2019, Norton 2023). Two of these papers specifically debate whether the entire narrative should be used in creating informality or if just similarities are relevant. The third paper examines lived experience as a knowledge set: experiential knowledge. Although it does not explicitly mention how one uses lived experience to create informality, it does acknowledge a knowledge base. In addition, it calls for researchers to step back and examine the ontological and epistemological bases of lived experience before resuming debate on its application (Norton 2023).

In light of these philosophical and practical debates within mental health discourse as they relate to experiential knowledge, this particular letter focuses on an example of the application of lived experience within the present author's work. Not all practitioners will agree with this account but in the author's view this is the reality on how lived experience can be applied therapeutically to support and aid recovery. In my experience as an academic and as a former Peer Support Worker within the Irish mental health services, the creation of informality is by far the most important and difficult job of the peer. It requires finding a similarity that goes beyond having lived experience to that of interests, hobbies and world views. This is vital as the sharing of similarities is an important step in creating informality and ultimately a peer support relationship. In certain settings, this requirement of informality is even more important as the service user in question may reside in a hierarchical environment such as forensic or rehabilitation and recovery mental health service contexts. The issue of creating informality in these settings is discussed elsewhere (Norton 2022). Consequently, in this paper, it is important to examine an application of same.

I worked for a number of years as a Peer Support Worker within both the Psychiatry of Later Life and Rehabilitation and Recovery Mental Health Services in Ireland, during which, one of my central roles was to support recovery through the use of my lived experiences. However, I quickly realised that this would be challenging due to a number of factors including age difference, severity of illness and residing in a hierarchical environment. I knew from research in the area that I needed to use my experiences to create an informal relationship that is conducive of recovery. However, this was complicated due to the above factors.

In a number of other professions, there are different tools used which service users complete to identify areas of interest that can ultimately support the practitioner in supporting functional recovery. An example of this is the Interest Checklist UK, used by Occupational Therapy to identify activities and support functional recovery. The Interest Checklist UK was developed by David Heasman and Paul Brewer in 2008, and was adapted by Aoife McCormack in 2014. It is divided into a number of sections examining areas such as health and fitness; sports; creative activities; productivity at home; leisure at home; social activities; outdoor pursuits; out and about activities and educational activities.

Within Occupational Therapy, the purpose of this tool is to highlight interests and create an action plan to engage with these interests. As a Peer Support Worker, I have also used this tool in my work, however importantly I have applied a different knowledge set when using this tool. The Interest Checklist UK is a validated instrument and can be correctly applied when coming from a learned knowledge epitome. However, such tools can also support the creation of informality. One of the key elements in creating informality is the practical everyday activities carried out with the

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service user, for example, going for coffee, or supporting the individual with shopping tasks. But how the peer identifies what activities would best suit the completion of this goal is where experiential knowledge is applied to learned knowledge tools. Although this checklist was intended for use in a different fashion, when experiential knowledge is applied to this tool, it can transform it into something different from what the tool was intended for. Instead of identifying interests, the checklist can become a tool used to explore interests and create ideas for how the peer will approach breaking down the hierarchical barriers evident at the beginning of the relationship. If the peer used practical activities that were not conducive to the service users' interest or ability levels, they might create a relationship not of mutuality, informality and trust, but rather a relationship with an even bigger divide between the peer and the person they are supporting.

While I acknowledge that some professionals will feel that only the assigned professionals should use the tools of their discipline, I would argue that peer support work uses experiential knowledge to support recovery rather than learned knowledge. Although no tool can be developed to examine methods for creating informality, the peer should and is trained to use their lived experiences as a knowledge set to support recovery. When you apply a different knowledge set to a tool that was created using learned knowledge ideals, I would argue that it is possible to transform the purpose of that document – in this case from looking at activities to one that becomes a vehicle to further truly understand the individual in front of you. This may help to create informality and ultimately support personal recovery.

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