**A Day in the Life of a CAPITAL Peer**

When I arrive at Langley Green, I always somehow know I have a lot to give. Having sat on two buses, inevitably thinking about my own problems at some point during the long journey, I sometimes wonder if there is anything I can offer to such a place of troubles and pain. But as that last bus finally arrives and I walk towards the hospital and start to see ‘my fellow sufferers’ trying to enjoy a cigarette and chat or sitting alone, reflecting into the world beyond the confines of their ward – I somehow always know I am in the right place.

I will nod and smile or have a quick chat if I know someone, naturally greeting with a warm smile. At the desk we see Ellie, always upbeat and organised she gives us our alarms and fobs for the day. We sign these out and ourselves in and head to our office for a quick coffee and get organised for the day.

Usually, I will go on to the ward with a trolley of colouring books, pens, knitting, crosswords, nail polish etc – prepared to set up in the dining-area, on two tables drawn together. As I walk along the corridors, I will usually see staff and patients who I will greet with a smile or a short conversation. As I use the fob to access the ward it is always with slight trepidation for you can never know if you may find someone in great distress, wailing or even lashing out, but it is always with a sense of hope that I push forward.

Before I set up, I head to the office and check-in with the staff, finding out if there is anything I need to be aware of and checking my alarm is working every couple of weeks. I then pop round saying “Hi” and letting people know briefly about peer support and CAPITAL Project Trust and telling them of my open table that they are so welcome to join. I may fall into conversation here - usually about how the person is coping and feeling etc and if necessary, I will stay with them quite some time. I do my best to be flexible and so if the consensus is that people would rather walk around the grounds and go to the café or just one person wants a one-to-one, then that is what I shall do.

If people do not want to come to the crafting table – or if no one shows any interest, I will just set up…and even where there has been no response, someone usually will come and sometimes others follow.

At the table, I try not to force people to open-up or talk about a specific thing. I will generally show them all the different things I have brought and express encouragement. If the person does not say anything else, after a while I will ask them how they are finding things – gently or more directly depending on how they seem to be feeling and what sort of personality they seem to have. Some people are extremely talkative about practical matters or beliefs and feelings, and many can be withdrawn, extremely private, shy or indifferent. I have realised from the job and from myself, our mood depends on such a combination of things, from our personality type, our experiences, our dreams, present mood, news we’ve just been given - as well as how our ‘diagnosis’ is mixing with all these things.

All being as best as possible, I can be present for and support the person knitting or colouring or just sitting beside me. In a very equal and relaxed way I will listen to their story, their worries and fears, and will try to put across the feeling that it is ok, that they are ok – as some people are almost frozen with shame at what they feel has happened and that they are in this place…and to also try to find suggestions and ideas, often from my own recovery, of ways they might go forward or of a new way of looking at things.

Obviously, there are those of us in states of psychosis and although it may not be beneficial to bolster their beliefs, I still want them to know that they are okay. It is of course very difficult when we are in states so overpowering and seemingly real, and people may believe terrifying situations are controlling them or can be extremely grandiose and talk very much down to you. It can be hard. It can hurt. People can be cutting, again, for all kinds of reasons, both mental health and situational. It is an extreme environment. You must get used to it, become open and at the same time grow that second skin. I try and look for that understanding that honesty within myself – that I too can be cutting, furious, lashing out…and I understand it's ok though we need to develop some awareness and control and apologise if necessary. I have managed to avoid actual hospital it is with regret that I cannot fully know the immense frustrations and fears and sense of tragedy that people often experience when under section or even being informal. But I do know these feelings very much from my own life and mental health, so it is here that I look and bring my understanding.

Often, I am so lucky to meet a character I know I will never forget. Someone I click with or gradually come to hold very dear. It is wonderful looking forward to spending time with such people you have come to really care about and are honoured to be sharing their journey with.

At lunch I will say goodbye, making plans for anything people may want specifically to do in the afternoon. When fobbing on and off the wards we always check it is safe to do so; that no one is nearby who is possibly trying to quickly get out! I try to say a parting word of encouragement according to what people have told me (or more in a general way if others are nearby to preserve their confidentiality).

We have a ‘working lunch’ we return to our office and begin our paperwork - the anonymous logging of how many people we have spoken to and about what. Or occasionally we can take (with agreement from the ward staff-nurse) a patient to lunch at the café, which can be a very lovely and special thing to do. It is always good to see our fellow peer support workers, to catch up in confidence, see how it has been for us on our different wards and to support each other with anything we may have found triggering or generally upsetting or just difficult and draining.

After this half-hour break, we head back to what often is often called the graveyard shift, as many are tired and go to their rooms and some may join the off-ward Occupational Therapist daily group. At this point I will pick up with anybody’s wishes form earlier, or maybe host a relaxation group or ask to open the art room and use the clay, or play dominoes, speak one to one and so forth.

In my conversations with people, I will try and always speak about CAPITAL Project Trust and its mission and all it has to offer. Often people express interest and I always carry leaflets and tell them about Recovery College, Pathfinder and keep a list of other resources and support. I regularly signpost people to the hospital advocates (IMHAs) for practical, financial, legal support and guidance. I keep a good rapport with all the other activity workers such as occupational therapists, the chaplain and the man who runs the gym – introducing the patients and helping them to link up.

When we have completed our four hours the final one is spent again completing paperwork and inputting this data. This has also involved us asking people to complete forms about their identity: age, gender etc plus whether they feel our service is beneficial. This can feel quite a bit daunting and jarring to do but we explain it is for equal opportunities and the funding for CAPITAL Project Trust.

On one of my weekly shifts, I link with my friend and co-worker who I travel in with. We do the same as above but also sometimes add in well-being groups and relaxation and we alternate our two wards morning and afternoon. When we leave, we note that although it is such a unique and meaningful job we do feel exhausted. There are so many things about it you can only learn as you go and it is there that the Peer Support Course really comes to life. You pick up skills of observance and awareness very quickly, both for safety and for keeping people from getting upset. Very subtle things such as personality and mood, of combinations of different people at once and how all these things are interacting and a knowing of how best to respond and gently or firmly steer all this in a safe and positive direction becomes almost like a sixth sense. It is in a way not that different to ‘ordinary’ life, but on a locked ward everything is heightened, and things can happen very quickly so the responsibility we feel to get things as best as possible for everyone can leave us depleted, so our support and offloading to each other is paramount.

This job has meant more to me than any other work I have done. A million-fold. To meet and help people going through such horrendous times, to draw on my own experience of this and to help them see their own strength and value and to find a sense of hope, to sit through their tears and pain and to help them find a way forward, both emotional and practical, means everything to me. **I LOVE THIS JOB**.