

Susanne Iris Bauer,
University of Applied Sciences Fulda,
susanne.bauer@sw.hs-fulda.de, +49 160/99882776

Experienced involvement in social psychiatric care in Germany – pioneering work.

Abstract:

There is still little experience in Germany in employing peers in social psychiatric institutions and services. Based on the European Leonardo da Vinci project „Experienced Involvement“ from 2005-2007 pioneering work took long to broaden its influence.

The presented work focused on the employment situation of ExIn¹ recovery accompaniments in Germany and used a mixed methods design for this. On one hand a complete survey with a questionnaire was used. This focused on the type and scope of Experienced Involvement as well as fields of application of ExIn recovery support and asked for reasons for non-employment and potential perspectives for future engagement. To find out about the subjective perspectives qualitative research methods were used. This started with the implementation of focus groups to bring in the perspective of prospective ExIn recovery accompaniments. Further on guideline-based interviews were conducted with ExIn recovery accompaniments and their teammates on the experience of professional action, the conditions for this and the effects on the services and themselves.

Keywords:

Experienced involvement, peer work, pioneering work, user involvement ExIn, recovery support

¹ ExIn is used in the following text as shortcut for Peer Workers having qualified as Experienced Involvement Recovery Supporters

1. Introduction

With the European "Leonardo da Vinci Project Experienced Involvement 2005-2007" (Ex-In Deutschland e. V. , 2021), the curriculum set the framework for what should be implemented in the future as ExIn recovery support. Participation in this project encompassed not only the perspectives of different countries, but also those of professionals, experts from experience and researchers. The WHO formulated on the establishment of participatory structures: "The participation of users of psychiatric services and their relatives is an important part of the reform process. It has been proven that the active participation of psychiatric professionals and their families improves the quality of care and services should also be involved in the development and implementation of training courses to give psychiatric staff a better understanding of their needs." (WHO , 2005, p. 108). Peer work has different importance in context of social-psychiatric care: while in neighboring European countries peers have long been employed in services, there still is little experience in Germany with psychiatric experienced as colleagues and employees.

The findings reported are based on a mixed methods design, consisting of the quantitative recording of the data by means of a questionnaire addressed to all known institutions of social psychiatry services and qualitative elements with focus groups and expert interviews with ExIn recovery supporters and their teammates. The pool for the random selection of interview partners was generated from the response; the selection was gender-sensitive.

In several focus groups, expectations of prospective ExIn recovery supporters with regard to their future work were discussed and their questions for research work were recorded. A deeper involvement of those affected in the research process could not be established due to a lack of funding, which is also the greatest point of criticism of own work. In guideline-supported expert interviews, ExIn recovery counselors were asked when they experience themselves as acting professionally and what conditions they have for this find. At the same time, expert interviews were conducted with their teammates. These also dealt with changes that they have experienced since the employment of ExIn colleagues in their services.

2. Key Results

2.1 The employment situation for ExIn in Germany- quantitative results

In Germany or in the individual federal states there are no central overviews of offers of social psychiatric care. However, the task of psychiatry coordination is established in the individual regions and districts, albeit with differences in terms of designation and territorial responsibility. The questionnaire could be distributed to 2,415 services and clinics via these offices, and ExIn Deutschland e.V. also supported the survey. The adjusted response rate of

485 questionnaires was 20.08%. Most of the responses came from complementary institutions with 77.3%, while 16.1% came from clinics and 5.2% from authorities.²

Response according to types of institutions	From authority	From complementary service	From clinic	others
Total (n=485)	25	375	78	5
In %	5,2%	77,3%	16,1%	1%

Table 1 Response according to types of institutions

Data from services with and without employed ExIn Members

The survey in 2018 thus recorded data from the services and institutions that employed ExIn recovery support as well as those who were not aware of the concept (9.7% of the responses) as well as the reasons why they were not hiring ExIn. Of the respondents, 314 (corresponds to 64.74%) stated that they had not employed an ExIn. In the hit list of obstacles, the unclear refinancing was named first with 126 answers (corresponds to 25.98%), closely followed by the lack of applications with 121 answers (24.94%). Furthermore, less than 10% each reported the lack of courses in their region, lack of information or interest.

Reasons for non-employment	No Employment of ExIn	No application	No ExIn courses	No information	Unclear refinancing	No interest	Not specified
Total (n=485)	314	121	42	48	126	18	27
In %	64,47%	24,94%	8,66%	9,89%	25,98%	3,7%	5,57%

Table 2 Reasons for non-employment of ExIn members

Potentials for the employment of ExIn according to areas of application

Nevertheless, around 87% of these respondents considered future employment with ExIn as conceivable. These potentials for employment were arranged in multiple choice with the possibility of multiple answers queried by areas of application:

² The following data from our own research work have not yet been published.

conceivable deployment of ExIn	accompanying inpatient	accompanying outpatient	advisory outpatient	working with relatives	advanced training	others	not specified
Gesamt (n=314)	70	126	106	88	50	44	72
In %	22,29	40,13	33,76	28,03	15,92	14,01	22,93

Table 3 Conceivable employment of ExIn-members

Considering this, the in return resulting distribution of the data from the application fields (77.3% complementary facilities, clinics 16.1%, 5.2% Government), the area shows ambulatory care not only of the survey period, but also the greatest potential for future employment with 40.13% outreach and 33.76% in consultancy.

The scope of the employment of ExIn members

A look at the employment situation shows that 35.3% of the responding positions employ or have already employed ExIn - unpaid engagement such as voluntary engagement or internships was excluded from the analysis. It is also apparent that in the time of the survey in 30.3% of all services (corresponding to 147 services) 242 ExIn are employed, some services do employ more than one ExIn Member.

