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Erasmus+ project European Standards for Peer Support Workers in Mental Health

Guide for the European implementation of the further training concept for peer support workers in mental health (EQF) Levels 4 and 5



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Part A

Introduction

The integration of Peer Support Workers (PSW) in mental health care has recently become a common practice in many European countries. The idea that people with mental health problems may receive support from others who share their experiences has a long history in mental health services. However, only in the past few years peer support work has become a new profession and a paid job, integrated into mental health systems.

The specific role of PSW varies from country to country and reflects different steps in the development of this function. Despite these differences, peer support work is always based on the concept of recovery and has an important role in recovery supportive care. A PSW, based on personal experience of mental health challenges, disruption and recovery, can create and hold the necessary free space for the recovery of others and support their own recovery process.

This input of personal experiential knowledge in mental health services is distinctive from other disciplines in this field. It is considered, though, or it should be considered, as an objective and valuable source of knowledge in addition to other sources of knowledge in mental health delivery.

There are several different ways in which a PSW can be employed within mental health services. Whatever the form of peer support or the nature of the role, there are a number of core principles that the PSW should aim to maintain, that can be used to guide training and supervision and to ensure the integrity of their role wherever they are located and whoever employs them. These principles are strongly connected with and derived from recovery.

Nowadays, there is widespread recognition that PSW can play an important role in mental health systems and there is already a number of consistent findings for the benefits of their introduction into the workforce. The inclusion of PSW tends to produce specific improvements in service users' feelings of empowerment, self-esteem and confidence. Service users receiving peer support have shown improvements in community integration and social functioning. A number of studies have concluded that when service users are in frequent contact with PSW, their stability in employment, education and training has also been shown to increase. In addition to these benefits, there is also evidence of benefits for the PSW themselves. They feel more empowered and valued, have greater confidence and self-esteem and also acquire a much more positive sense of identity. Finally, their introduction in an

organization has proved to be a powerful and inspiring way of driving a more recovery-oriented approach within the organization.

Of course, these kinds of benefits do not happen automatically. They require a high-quality implementation of peer support work in mental health. A key factor in this direction is the education and training programs, which contribute significantly to the successful introduction and integration of the PSW.

Some education and training programs have already been developed in European countries. Although they have been delivered in different countries and settings, there seems to be a reasonably high degree of consistency across the content of the course, the style of teaching, intended learning outcomes and core skills required to practice the profession. Best practices from these programs could contribute to a European strategy.

As peer support work is still mostly an unregistered profession, the qualification of a PSW in terms of the European Qualifications Framework for Lifelong Learning (EQF) has not been yet regulated in most European countries.

The following is a description of the EQF and its various levels at which the curricula for peer support workers are to be implemented, including levels 4 and 5, on which this project focuses. These levels are connected to previously developed levels including level 3. The focus on levels 4 and 5 is associated with the establishment of high-quality education on the respective levels, corresponding to the needs of both employers and future PSW. Acknowledged curricula increase chances for the entrance of PSW in the labour market, while employers are given guidance with regard to employability and height of salary scales for PSW. There is also a need to elaborate level 6 at a later stage.

European Qualification Framework

The European Qualification Framework (EQF) is a European-wide qualifications framework that allows the mapping of qualifications in different European countries, making comparisons easier to understand. The EQF applies to all types of education, training and qualifications. This approach shifts the focus from the traditional system that emphasizes “learning inputs” (human and financial resources, structures, programs and trainers) to “learning outcomes” of the learning procedure (knowledge, skills and abilities that the individual acquires, that is, what a learner knows, understands and can do). It also encourages lifelong learning by promoting the validation of non-formal and informal learning.

EQF Levels

The core of the EQF concerns eight reference levels describing the learning outputs. Levels of national qualifications are placed at one of the reference levels, ranging from basic (Level 1) to advanced (Level 8). This enables a much easier comparison between national qualifications and should also mean that people do not have to repeat their learning if they move to another country.

