



Irish Advocacy Network CLG

29th January 2021,

Mr Dick Page,
Chairperson,
Irish Advocacy Network CLG.,
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53-56 Cork St., Dublin 8.
Email: dick.page@irishadvocacynetwork.com

Dear Sirs,

As a mental health advocacy organisation providing peer advocacy to mental health service users across most of Ireland for over 20 years, we feel obliged to raise issues with your article “Mental health supports being provided during pandemic by ‘well intentioned’ but untrained people”, published Thursday 28th January.

We are particularly concerned with the title of this article and with comments therein such as: “I’ve definitely noticed that during Covid, there’s this sense that peer support will always get you over the line but that’s not necessarily true. You also need people who know what they’re doing.” And; “So they’ve gone through something themselves and they’ve come out the other side so they might be setting up a group but they don’t have the skills or competence to actually do it.”

Such statements are in danger of setting back grass roots efforts to plug the hole of isolation and alienation related to or leading to mental health problems in what has become for many an increasingly detached and indifferent social world. Similar statements also lend toward mistrust and unnecessary apprehension toward established peer support services such the Irish Advocacy Network, the growing number of peer support workers and peer support volunteers in Ireland, and the tradition of peer-to-peer self-help as practiced by a number of voluntary organisations. In our view the article could have been better balanced, highlighting the positive contribution peer advocacy and peer support makes in maintaining and supporting the wellbeing and recovery of people who find themselves subjected to mental health challenges. It is obvious that the authors of this article have not considered the history of peer support (or for that matter the self-help movement), the social context from which it has become established and continues today. Nor did they think to consult organisations or individuals that provide peer support.

History tells us that during late 18th century, the governor of Bicêtre Hospital in Paris, Jean Baptiste Pussin, recognized the value of employing recovered patients in institutional settings. Philippe Pinel (chief physician at the hospital), praised these peer staff for being “gentle, honest, and humane”, “averse from active cruelty”, and “disposed to kindness”. Further, there are numerous studies demonstrating the benefit of peer support, internationally.

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During the pandemic, the Irish Advocacy Network conducted a survey questionnaire recording service user experiences receiving remote peer advocacy through video chat app. Over 98% of responses from 91 participants revealed high satisfaction in the areas of access, being listened to, feeling able to speak freely, and feeling connected (to a peer).

It would appear that self-experience can help reduce notions of censorship, feelings of isolation and alienation and that intuitively informed practice can be beneficial to others in need through an authentic source of empathy.

We need to consider reasons why people join online forums or digitally generated platforms facilitated by so called 'non-experts'. Perhaps services as they exist are not preferred by such individuals? We need to understand why people resist services and that an anti-psychiatry movement even exists. As someone once put it, we could not conceive of an anti-diabetic movement or anti-heart disease movement? We need to resist becoming arrogant - that we know best.

We challenge the idea, as it appears to us is the main message in this article, that all we need is more of the same. This is fundamentally wrong. Remember when the wisdom of the day led us to believe that what was needed were huge institutions scattered across Ireland for the benefit of misfits and the 'mentally ill - the more psychiatric hospitals and beds the better? We need to understand and engage the public; those who choose support from online peer led spaces and other social environments. This requires education and dialogue from all sides. It also requires creative thinking, new ideas, not more of the same. Dismissing the genuine attempts to help others, to belittle or talk down to those involved in this endeavour will not work.

Finally, we need to accept that mental health is a complex and often messy business. No one owns the knowledge; no-one has the ultimate solution, and no-one should claim a monopoly over the all too human experiences captured under the umbrella of mental health. In short, we require dialogue, not a monologue.

Kind regards.

Dick Page,
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