Employment of ExIn	no ExIn	Services with experience in employing ExIn	Services currently employing ExIn	Current busy ExIn	Total employments of ExIn
Total (n=485)	314	171	147	242	328
In %	64,74%	35,3%	30,3%	---	---

Table 4 Employment of ExIn members

In addition, it follows that the practical experience horizon of colleagues, taking into account the constellations of teamwork, should have reached the four-digit range: 25.1% of the teams in which ExIn were busy comprised one to five people, in 24% they were part of teams of six to nine colleagues and in 35.8% the team included ten people and more, in 7.8% of employment took place in several teams.

Size of teams with ExIn	>10 persons	6-9 persons	1-5 persons	individual position/ staff position	in several teams	Not specified
Gesamt	35,8%	24,0%	25,1%	5,0%	7,8%	2,2%

Table 5 Size of teams with ExIn members

About the fields of application for Ex In-GB

Overall, there is a distribution in employments of ExIn also in combinations in the accompanying - inpatient setting 31.1% in outpatient/outreaching work with 34.2% and outpatient consultative work with 41%. In other fields of activity, such as job offers, 23% of the ex-ins are busy, in relatives work 10.6%, as ex-in-trainers 6.2% or in further education and training 9.9%. Differences in the assessment of the targeted use of ExIn, for example in the work of relatives, can be seen in the information differentiated according to employment in a clinic or complementary service:

Deployment fields according to settings in %	accompanying inpatient	accompanying outpatient	outpatient/ advisory	employment	working with relatives	ExIn-trainers	advanced training	others
Complementary service	17,4	39,7	44,6	26,4	9,1	8,3	9,9	14,0
clinic	80,6	16,7	33,3	13,9	16,7	0,0	11,1	8,3
others	0,0	33,3	0,0	0,0	0,0	0,0	0,0	33,3
total	31,1	34,2	41,0	23,0	10,6	6,2	9,9	13,0

Table 6 Deployment fields according to settings of service

In Germany, employment is only subject to social security³ contributions from an income of more than € 450 (in 2018): this means that contributions to pension insurance, among other things, are only collected then. At the same time, the social system includes replacement benefits with the disability pension for partial (performance > 6h / day) and full (performance > 3h / day) limitation of performance. Depending on the amount of the contributions made in a defined period, before needing the replacement, the higher the pension payments. If the conditions could not be met, the minimum income is used to help with livelihood⁴. This includes, in particular, for those with a pension entitlement that exceeds the minimum income, a risk of taking up employment subject to social security contributions: If this performance cannot be provided permanently, there is a risk of relapse to the minimum income.

Further, there are additional earnings limits⁵, which result in a reduction or loss of claim in state benefits, when exceeded. The question of the extent of employment relationships showed 18% of ex-in employees worked on fee based hours and, for example, provided singular offers such as recovery groups. Furthermore, 34% of the ExIn were employed as low-

³ The social security obligation of employment goes back to Otto von Bismarck's reforms in 1883. It includes insurance for unemployment, accident, pension, health and long-term care (VFR Verlag für Rechtsjournalismus GmbH, 2021)

⁴ These regulations are part of SGB XII (Bundesrepublik Deutschland, Bundesministerium für Justiz, 2021)

⁵ The regulations on pension rights, including disability and additional earnings are laid down in SGB VI (Bundesrepublik Deutschland - Bundesministerium für Justiz, 1990)

wage earners. In addition, a total of 48.3% of the employment relationships are to be recorded as employment subject to social security contributions.

Extent of employment	Single hours, fee based	Low-wage	Part time <15h	Part time 16-30h	>30h/fulltime
total (n=242)	43	83	40	53	24
In %	17,8%	34,3%	16,5%	21,9%	9,9%

Table 7 Extent of Employment of ExIn members

2.2 Qualitative results of the status of Ex-In Inclusion

Generated from the return of the questionnaires - taking into account the population figures - nine interview tandems from ExIn and team colleagues from the various federal states were drawn. Only ExIn with at least one year of activity at the current position and an amount greater than 450€ or more were included in the pool for selection. For the teammates, the minimum requirement for interview participation was a job volume of at least 50%, as well as an activity before the establishment of ExIn in the service.

The selection considered gender distribution:

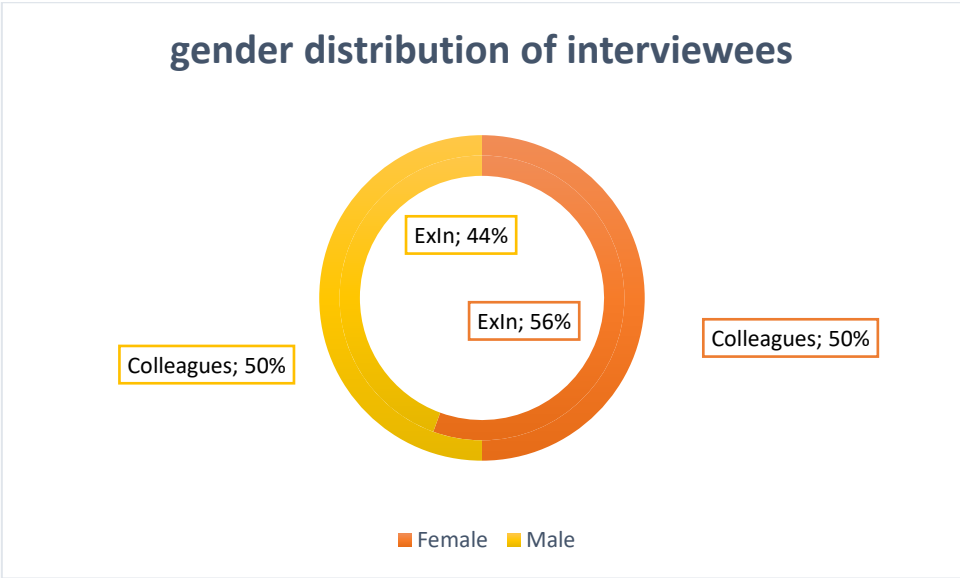


Figure 1 Gender distribution of interviewees

The guideline-based expert interviews were conducted separately from one another. Questions originating from the focus groups with prospective ExIn regarding their expectations towards their future activities were incorporated into the guidelines. Partial

results from a total of nine interviews with teammates and eight interviews with ExIn from 2018 are presented.

The fields of activity of the interviewees ranged from the clinical acute ward to the Soteria ward, through care in the dormitory to outpatient support and advice, but also with the assignment to focus employment for the participants and, in one case, the additional accompanying activity as an ExIn trainer. The weekly hours of the interviewed ExIn ranged from part-time with 10h / week to full-time job.

About the experience of professional action from ExIn

To record the conditions for experiencing professional action, the qualitative content analysis included the following categories deductively and inductively according to Kuckartz (Kuckartz, 2018, p. 100f):

- Conditions for success
- Services of care, support and self-care
- Effects of activity, effect of ExIn
- Aspects of belonging
- Challenging
- Stigma and self-stigma, prejudice and how to deal with it

Only some of the results can be dealt with here, the focus is on conditions for success, challenges and aspects of stigmatization, and other categories are also occasionally cited.

In the comparison of the results from the interviews by ExIn and their teammates, there are many parallels and additions, as explained in the following text.

On the conditions for success and the experience of successful action

The open debate in the teams in preparation for the establishment of EXIN in the service was from both sides experienced as helpful for making the willingness to expand the team to include the perspective EXIN. Informal conditions for success were also given: here you can find information on the manner in which contact persons and ExIn work together, but also the experience of 'being wanted' and 'being accepted' by management and team 'is given as the basis for success This included initial skepticism: "(...) when someone joins a team, that must be wanted. This topic must be wanted. And slowly approaching it, that's normal. And to be a little skeptical too, that's not bad either. Um, but it has to be wanted. And if it is, then you can build a lot on that basis. But at the beginning there are fears, that is normal." (003TK, 2018)⁶

As a structural recommendation, the establishment of a contact person was also mentioned by both groups surveyed, albeit with a time restriction in some cases. The content and quality

⁶ 003TK 41: The citation from the interviews includes the abbreviations "GB" for "ExIn recovery support" and "TK" for "teammate". The interviews have not yet been published, so in the following text only the paragraph under which the statement can be found is named

were also taken into account: "(...) I would also make sure that they have a good contact person at the beginning. And that there are also a lot of regular discussions about familiarization, yes also about finding roles, so about, yes, and also about resilience. So that this is kept in mind. (...) and not overloaded, but not underloaded either. (...)" (006TK, 2018)⁷ Utschakowsky put it on the definition of roles and the structuring of assignments: "A fact that we often encounter in practice is that the role of employees with psychiatric experience is not clearly defined. This can have the advantage that the peers can design their work assignments very individually and adapt them to the needs of the clients, but this can have the disadvantage that their role remains unclear to both clients and employees, which leads to misunderstandings and competence wrangling is coming." (Utschakowski, 2010, p. 71). Facing the wide range of possible uses and tasks, but also personal skills and performance, a joint design and openness for the design and development of tasks for ExIn was advocated. In practice there is a need for safe zones allowing options for retreat (004GB, 2018)⁸ as well as the experience of not having a special position in the team after a few years of cooperation. (003GB, 2018)⁹

Changes evoked by being employed as an ExIn in the context of achievement

To discriminate the effects of employment ExIn, ExIn were asked about effects on themselves, on their teams, on the clientele and the offers of the services: The stabilizing effect of work itself, but also the expansion of individual social networks and the experience of empowerment and self-efficacy enabled personal development, to give at least some examples.

Influenced by material and organizational factors, ExIn reported on the effects they experienced on themselves: "(...) And of course it is incredibly relieving to be employed like that for me. ... and knowing what I can expect at the end of the month (...) So that I am much more stable, I became so aware of that, much more resilient, more balanced than before ... so this is a new situation for me, isn't it? (...) the situation, the factors and the general conditions, financial security, as far as I can speak of it, the regularity and so on, agreements and at the same time gave me an immense amount of motivational boosts and highlights and peculiarities. That's what I actually couldn't imagine a few years ago." (001GB, 2018)¹⁰.

The experience of one's own competence allows one's serenity and self-confidence to grow and provides further impulses for reflection on one's own concern. "Yes, well, I think, thanks to the experience now, I've become a little more relaxed myself. ... so that I no longer worry myself like that (...) and that I can certainly trust myself ... " (002GB, 2018)¹¹

⁷ 006TK 145

⁸ 004GB 85

⁹ 003GB 149

¹⁰ 001GB 107

¹¹ 002GB 158

. New social relationships arise, in family and private environment, too a different way of dealing with one another becomes possible, shaped by mutual understanding, appreciation and more closeness, as this recovery support describes: "First of all, networking. I know an incredible number of people. It doesn't matter whether it's doctors or experienced people. So my life has become very, very colorful. And so I got to know an incredible number of people with whom I cooperate and so on and so forth. In my private life I got to know my life all over again, with my mother and with my daughter, with whom I did not get along so well / not / what does that mean? We didn't get along. And because of the two, ex-in-course, because of my rethinking, that has changed completely." (003GB, 2018)¹².