The EQF descriptors have been written to cover the full range of learning outcomes, irrespective of the learning or institutional context, from basic education, through school and unskilled worker levels, up to doctoral or senior professional levels. They cover both work and study situations, academic as well as vocational settings, and initial as well as continuing education or training, i.e., all forms of formal, non-formal and informal learning. Descriptors reflect both specializations and generalization, as moving from a lower to a higher level does not necessarily imply that the required skills and knowledge will be more specialized. In some contexts, it can also mean becoming more of a generalist, i.e., EQF levels 5 to 8 can be compatible not only with qualification degrees acquired in a higher education institution, but also with vocational degrees.

Each of the 8 levels is defined by a set of descriptors in three areas (knowledge, skills, competence), which indicate the learning outcomes relevant to qualifications at that level in any system of qualifications. This descriptors per level are included in the following table.

Table: Descriptors defining levels in EQF

EQF Level	Knowledge	Skills	Competence
	In the context of EQF, knowledge is described as theoretical and/or factual.	In the context of EQF skills are described as: cognitive (involving the use of logical, intuitive and creative thinking) and practical (involving manual dexterity and the use of methods, materials, tools and instruments).	In the context of EQF, competence is described in terms of responsibility and autonomy.
Level 1	Basic general knowledge	Basic skills required to carry out simple tasks	Work or study under direct supervision in a structured context

Level 2	Basic factual knowledge of a field of work or study	Basic cognitive and practical skills required to use relevant information in order to carry out tasks and to solve routine problems using simple rules and tools	Work or study under supervision with some autonomy
Level 3	Knowledge of facts, principles, processes and general concepts, in a field of work or study	A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information	Take responsibility for completion of tasks in work or study; adapt own behavior to circumstances in solving problems
Level 4	Factual and theoretical knowledge in broad contexts within a field of work or study	A range of cognitive and practical skills required to generate solutions to specific problems in a field of work or study	Exercise self-management within the guidelines of work or study contexts that are usually predictable, but are subject to change; supervise the routine work of others, taking some responsibility for the evaluation and improvement of work or study activities
Level 5	Comprehensive, specialized, factual and theoretical knowledge within a field of work or study and an awareness of the boundaries of that knowledge	A comprehensive range of cognitive and practical skills required to develop creative solutions to abstract problems	Exercise management and supervision in contexts of work or study activities where there is unpredictable change; review and develop performance of self and others
Level 6	Advanced knowledge of a field of work or study, involving a critical understanding of theories and principles	Advanced skills, demonstrating mastery and innovation which are required to solve complex and unpredictable problems in a specialized field of work or study	Manage complex technical or professional activities or projects, taking responsibility for decision-making in unpredictable work or study contexts; take responsibility for managing professional development of individuals and groups
Level 7	Highly specialized knowledge, some of which is at the forefront of knowledge in a field of work or study, as the basis for original thinking and/or research Critical awareness of knowledge issues in a field and at the interface between different fields	Specialized problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields	Manage and transform work or study contexts that are complex, unpredictable and require new strategic approaches; take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams
Level 8	Knowledge at the most advanced frontier of a field of work or study and at the interface between fields	The most advanced and specialized skills and techniques, including the required synthesis and evaluation to solve critical problems in research and/or innovation and to extend and redefine existing knowledge or professional practice	Demonstrate substantial authority, innovation, autonomy, scholarly and professional integrity and sustained commitment to the development of new ideas or processes at the forefront of work or study contexts including research

Source: European Union. Europass. 2021. *Description of the eight EQF levels*. [online] Available at: <https://europa.eu/europass/en/description-eight-efq-levels> [Accessed 27 December 2021].

In the table above, the highlighted levels 4 and 5 of the EQF are the levels at which, according to the project partnership, the implementation of the curriculum for peer support workers is focused and developed. The corresponding IO8 intellectual product for the "national implementation of the further training concept for peer support workers" has also been developed at levels 4 and 5, depending on the individual national qualifications frameworks and training systems of the partner countries.

