

Standard Practice: Making the Case for Peer Support as part of Irish Multidisciplinary Eating Disorder Treatment Teams

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What is Peer Support?

“Peer support is, of course, what we do when we recognise our shared experiences of disadvantage and distress, make an inter-personal connection on that basis, and come together to support and learn from each other.” (Gillard, 2019, p. 341)

What is a Peer Support Worker?

“A Peer Support Worker is someone who is employed to utilise their lived experience of mental health difficulties and their support skills to assist service users in their recovery. Peer Support Workers draw on their lived mental health experience to support others; they offer hope and the possibility of recovery to service users, provide emotional and practical support, empower service users in self management of their recovery and act as a recovery resource to the service and team.” (Hunt and Byrne, 2019, p. 8)

Elements of a Peer Support Worker's role (Naughton, Collins, & Ryan, 2015)

The Peer Support Worker's role includes:

- Drawing on their lived mental health experience to support others.
- Empathising with mental health service users.
- Offering emotional and practical support to service users.
- Being present with service users in times of distress.
- Offering hope and the possibility of recovery to service users.
- Empowering service users in self-efficacy and self-management concerning their own recovery.
- Supporting the service user in developing their recovery through personal development and social integration.
- Providing a recovery resource to the service and team.
- Promoting safe recovery.
- Improving communication between service user and provider.
- Supporting recovery focused care planning.
- Providing a training resource on recovery to the service.
- Helping reduce stigma.
- Modelling good recovery practice.
- Modelling appropriate disclosure.

‘Lived Experience’ Vs ‘Expertise by Experience’

- Formalising our experiences through higher education – enabling someone to use their LE to provide meaningful and goal oriented support.
- Not just ‘what worked for me’ but developing an understanding of ‘how & why this worked for me’
- ‘Selective Self Disclosure’– purposeful story telling.
- ‘Attuned Responsiveness’

‘Lived Experience’ Vs ‘Expertise by Experience’

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“in what contexts are contributions based on lived experience (in)apt or (ir)relevant, and how to resolve potential conflicts between claims derived from experiential knowledge and other forms of knowledge?”
(Dings and Strijbos, 2025, p. 2)

“‘knowledge of one’s own lived experience’ – private knowledge that subsequently needs to be **transformed to yield expertise** that can be used in the service of helping others.” (Dings and Strijbos, 2025, p. 2)

“experience may be reflected on and integrated (e.g. into a self-narrative) to become experiential knowledge, which in turn may be transformed into experiential expertise when one gains **the skillset to put the experiential knowledge to work**, e.g. in assisting others in their recovery.” (Dings and Strijbos, 2025, p. 3)

‘Lived Experience’ Vs ‘Expertise by Experience’

“A person who would solely rely on their own **lived experience** and simply ‘project’ this onto another person that they are trying to help, would clearly not be a very good **expert by-experience.**” (Dings and Strijbos, 2025, p. 4)

“Responsiveness pertains to **what matters to people**, what the world is like to them, what they notice, what affects them and moves them. It involves what people experience as relevant or meaningful, as attractive or dangerous, as **inviting them to act** (or not).” (Dings and Strijbos, 2025, p. 5)

“this puts us in a position to make it intuitively clear why it may be useful and valuable to include people with lived experience in mental healthcare: they offer a unique contribution because they have a **responsiveness profile that is distinctive** in comparison to the responsiveness profiles of other parties in healthcare (e.g., professionals, policy makers). It is distinctive because **it has been (trans)formed by their lived experience of mental illness.**” (Dings and Strijbos, 2025, p. 7)

Role & Responsibilities of a PSW in the Context of Eating Disorders

- On the ground support – working alongside nursing staff to provide day to day support to residents/day programme
- Meal support
- Post Meal Support
- Therapeutic groups – Goal setting, 'Recovery Skills', weekend planning.
- Weekly 1:1 sessions
- Snack challenges/ outings
- Discharge Planning

What makes peer support effective in the context of eating disorder treatment?