Impact on the work with clients

The recognition of experience-based expertise enables teammates to broaden their perspectives. ExIn can help to create access to clients in difficult situations and to convey hope. This can relieve teammates if they experience barriers in contact with clients: "(...) Well, I have the feeling that if the / if the teammate doesn't really get ahead, (...) then I am someone who comes along. (...) and through the opportunities that I then have due to my training, I got in touch pretty quickly and so on. And we have now arranged a meeting for next week. Let's see what happens next. But what we gave: hope. We have given this person some hope." (006GB, 2018)¹³. In establishing and shaping contact, in order to establish access to clients, especially in the case of heavily stressed people or people who are experienced in the help system, rapid success is explicated, here with the connotation of the lack of activation of learned defense mechanisms. "Well, I already had the impression that it was also noticed relatively early on that - due to the way I approached clients, that I was able to gain access more quickly (...), I'm someone who doesn't represent a threat to clients... " (002GB, 2018)¹⁴. The experience and the open approach to it opened the doors in the following example: "(...) we just had this new guest two or three months ago. And with this resident, the effect was incredible when she heard that I was also experienced in psychiatry. And especially with her, she is sometimes very rude towards my colleagues - and she is not that to me. So you realize, yes, we are the same. And so everyone in the dormitory knows that and, um, it comes more from / meanwhile from the conversations that I know: Yes, I used to feel the same way. And that's what we talk about." (003GB, 2018)¹⁵.

¹² 003GB 167

¹³ 006GB 28

¹⁴ 002GB 41

¹⁵ 003GB 21

Impact on the teammates and their way of working

During workexperience with an ExIn in a team, a change in the attitude of teammates is reflected and traced back to a previously unprecedented opportunity to exchange views on the affected person's perspective. In addition, there is more sensitivity in the choice of words: "(...) So one aspect for me is also the attitude - yes, exactly, that the attitude has changed, so um, that we can ask our ExIn, so how 'How is that from your point of view' and that is something else again, like when I ask this question to the person concerned in the context of a counseling. But in a way (...) so that we can use it to compare and relativize our thoughts and our points of view a bit, so that it is not so one-sided, (...) and that one is simply more careful with the language, with the expression." (000TK, 2018)¹⁶. The expansion of perspective through the ExIn also enables a different classification of the factor of time, so that even longer-lasting processes can be accompanied with hope by teammates: "(...) with X. it is so that he always comes from experiences reported. That he says: 'And I was in a shared apartment for so long, I experienced it so and so. I have / I had these and those difficulties myself. Yes, I took a few years to get over certain things.' So he expresses out of a long experience / gain understanding in a different way. Especially when it comes to the factor of time or serenity. (...) Some things just take a damn long time." (009TK, 2018)¹⁷. The effects on the clientele that teammates experience as positive include not only skills in establishing access and building relationships, but also the credibility of the offer. This is experienced as effective as part of the whole, which promotes the strengthening of the willingness to deal with the individual circumstances: "(...) where there is still no real insight into the disease, where it is difficult to deal with it, I like to call in recovery companions to job interviews with new clients. Because they are just really a bridge builder. (...) some people say to me: 'Yes, Mr. X., you have to say that, that I will soon be better because, you will be paid for it.' (...) these are people who have had an experience themselves to have this way behind you. Yes? Are partially reintegrated professionally or are integrated in the team and of course they can convey that to people in a completely different way. And indeed (...) in a kind of credibility, also helping the team or our work a little bit. (...)'" (003TK, 2018)¹⁸.

The quality of empowerment processes by ExIn is formulated as follows: "Before they (the users, author's note) were already motivated, but now they are also strengthened" (003TK, 2018)¹⁹. ExIn are perceived as a "constructive mediator" (006TK, 2018)²⁰, experienced as a "relaxing resource" (009TK, 2018)²¹ for both colleagues and clients, and referred to as synonymous with client centeredness: "(...) for me, Mrs. X the client centering, to a certain extent. In other words, because she simply understood the client's point of view more than we did, and because she brought that into the relief talks and the teams, she contributed to

¹⁶ 000TK 5

¹⁷ 009TK 29

¹⁸ 003TK 19

¹⁹ 003TK 29

²⁰ 006TK 35

²¹ 009TK 25,31

more client focus, (...)." (003TK, 2018)²². In addition to the use of ExIn, as here in the outpatient setting, employment in the inpatient area is desired in order to reduce self-stigmatization and hope for a perspective, especially for younger clients in non-voluntary stays, in the ExIn-specific quality with expertise that needs to be differentiated to be able to offer from experience.

"(...) in the fully inpatient area, I would like to see recovery companions. Especially because people have big problems with it: Yes, they are now in an institution. (...) And you feel anyway, yes, like / I always say this: flat as a leper. (...), those are younger people who of course are not here voluntarily. (...). So when someone is placed by their side who can deal with their experience and empathy differently than the nursing staff, who also look after and care for them. But, oh, that's something else again." (005TK, 2018)²³. To be mentioned too, in teamwork, reports are given how collegial advice expanded at the level of empathy accompanying the professional perspective including the ExIn-colleague. (002TK, 2018)²⁴.