Part B

Development of training programs for peer support workers in the light of innovation of the mental health system

Countries like Germany, the Netherlands and Norway are active in the field of recovery and peer support work for a considerable period of time while countries like Poland and Greece are at a preliminary stage of development. People involved in more experienced countries are very well aware of the difficulties and obstacles that have to be met when being at the starting point of introducing such an innovative way of rethinking and restructuring the mental health care field. In fact, lessons can be learned during the process of this introduction with its frustrations, disillusionments, failures, that are characteristic for such major developments. Time can be won by avoiding mistakes made in other countries in the past and also by avoiding underestimation of complexity of a pioneer program. Development of educational and training programs for PSW in mental health is not only just about curricula of some kind. Before starting one will be confronted with the fact that introduction of recovery and PSW is demanding a fundamentally different approach of mental health services. This initially evokes resistances among health policy makers, mental health institutions, representatives of professions like psychologists and psychiatrists. It causes differences of opinion in the scientific world. Generally spoken, national support for this change is always greater, when the role that service users, service user representing organizations and their families (and loved ones) play, is of substantial importance in health care policy at all political levels, health care financiers and the way (mental) health care organizations are being governed.

In all involved countries there are (or earlier have existed) some (small) cores of stakeholders, like service users, people fighting against stigma, professionals,

representatives of mental health services, educational institutes, supporters of the recovery movement, starting with (small scale) initiatives.

Such initiatives locally, regionally or throughout the country often tend to develop their own assessment and certification systems. Striving for national recognition and inclusion of training programs in the offer of (official) educational institutions is an ambition that will be realized later.

It is clear that the state of development of mental health innovation and the initiatives of relevant stakeholders locally, regionally or nationally give direction to different strategies with the aim of finally realizing the implementation of curricula for PSW at all EQF levels including 4 and 5.

Creating regional and national support

Creating support from relevant stakeholders is a necessary condition for the development of recovery and peer support work. There are different ways to achieve that goal by:

- *Support from service users and service user related organizations*

It is important that service users, organizations responsible for advocacy of service users and/ or their relatives (and loved ones), service user driven or representing organizations are supporting or initiating activities in the field of recovery, empowerment and peer support work. That also applies to educational and training programs for PSW.

- *Support from politics and agencies responsible for financing the health care system*

Influencing local and national politicians, political parties as well as representatives of local and national governments might be effective. That also applies to agencies or organizations responsible for financing the health care system like health insurance companies.

- *Initiation of networks with relevant stakeholders*

Creation of networks of representatives of different domains and sectors like (mental) health organizations, educational institutions like universities, scientific institutes, local government, organizations in the social domain and service user related organizations are important in order to create cross-sectoral (national or regional) cooperation as a powerful force to broaden support and exert pressure.

- *Support of (future) peer support workers*

Support or the initiating role of PSW themselves is very much required. Advocacy by unions and associations of PSW can play a decisive role in the development of education and training.

- *Campaigning and seeking for publicity*

Creation of awareness regarding recovery, empowerment and PSW can be promoted through public manifestations, conferences, articles in newspapers and magazines, TV documentaries about initiatives, pilot project results etc.

State of development in the different countries involved

Norway

Focus on the development of training programs lies in the counties. In counties, networks are formed by service user organizations, municipalities, County Governor, hospitals, universities, Norwegian Research Centre and others. Those networks play, among other things, a stimulating and supportive role in the development of training programs for PSW. Some counties are more active in the field than others. Agder County is example of a county that is taking a leading role. Support of County Governors and cooperation between County Governors is of great importance. Not only because of their possibility of financial support but also because of their close connections with the Norwegian Directorate of Health. This Directorate broadly determines (mental) health policy, while leaving the practical elaboration to the Counties. In Norway there are some good examples of training programs e.g., the MB (Medarbeider med brukererfaring) course in the municipality of Bergen and KBT (Kompetsansesenter for brukererfaring og tjenesteutvikling) in Trondheim (EQF level 4).

Germany

The German federal states (Bundesländer) are autonomous in health care policy and related training courses. LebensART Münster and Experienced Involvement (EX-IN) Germany are offering an educational curriculum for the qualification of (former) service users in order to support the recovery of others. They are the most important providers. Both organizations were admitted as training providers by the "Accreditation and Admission Ordinance on Employment Promotion" (AZAV). The way EX-IN courses are being offered vary between different locations of EX-IN Germany and LebensART. They have their own qualification and certification systems.