“In the peer support intervention model, an individual well into recovery guides another individual who is beginning the recovery process by offering emotional support, access to recovery resources, practical recovery tips and advice, and most importantly, a listening ear. Peer support has the potential to mitigate disparities in eating disorder treatment, encourage and reinforce recovery, and prevent relapse when used **as an addition to typical treatment methods.**” (Condeluci, 2020, p. 4)

“Telling the personal lived experience leads to **a profound shift, from telling an “illness story” to a “recovery story”** [4]. This involves an identity transformation from being perceived as a victim or a patient to a person fully engaged in life with various opportunities ahead” (Shalaby and Agyapong, 2020, p. 3)

“Staff who have successfully accomplished recovery are often able to quickly establish that recovery does occur and that one can lead a stable and productive life. Recovered staff members are able to become a concrete representation of the “light at the end of the tunnel.” **Words can often be too abstract when patients are completely overwhelmed and defeated by the illness.** Clinicians who have successfully mastered recovery become a living, breathing example that recovery is attainable. Clinicians who have not walked this valley simply do not have as much credibility.” (Costin, 2002, p. 297)

What makes peer support effective in the context of eating disorder treatment?

The peer support worker can act as a role model for the recovery process and through their work may instigate change within the organisation as a whole. As well as being seen as a supplementary service, some organisations saw the work of the peer supporter as providing a unique service alternative to that provided by professional staff" (Naughton et al., 2015, p. 12)

"It is difficult for staff members who have had no personal experience with an eating disorder to fully grasp the profound struggle that recovery can pose for individuals. Recovered staff members achieve the rapid development of rapport, which is the bedrock of trust. Trust is absolutely crucial with our patients because we are often dealing with a phobic-like fear of change. Our patient's ability to recover often requires them to take a "leap of faith." They are asked to take risks that feel catastrophic. Staff who have survived this leap can offer strong reassurance that the task is manageable." (Costin, 2002, p. 297)

Service User Benefits of Peer Support

Peer Support Workers help service users connect with the services they attend. All service users agreed that Peer Support Workers had a positive impact on their experience of Mental Health Services. In doing so, Peer Support Workers improved their perception of services, allowing them to better engage and progress their recovery. They achieved this by enhancing the voice of the service user, advocating for them and making their wishes known. (Hunt and Byrne, 2019, p. 30)

“A vital component of the ways in which Peer Support Workers work is their ability to encourage and empower service users, with 97% of service users stating they felt empowered by their Peer Support Worker, and 76% stating that they help them to feel in control of their own lives. Participants frequently referred to the importance of the Peer Support Worker “meeting them where they’re at” and allowing them to “set the pace”, when discussing the service user’s recovery process.” (Hunt and Byrne, 2019, p. 36)

“Peer Support Workers ensured that service users led and directed the work they did: to focus on and pursue the goals that service users themselves want to achieve, to work at a pace and at a level that each service user was comfortable with, in essence, to put the control back into the service users’ hands. These are the aspects of Peer Support that service users feel have empowered them, fostering a sense of control and autonomy in their own recovery. For some this came in stark contrast to the way in which services had operated in the past.” (Hunt and Byrne, 2019, p. 37)

"Having a peer support worker during my recovery from anorexia made a profound difference compared to the standard MDT I had experienced in previous recovery attempts. While doctors, therapists, and dieticians provided essential medical and psychological support, my peer support worker offered something unique – hope. She had walked a similar path and truly understood the fears, doubts, and challenges I faced. Her lived experience reassured me that recovery was not just a clinical goal but a real possibility. Seeing someone who had come through the other side helped me believe that I could, too. That connection, built on shared understanding and genuine encouragement, made recovery feel more achievable in a way that MDT support alone never had before."

"It makes you feel that someone actually understands what you are going through and genuinely cares. It gives you hope – someone real, not just on social media has recovered so I can too"

"I honestly don't think I would have come so far in my recovery journey were it not for peer support. Having somebody that really and truly understands this experience, the challenges, the difficulties and even the personal battles that take place in my own head is invaluable. Talking to Alice makes me feel seen, heard, understood and supported. She is an invaluable part of the team here and peer support should be available to all people in my position."

"Peer support can make you feel heard when you don't have the energy to speak. A peer support worker enables you to have full trust in all members of the team as when they say 'I know how you feel' you know it's sincere. If your ED is the devil on your shoulder, a peer support worker is the angel on the other and it's up to you who you choose to listen to."

"My experience of peer support in eating disorder recovery has been entirely positive. Having the ability to speak to a member of staff who understands exactly what you're going through and who knows from experience how to support you is extremely helpful. Sometimes I would feel more comfortable speaking to the peer support worker about things because I know that she has been through a very similar situation and will listen to what I have to say, without casting any judgement. It is also nice to see someone who is fully recovered from an eating disorder and has been able to build a better life without the ED. It's very inspirational and gives me more hope for a better future."