Impact on the development of service orientation

Impact on and development of the offers in a service strongly depends on possibilities and opportunities the people working there can gain. In addition to the recovery groups that were newly installed in many places, the implementation of ExIn in the services brought about the closure of gaps in psychosocial care with regard to the development of offers: for example, by introducing low-threshold offers for people who are newly ill. (001GB, 2018)²⁵. In terms of the external impact of the service, so teammates, the employment of an ExIn is perceived as positive: "(...) As a head of service, it is of course also in the external image for me - I noticed that I can always proudly announce that we employ an ExIn and that I already have the feeling from the outside that it is already perceived by those affected ... positively - appreciatively" (000TK, 2018)²⁶ In the service ExIn can be used in a targeted manner and make it possible to provide assistance in difficult constellations: "(...) I used her in a very special way with a client because this client once told me that she was surrounded by social workers all her life, from an early age. She was already in the children's home and she was sent from one to the next, from place to place, and in the course of her life, I would say, she had developed a basic anger towards social workers, yes? (...): It was somehow about building a trusting relationship with this client, so I thought to myself that I should now include Ms. X, because Ms. X. is not a social worker, because Ms. X. is there is completely empathic and can empathize with the client and is very calm in her way and is not judgmental. That was just clear, nobody else can do that, Mrs. X. has to do that." (002TK, 2018)²⁷

²² 003TK 83

²³ 005TK 253

²⁴ 002TK 45

²⁵ 001GB 49

²⁶ 000TK 7

²⁷ 0002TK 27

In all interviews, the question of whether the effort to implementing ExIn was justified based on the effects achieved, was answered in the affirmative. The imparting of experience-based expertise and the cooperation with one another are exemplified as valued and unique competencies of the ExIn colleagues: "(...) this is a cooperation, a cooperation that I have never experienced in this quality, so the woman is real well ... (...) as she explains it to the participants and also explains it with examples from her experience, I sit there every time and think to myself: "I can't do that! ... that's just a super-good cooperation ..." (001TK, 2018)²⁸. The acceptance on the part of ExIn for the offers in the service is reflected as a kind of 'quality control': "I believe this experience (which he, author's note) has had with regard to his own accompaniment at some point. And certain stigmatizations, all the more he was able to accept this modularized and individual and person-centered, because he noticed it is actually so ok. I might have wished that earlier too." (007TK, 2018)²⁹.

Challenges of institutional management and structural development in social psychiatry services

The necessary framework conditions for the employment of ExIn have not yet been created across the board: The working world in Germany provides a clear demarcation between skilled and unskilled workers, with strict rules for the recognition of training occupations. In the distinction between auxiliary and skilled workers, the classification of peer workers such as ExIn with different prior training and varying applicability has yet to be worked out. The recognition of the role of peer work in social psychiatric care is crucial for the negotiation of service agreements with their payers, as can also be seen from the quantitative survey. This is currently one of the challenges for the spread of (qualified) peer work beyond voluntary work, as a paid but also refinanced employment relationship. In practice, this sometimes leads to employment through project financing for innovative services, but with the problem that these are naturally limited: "(...), it is important to me to be recognized by the state - so I mean, as a job description, collectively to be classifiable - we are really still in our infancy and I experience that around me too, nobody knows what they should or will pay me for when the project funds have expired." (001GB, 2018)³⁰. Ambiguity about the classification of ExIn in collective bargaining systems sometimes leads to precarious employment. The financing of qualifying course participation is not supported across the board, currently there are various models through which an application for financing or support for the same can be possible. The terms of German social bureaucracy therefore are not at all easy to be dealt with.

²⁸ 001TK 111

²⁹ 007TK 157

³⁰ 001GB 179 In addition, it should be noted that there is no nationwide tariff structure, partially it is based on tariffs. To make it even more confusing: In accordance with the principle of subsidiarity, there is a colourful landscape of different forms of company and initiatives alongside the institutions operated by public bodies, lots of them simply negotiate their wages with the employees on legal basis like minimum wage.

Social Challenges in establishing peer work

In addition to structural conditions that make it difficult to establish peer work in social-psychiatric care, further challenges and aspects of pioneering work become clear. So it is the activity of ExIn, which promotes the examination of the dichotomy of health and illness and also about stigmatization, prejudices and how to deal with them. This also is evident in the experience of belonging and in the process of finding roles. Thornicroft describes in „Shunned“ the spread of prejudices against people with mental illness among psychiatric specialists and refers to the particularly high demands that the role change from client to colleague means in the context of mental illness. (Thornicroft, 2006). While, according to Falk, the group of people with mental impairments is most exposed to stigmatization, as already documented in the chapter heading "Mental Illness: the ultimate stigma" (Falk, 2001, p. 39). The effectiveness of forces are evident in the self-stigmatization of social workers when they are personally affected: "In the rarest cases it happens that a specialist speaks of their own psychological life problems or at least reveals these experiences at their workplace. Psychological problems of their own are usually taboo for professionals. There seems to be too great a fear of losing the professional reputation in the event of a "coming out" or at least being confronted with less trust on the part of colleagues from now on." (Zuaboni & Schulz, 2012, p. 113). In this study we found prejudices, stigmatization and self-stigmatization. Mechanisms of defense based on worries and fears about competition or downsizing were recognized. One example may be the report of a team colleague, which illustrates how some employees reacted to the establishment of the ExIn in the service by avoiding encounters and arguments: "So one factor was, as I said, that not everyone did it at the beginning the services pending here were seen positively here and for the time being - first of all, distance was taken." (000TK, 2018)³¹. Especially in the context of pioneering work, ExIn are often confronted with these challenges alone: "(...) Now comes such a recovery companion. What is he doing here? He messes up the whole station. (...), Yes, there are a lot of prejudices. And does the person get sick again from serving on the ward? Because then they are all sick again." (003GB, 2018)³². However, encounters in everyday working life also meant that reflection and adaptation of one's own stigmatizing use of language found an equivalent in the desire for sensitization to cross-border behavior. There was more mindfulness in the choice of words and here, too, the reflection on the same in communication was intensified: "(...) It is a bit, I would say, more cautious in handling and in language use. (...) that you formulate something more respectful in relation to the patient. Such a feeling, there is someone sitting there who hears it from this perspective." (009TK, 2018)³³. Uncertainties regarding the assessment of colleagues with psychiatry experience were reflected as well as self-stigmatization. The uncertainties were met with the feeling of having to prove themselves first on the part of ExIn. The correspondence can be seen in the formulation of the teammate: "... what the challenge is, I think, is to get this standing as a recovery companion. So really to say now: `` Okay, and I, no,