The courses offered do not differentiate between levels 4 and 5. EX-IN Germany is doubting the necessity of the development of training courses on higher qualification levels. Acknowledgement on a more basic level could be beneficial under circumstances. According to the opinion of EX-IN Germany there should be no EU-wide standards or classifications and the professional profile of peer support workers should not be established by law. LebensART Münster is of the opinion that it should at least be investigated what added value there is in further diversification of the educational levels. LebensART has formulated some preconditions in case raising of educational levels has to be brought in practice.

However, members of the Advisory Board for German speaking countries have stated that the existing training courses of EX-IN Germany and LebensART Münster should be recognized as a basis for European standards for peer support workers. Furthermore, the institutions represented in the Advisory board have agreed to consult their peer support workers in order to determine whether they can identify aspects of knowledge and experience that make further development of training courses towards a higher level of specialization necessary. A number of aspects was identified this way. In cooperation between EX-IN Germany, EX-IN Switzerland, representatives from Austria and LebensART, three additional modules were developed and tested. The application of partial qualification system in Germany has been discussed. Partial qualifications are modular building blocks of a complete state-recognized vocational training. This partial qualification system is currently primarily aiming at labour market integration of unemployed and those at risk of unemployment. The advantage of the partial qualification model compared to the regular school-based model is that by summing up partial qualifications specific occupational knowledge and skills can be individually examined and certified.

Greece

While mental health reform towards community-based structures is in progress, there is a growing interest in awareness about rights and interests of service users, as well as improvement of the family position. Actions are taken to empower and promote self-determination, self-management, self-help, self-representation and self-advocacy. Across the country, a broad synergy for the promotion of recovery and PSW seems possible. In this view, the addiction care system takes a lead. Establishment of networks is taking place. Advocacy organizations for service users and their families, "ARGO" Federation of Psychosocial Rehabilitation and Mental Health Organisations, local government and a mental health organization, Society of Social Psychiatry P. Sakellaropoulos, can make a difference creating an alliance. A stable nationwide network has to be established as a condition for effectively

influencing representatives of the Ministries of Health, Education and Labour. In the meantime, wider activities for increasing awareness regarding recovery and PSW must go on by organizing events, conferences, professional publications and the use of media. The first preparatory steps towards a small scaled initiative for the development of a training program have been taken.

Poland

In Poland there are initiatives such as pilot programs for positioning PSW in Mental Health Centers. The Leonardo Foundation for Supporting Social Development applied for certified training courses for PSW. For some reasons the application process is “on hold”. Criticism was expressed by representatives of professions like psychiatrists and psychologists. Probably, there is limited interest at the moment coming from candidates that want to enter the intended courses. The Polish Institute for Open Dialogue developed an educational workshop for PSW.

On the way to recognition of the PSW profession and training programs as well as the admission to the labour market many barriers still need to be overcome. Acceptance in the job catalogue of the Ministry of Health, inclusion in the list of approved courses by the Ministry of Education and inclusion in the labour market by the Ministry of Labour is only possible as all three procedures have been passed positively. There are also some advisory structures involved like the Tripartite Commission for Socio-Economic Affairs that has to be consulted. At the provincial level advice is being asked from provincial Committees for Social Dialogue, Polish Chamber of Commerce, Polish Confederation of Private Employers etc. The creation of educational programs on level 5 is not possible at the moment. Solutions are being sought for “covering the missing link”. The near future will learn which initiatives can be expected to achieve development and approval of the intended courses at level of 4 and 5.

The Netherlands

The development of the actual training courses began with (regional) cooperation between representatives of service users motivated to put energy in educational programs, (regional) educational institutes and mental health institutes. Later on, two scientific institutions “Phrenos” and “Trimbos-Institute” as well as the national umbrella organization for mental health care GGZ Nederland (Mental Health Netherlands) got involved. Meanwhile the Union of Peer Support Workers (VvEd) developed itself as an important factor in the creation of the training courses. The regional fragmentation with different initiatives of all kinds of levels and intensity slowly changed into a more organized and coherent national situation. As a result, educational programs on level 4 were developed, standardized by secondary

educational institutes (MBO), while the same thing happened for educational programs on level 5 by higher vocational educational institutes (HBO). Educational programs are to be approved by the national MBO Council and HBO Council. Employers in the field of mental health have a great deal of freedom in their hiring policy, even in the earlier, more experimental phase, both in terms of the required level of education and the salary level.