NEDRC Service User Experiences of Peer Support in Eating Disorder Recovery

Team Experience's of working with a PSW

"Working alongside a peer support worker has been an incredibly valuable experience for me. Before this role, I had never worked with a peer support worker, and it has been both insightful and beneficial. Alice has given me a deeper, more personal understanding of eating disorders—something I could never learn from textbooks alone. Listening to her speak with clients has also helped me learn how to communicate and provide support more effectively. I've seen firsthand how much clients benefit from her empathy, insight, and ability to truly understand their experiences. That level of support fosters trust and connection, both essential to recovery. She has helped me feel more confident, more comfortable, and more prepared to provide the best care possible. She has also been a great source of guidance as I continue to expand my knowledge of eating disorders and the best ways to support our clients. Alice's role is essential to our team, and I truly believe peer support work is a crucial part of treatment." – Alannah Sheahan, RPN.

"Alice's role in our team is invaluable. She has taught me so much about the day to day suffering the individuals in our service experience, and offers unique insight into the thought processes an individual with an eating disorder experience. I will forever be grateful for her input and I 100% believe we are a much better service, and I am a much better nurse, because of her" –Beth McElhinney, RPN.

"I have worked with people with Eating disorders for 5 years. During the last 18 months of that I have worked alongside a PSW. This has been beneficial to my own understanding of EDs and the treatment of the same and I have learned more in this time about EDs than previous years working without a PSW. Having a living picture of recovery as part of the team is inspiring that recovery is possible for clients. It has truly opened my eyes to what life after an ED can look like from a real person vs an idea of recovery from books or research. It has given me the ability to ask the PSW questions I cannot ask clients and furthered my own understanding and empathy for people living with an ED. From a practical standpoint clients have reported feeling heard and understood by PSW in a way professionals who haven't had an eating disorder can't. Often during challenging times PSW sessions can help clients engage in recovery by having viewpoints challenged by PSW as clients have respect for someone who has been in their shoes and overcome ED vs clients leaning on "you don't understand" when getting support from other professionals." –Graham Temple, RPN.

Team Experience's of working with a PSW

Alice provides unquantifiable support for clients in the service through having insight into their problem behaviour, through previous experience. This creates strong authentic relationships with clients, who can be supported or challenged accordingly. Alice would often address issues with clients and afterwards discuss the valuable insight that she has learned, which then can help inform interventions that provide a holistic approach as well as providing key aspects of person centred therapy, to enable the client and Alice to build a strong and lasting relationship, which allows for challenging the behaviour and the client to build autonomy and accountability for their recovery. Alice and people like her, working as a peer support workers, help the client to have support throughout each day whilst also providing valuable insight for members of staff to implement the knowledge into whichever domain they work in.-Paul Quinn, Psychotherapist.

“As a dietitian, collaborating with a peer support worker greatly enhances my ability to support patients. Alice offers invaluable insights into the challenges patients face, allowing me to tailor my approach with greater empathy and understanding. This teamwork helps me create a stronger connection with patients and makes it easier to guide them on their recovery journey.” – Róisín O’ Brien, Dietitian.

Considerations for Successful Role Integration

“The evidence is pointing towards peer support in mental health services most effectively manifesting as peer workers operating in **para-clinical roles, complementing, or enacting existing clinical functions.**” (Gillard, 2019, p. 341)

“Team readiness is a crucial building block for the advancement of PSWs and in **assisting the refocus of teams into a more recovery-oriented service**....before teams embark on any journey it is crucial to establish where you’re starting from. Teams that are not in agreement as to the employment PSWs should refrain from doing so until they reach consensus about the associated challenges, how to overcome such challenges and the benefits to the organisation. As previously mentioned **organisational readiness is crucial** if PSWs are to be successful in their role.” (Naughton et al., 2015, p. 31)

“Whilst there is some evidence that PSWs can challenge discrimination, promote positive language, emphasise strengths and possibilities, it is also clear that **they cannot do this alone.** The whole system needs to support the change through changes in language, practices, procedures and policies consistent with a Recovery focused approach.” (Basset et al., 2010, p. 16)

“Endorsement of recovery practices and Peer Support Workers from senior management and clinical leads was **an essential element** in their acceptance on the MDT” (Hunt and Byrne, 2019, p. 53)

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