³¹ 000TK 77

³² 003GB 219

³³ 009TK 9

am also a full-fledged team member here. I am also doing valuable work here. 'And that this is also recognized and valued" (006TK, 2018)³⁴. From both perspectives, the spectrum of prejudices, stigmatization and self-stigmatization was discussed from, albeit with varying differentiations: example may be provided by concerning about the effect of an outing among users (008GB, 2018)³⁵ in addition to a general caution towards people with psychiatric experience, as well as the idea of having one's own health in order to work with people with disabilities. (002TK, 2018)³⁶

However, in this context, too, experiences are gathered that lead to sensitization, the discourse is opened up to broaden the perspective, irritating matters are discussed and consciously decided to bring and use ExIn competencies in the service. To consciously break down prejudices, the open approach to mental illness and the work as an ExIn is used: "Yes, also break down these prejudices. That is also very, very important. Ne? So that people who were previously mentally ill, um, cannot stand in life again and can also work again. Ne? (...)" (003GB, 2018)³⁷ In the context of application training it becomes clear which hurdles still have to be overcome in general social life: "(...) That would help many who do not have to hide it, yes. So in my professional rehab I had application training and there they tried to cover up this break from the years with something. (...), but don't write it in: Mental illness, structure in the clinic. " (003GB, 2018)³⁸.

Reflecting on own insecurities on sensitive topics also helps to break down prejudices or not to allow them to solidify. Uncertainties lead to rejection if the role of ExIn in the team is unclear and / or the assessment of resilience is not given: "(...) Maybe that it wasn't even such a firmly souped-up prejudice for me, but just as an idea this could come about. Well, of course there are, um, sensitive topics, yes. But where it has to do with MY insecurity" (004TK, 2018)³⁹. In spite of the media presence of efforts to enhance inclusion, prejudices are still evident in the need for caution when dealing with one another, even among colleagues in the psychiatry department as mentioned earlier in the text. The prerequisite for working with people with mental illnesses is one's own health, the ExIn concept is not accepted, the evaluation of personal experiences through encounters and cooperation with ExIn is anticipated, professional action is devalued in the interpretation: "(...) I also notice again and again, with colleagues in our environment, that people then say: Oh, since this mental illness, ah, you have to be careful." (008TK, 2018)⁴⁰. The fear of additional strain also is uttered: "(...) There were colleagues who thought we were already working here with such a heavy clientele, then we wouldn't need another colleague like that. (...) that you have to be completely mentally stable yourself in order to be able to pursue this activity." (002TK, 2018)⁴¹. The following short

³⁴ 006TK 59

³⁵ 008GB 137

³⁶ 002TK 49

³⁷ 003GB 237

³⁸ 003GB 241

³⁹ 004TK 52

⁴⁰ 008TK 172

⁴¹ 002TK 49

report shows how prejudiced perspective affects valuation: "(...) We had a special case, there was a client who accompanied Ms. X. with me, she was a bit troubled and there was an unpleasant situation in the office and Ms. X. was simply with overwhelmed with this situation, which I would certainly have been at the moment - (...) She turned to our counseling center, to our social psychiatric service and said: `` Mr colleague, I have a problem here 'The colleague I work with is ill and I can't find anyone else here, I think I need help for the client.' And the colleague - that's a very understanding one - took care of it directly (...). In retrospect, some voices have been heard here: `How can it be that a employee of outpatient service asks the social psychiatric service for help. '... If I had been on duty alone, I would have needed help, then I would have seen my colleagues over there accessed. But she did it for the first time." (002TK, 2018)⁴². The exclusion from team activities through the denial of the right to participate in supervision by a team colleague is also reported: "(...) Ms. X. was not allowed to take part in the supervision for years and I'm just saying Ms. X. should get the opportunity to participate in supervision. For us this is mental hygiene, we need it, why doesn't Ms. X. need it? I never understood that (...)." (002TK, 2018)⁴³. The relativization of the assignment to 'healthy and sick' and the normalization of the existence of prejudices, concerns and assumptions open up the possibility of discourse and commitments: "(...) You certainly have that in every team here in the house. Whether that is, let me say, the cleaning staff are among each other, the care staff are among each other, the care staff are among each other, that's always so difficult, it can't necessarily be limited to, uh, this ex-in. But what I now know about it is that someone has, yes, had a serious problem. Maybe burnout, maybe depression, whatever. And, uh, other employees have that too, of course. (do not laugh? Even without an ex-in background or training or something." (005TK, 2018)⁴⁴

3. Final remarks

Ex-In implementation grows: the decisive factor for the further establishment in Germany will be whether the framework conditions can be created to promote inclusion and participation.