Creating awareness and adequate information

Awareness and information about the concepts of recovery and peer support work are essential for the effective introduction of PSW to the mental health system. Adequate and correct information on recovery and PSW's role, tasks and position in the organizations is required at all stages of a systematic effort from the education of PSW to their successful integration. Targeting first to raise awareness and promote insight and information, this process also contributes to creating regional and national support, networking of stakeholders, as well as reducing resistance and prejudice. It is recommended to pay structural attention and systematically organize actions in certain target groups such as:

- Professional associations of psychiatrists, psychologists, psychotherapists, (specialized) psychiatric nurses, social workers
- Mental health institutions (inpatient as well as outpatient services)
- Umbrella organizations of the mental health sector
- Representatives of political parties with special focus on mental health matters
- Officials at the Ministry of Health and relevant policy departments at provinces and municipalities
- Institutions responsible for financing health care (e.g., health insurance companies).

There are many different ways for raising awareness and promoting adequate information such as holding conferences and other meetings with target groups, writing articles, making speeches, creating spots for the television and social media etc.

Dealing with resistance and prejudice

Resistance and prejudice can cause significant barriers to PSW training and recognition of their profession. These attitudes are largely due to stigma, which is perhaps the most important social consequence of mental disorders, as it is

extensive and persisting long after difficulties subside. Apart from the “external” stigma, there is also the “internal” (self-) stigma on which less attention has been paid, although it can lead to feelings of disempowerment, low self-esteem and loss of hope, which in turn lead service users as well as PSW to a reluctance to engage in positive and initiating activities.

In all European countries resistance and prejudice are existing mainly in more traditionally oriented mental health institutions. It is expected that psychiatric hospitals, compared to community based and outpatient services, will more often show some skepticism for PSW. Staff will have many (said and unsaid) fears and anxieties about PSW which have to be addressed (e.g., the staff is reluctant to refer to peers, unclear about what a PSW offers, not confident that PSW can conform to usual standards of confidentiality or can distinguish working relationships from friendship etc.). The following are some common myths and misperceptions about PSW:

- *“Peer Support Workers are (a kind of) therapists. Therefore, they must have received some (psycho)therapeutic training”.* Insight is needed into the fact that PSW are dealing with all relevant areas of life but do not focus on therapy.
- *“Introduction of PSW aims to the reduction of the number of jobs for therapists”.* It should be emphasized that the introduction of PSW is an attempt to complement the therapeutical skills with “recovered” life experience, so as to ensure that both are provided in the most cost-efficient way. It is not a case of saving money reducing the therapists.
- *“PSW are assistants of therapists based on the assumption that they play an added role in the therapeutic process”.* The introduction of PSW aims to meet the needs of service users in a holistic way according to recovery concept, bringing their experiential knowledge into services. Their role is autonomous and distinct from that of therapists.

There are various activities/interventions to combat resistance and prejudice, such as:

- Campaigns, lectures, seminars, publications with the contribution of well-known scientists and university institutions with major impact on local or/and national policy and policy of health care insurance companies, therapists and other staff who are working with PSW and can refute myths about them, service user organizations and PSW which are engaged in innovative and initiating activities, other distinguished persons with influence in the society (writers, artists, athletes etc.) that experience mental health challenges etc. These interventions are

addressed to therapists and other staff, service users, employers, representatives of local/national governments etc.

- Specific interventions for the self-stigma such as information on the achievements of others e.g., through the use of personal narratives and stories in order to challenge negative stereotypes; opportunities to identify with others who are coping with self-stigma in positive ways; ongoing support for monitoring and challenging "self-discriminatory behaviour".