In the regulation of the German working world, a classification of the activity of peers without recognized training is currently only possible as an auxiliary activity if no further qualification can be shown. The system of retirement in reduced earning capacity and incapacity for work leaves no room for maneuver in terms of permeability and long-term trials - not even for peers. In the service agreements between providers and payers, peer work is an additional component to be negotiated and not yet a matter of course. The employment relationships that are subject to social insurance contributions recorded in the study are therefore worthy of attention at

⁴² 002TK 73

⁴³ 002TK 69

⁴⁴ 005TK 121

almost 50%: the return to such an activity is the goal of many measures for people with disabilities. In addition to other benefits, reference can be made here to development potential. In terms of the quality of the services in social psychiatric care, an upgrading of the offers can also be expected if an individual fit for the order and support of the ExIn can be established. As a recommendation, in addition to the open discourse in the preparation of the service for the establishment of ExIn, prior testing via internships is expressed. The installation of a contact person and the process of jointly formulating the individual work assignment are also experienced as helpful from both perspectives. There is also a high level of agreement between ExIn and teammates in the experience of qualitative enhancement through the strengthening of dialogical help, but also through cooperation in individual offers and in the expansion of mutual understanding. In the synopsis of the experiences of both interview groups, the generation of trust and lower-threshold access, the strengthening of empowerment and the conveyance of hope were reflected in a similar way. In terms of the external impact for the departments, however, the focus of the TK is broader: In addition to reducing barriers to accessibility of help, the refinancing of services is also an issue with the establishment. On both sides, the broadening of perspective is very specifically associated with changes in attitudes when accompanying clients. With the effects of the activity of ExIn on the team, the softening of dichotomous ideas of health and illness in dealing with one's own boundaries is reflected. According to both assessments, reflexivity as a core competence of social work is being enhanced by the possibility of bilateral exchange, as is collegial advice. Prejudices, stigmatization and self-stigmatization are challenging for the establishment of ExIn, but this is exactly where the greatest opportunity lies: Sensitization, strengthening of reflexivity and discourse, but also being visible as experts from experience and at the same time as employees and colleagues, all contribute to this Re-classify the traditional. As the establishment progresses, it will also be possible to investigate long-term effects related to the operation of ExIn in Germany. For the future, it will be a challenge, in addition to the ones already mentioned, to maintain the ExIn's own style: "... I thought very carefully when proceeding that it is the ExIn style and not the professional style. And was the boss really signaled to me to make sure that it is exactly that, because it is not supposed to be that Ex In should replace a social worker, but rather brings in a completely different component." (000GB, 2018)⁴⁵ At this point Amering referred to experiences already made elsewhere: "In the USA this criticism has long since become clear. The psychiatrist Dan Fisher, himself experienced in psychosis and director of the National Empowerment Center, has long criticized the systematic use of peers in multi-professional teams and psychosocial services. Above all, he blames the failure of supervision by traditional clinicians to be responsible for the fact that in the context of the comprehensive implementation of peers as regular employees, both the actual peer work and the recovery orientation have been lost." (Amering, 2010, p. 58). In the networking of peers, as it is possible through the qualification as Ex-In, there is also an opportunity: because this makes it possible to counter this, with evaluation, targeted exchange within the peer group, with formats for intervision, further training within

⁴⁵ 000GB 6

these and through the development of cooperative offers, such as those currently available ExIn network platforms like ExIn Deutschland e. V. (Ex-In Deutschland e. V. , 2021). At the same time, using the example of the implementation of Experienced Involvement, it became clear, that for inclusion and participation in research and practice, politically and socially, there is still room for discourse and frameworks to be created in order to overcome barriers and prevent them from arising in the future. Peer work and Service User Involvement in the programmes of Social Work Studies are important building blocks for these goals. A look at the statistical evaluations of the health insurance companies gives an idea of the importance, but also hope, for the construction of acceptable aids and thus early relief: "The field of mental illnesses (ICD-10 F00-F99) has for the world of work in the last ten years gained considerably in importance. (...) The health reports of the health insurance companies show that sick leave due to psychological diagnoses has increased continuously, especially since 2006: within the framework of the general local health insurance funds (AOK) the number of sick leave due to mental illness (AU cases) increased by more than 50 by 2016 Percent (...). The reports from the other health insurers also show similar figures (...)." (Statista GmbH, 2019).

Much has been achieved but there is still a lot to be done: Inclusion still is a goal and needs further efforts, such as early Anti-Bias-Training starting in childcare and school, but also service User involvement in education and social work studies as well as participation of experts of experience in scheduling educational programmes as well as research.

List of Figures

TABLE 1 RESPONSE ACCORDING TO TYPES OF INSTITUTIONS	3
TABLE 2 REASONS FOR NON-EMPLOYMENT OF EXIN MEMBERS	3
TABLE 3 CONCEIVABLE EMPLOYMENT OF EXIN-MEMBERS	4
TABLE 4 EMPLOYMENT OF EXIN MEMBERS	4
TABLE 5 SIZE OF TEAMS WITH EXIN MEMBERS	4
TABLE 6 DEPLOYMENT FIELDS ACCORDING TO SETTINGS OF SERVICE	5
TABLE 7 EXTENT OF EMPLOYMENT OF EXIN MEMBERS	6
FIGURE 1 GENDER DISTRIBUTION OF INTERVIEWEES	6

References

- 000GB, 2018. *Transkript Interview mit Genesungsbegleitung 000* [Interview] (07 2018).
- 000TK, 2018. *Transkript Interview Teamkolleg*in 000* [Interview] (07 2018).
- 001GB, 2018. *Transkript Interview Genesungsbegleitung 001* [Interview] (05 09 2018).
- 001TK, 2018. *Transkript Interview Teamkollegin 001* [Interview] (09 2018).
- 002GB, 2018. *Transkript Interview Genesungsbegleitung 002* [Interview] (09 2018).
- 002TK, 2018. *Transkript Interview Teamkolleg*in 002* [Interview] (05 09 2018).
- 003GB, 2018. *Transkript Interview Genesungsbegleitung 003* [Interview] (14 09 2018).