Involvement of authorities, educational institutions, employers and other stakeholders

To promote employment and development of training programs for PSW, in most European countries, one is faced with the responsibility areas of the Ministry of Health, Ministry of Education and Ministry of Labour. In some situations, it might be difficult to get permission for the development of training programs for PSW as the profession of PSW is still not admitted in the health care system. This does not have to be a problem when employment takes place in private health care, in NGOs or in project organizations that have to develop and evaluate innovation on behalf of a governmental body. Moreover, in some countries there is an increasing use of professionals who are not employed, but are hired as self-employed persons by health organizations. There is a comparable problem when permission for the development of training programs is depending on guarantee of employment for PSW who have completed their education. Depending on the position of employment offices and trade unions in a country, employers of mental health organizations can play an important role. Giving actual information about the number of students, who will enter annually, makes it possible for educational institutes to make targeted investments in preparations for training programs and hiring training staff. In many cases students are employees of mental health organizations who aspire to a higher level of education. E.g., In the Netherlands, PSW, with little education, who start their career as volunteers in mental health services, are not rare. Upon successful completion of higher education, they are eligible for a paid position. Mental health institutions may be willing to pay for all or part of the training. An additional but important role can be played by employment offices in the influx of apprentices. Clients with a mental health background who experience a long distance to the labour market can in this way be given the opportunity to (again) become active on the labour market, making use of their unique experience.

Financing workplace and training programs

Development of training programs can be hindered by lack of financing. Educational institutes are depending on the payment of students and their employers. That means that sufficient jobs must exist for PSW. If there are insufficient paid jobs, the influx into educational institutes will also be insufficient. The way salaries can be paid to PSW differs per country. Often financing of mental health services is the direct responsibility of Ministries of Health or health care insurance companies. Also, regional governments, like counties and municipalities in Norway and municipalities in the Netherlands, are financing (parts of) mental health care. When there is innovation going on in healthcare, there are subsidy options for countries both nationally and European, when financing by government or health care insurance companies is not possible. European funding might be an option when development towards community based mental health care is at stake. Since recovery and PSW are part of the “ideology” of community-based mental health services, opportunities can be sought from European Structural Funds as EU4 Health and Horizon. This often means that cooperation takes place between several European countries. Not only regular mental health institutions can take subsidized initiatives, also (private) healthcare entrepreneurs have such possibilities. This then results in the establishment of NGOs.

Summary

Taking notice of the descriptions of different national situations In Norway, Greece, the Netherlands, Germany and Poland, one has to conclude there is little comparability of the degree to which recovery and PSW in mental health care is developed. Each country is at a different stage of that development. In some countries like Germany, Norway and the Netherlands, over the last few decades, an ever-growing tradition has emerged, while the first steps recently have been taken in other countries such as Poland and Greece. The way recovery and PSW enter into the mental health sectors differs because of differences in the role service users play in decision-making when innovation is at stake, especially regarding professionalization and training of employees in mental health care. Also differences of opinion about how the mental health care system should be organized play an important role. In particular beliefs about the professional hierarchy influence the process of innovation. More formal factors also play a significant role like ground- rules that apply to decision-making at government level (e.g., is there a federal structure and what is the position of regions, counties and countries in a federal context?), the systems of health care financing and the systems of vocational educational and training (VET).

These differences may, however, create obstacles, but will ultimately not make the training for PSW on EQF levels 4 and 5 impossible.

This memorandum aims to explain the path to be taken to arrive, starting with small-scale initiatives, at nationally recognized training courses for PSW. The memorandum does not want to hide that the path can sometimes be long and difficult and that resistances have to be overcome, as with all major change processes that have consequences for long-standing institutions and their professionals. It may be apparent from the contributions of the project partners from Norway, Germany and the Netherlands that there are valuable examples of training courses that can serve as inspiration.

Examples in Norway are the MB (Medarbeider med brukererfaring) course in Bergen and the KBT (Kompetansesenter for brukererfaring og tjenesteutvikling) course in Trondheim, both on level 4.

In Germany there are long-standing internal training courses within the organizations of EX-IN Germany and LebensART Münster offered throughout the whole country. Recently three additional modules were developed and tested. It concerns the curriculum development with subtopic “resilience” by LebensART, the module “suicidality” by EX-IN Germany and EX-IN Switzerland and the module “role security” by EX-IN Germany and a networking platform in Austria.

In the Netherlands training courses on level 4 are offered by the MBO (middelbaar beroepsonderwijs / secondary vocational education) educational institutes and on level 5 by the HBO (hoger beroepsonderwijs / higher vocational education) educational institutes. Students receive an HBO Associate Degree certificate.

An example in Poland is a training program implemented by “Polski Instytut Otwartego Dialogu” (The Polish Open Dialogue Foundation). It is consisting of educational workshops for PSW.