003TK, 2018. *Transkript Interview Teamkolleg*in 003* [Interview] (09 2018).

004GB, 2018. *Transkript Interview Genesungsbegleitung 004* [Interview] (26 09 2018).

004TK, 2018. *Transkript Interview Teamkolleg*in 004* [Interview] (28 09 2018).

005TK, 2018. *Transkript Interview Teamkolleg*in 005* [Interview] (10 2018).

006GB, 2018. *Transkript Interview Genesungsbegleitung 006* [Interview] (09 10 2018).

006TK, 2018. *Transkript Interview Teamkolleg*in 006* [Interview] (27 09 2018).

007TK, 2018. *Transkript Interview Teamkolleg*in 007* [Interview] (09 2018).

008GB, 2018. *Transkript Interview Genesungsbegleitung 008* [Interview] (10 2018).

008TK, 2018. *Transkript Interview Teamkolleg*in 008* [Interview] (10 2018).

009TK, 2018. *Transkript Interview Teamkolleg*in 009* [Interview] (12 10 2018).

Amering, M., 2010. Kunst ist schön, macht aber viel Arbeit - Hindernisse und Widerstände gegen Peerarbeit. In: J. Utschakowsky, G. Sielaff & T. Bock, Hrsg. *Vom Erfahrenen zum Experten - wie Peers die Psychiatrie verändern*. 2. Auflage Hrsg. Bonn: Psychiatrie-Verlag, p. 239.

Bundesrepublik Deutschland - Bundesministerium für Justiz, 1990. www.gesetze-im-internet.de. [Online]

Available at: https://www.gesetze-im-internet.de/sgb_6/
[Zugriff am 23 05 2021].

Bundesrepublik Deutschland, Bundesministerium für Justiz, 2020. www.gesetze-im-internet.de. [Online]

Available at: https://www.gesetze-im-internet.de/bbig_2005/BJNR093110005.html
[Zugriff am 13 05 2021].

Bundesrepublik Deutschland, Bundesministerium für Justiz, 2021. www.gesetze-im-internet.de. [Online]

Available at: https://www.gesetze-im-internet.de/sgb_12/
[Zugriff am 03 05 2021].

Ex-In Deutschland e. V. , 2021. www.ex-in.de. [Online]

Available at: <https://ex-in.de/wp-content/uploads/2021/03/Curriculum-EX-IN-Kurzfassung-mit-Hinweis.pdf>

[Zugriff am 31 05 2021].

Falk, G., 2001. *Stigma: How we treat outsiders*. 1 Hrsg. New York: Prometheus Books.

Genesungsbegleitung002, 2018. *002GB* [Interview] (07 09 2018).

Initiative zur sozialen Rehabilitation e.V., kein Datum www.ex-in.info. [Online]

Available at: <https://ex-in.info/#geschichte>
[Zugriff am 09 06 2021].

Kuckartz, U., 2018. *Qualitative Inhaltsanalyse, Methoden, Praxis, Computerunterstützung*. 4 Hrsg. Weinheim: Beltz Juventa.

Schulz, M. & Zuaboni, G. Hrsg., 2014. *Die Hoffnung trägt*. Köln: Balance Erfahrungen Buch+ Medien Verlag.

Sibitz, I. et al., 2008. Mental health service user involvement in therapeutic and service delivery decisions: professional service staff appear optimistic. *Psychiatrische Praxis*, April, pp. 128-134.

Statista GmbH, 2019. *www.statista.com*. [Online]
Available at: https://de.statista.com/themen/1318/psychische-erkrankungen/#dossierSummary_chapter6
[Zugriff am 17 05 2021].

Thornicroft, G., 2006. *Shunned*. Oxford, New York: Oxford University Press.

Utschakowski, J., 2010. Strukturelle Voraussetzungen und Bedingungen der Peer-Arbeit. In: J. Utschakowsky, G. Sielaff & T. Bock, Hrsg. *Vom Erfahrenen zum Experten - Wie Peers die Psychiatrie verändern*. 2. Auflage Hrsg. Bonn: Psychiatrie-Verlag, p. 239.

VFR Verlag für Rechtsjournalismus GmbH, 2021. *www.arbeitsrechte.de*. [Online]
Available at: <https://www.arbeitsrechte.de/sozialversicherungspflichtige-beschaeftigung/>
[Zugriff am 05 06 2021].

WHO, 2005. *Prevention of mental disorders: effective interventions and policies, summary report*. Geneva, Switzerland, s.n.

Zuaboni, G. & Schulz, M., 2012. Recovery praktisch!": Schulungsunterlagen für Fachkräfte. In: C. Burr, M. Schulz, A. Winter & G. Zuaboni, Hrsg. *Recovery in der Praxis - Voraussetzungen, Interventionen, Projekte*. 1. Ausgabe Hrsg. Köln: Psychiatrie Verlag.