Di.m4a

Speaker 1 [00:00:02] Okay. Hello. We are up again in Banff. On the 23rd of December it is two days till Christmas. And we're here as part of the Recovery Stories Podcast series, where we are being educated about addiction problems in rural communities and how peer support services are addressing those so thrilled to be joined today by Di Mitchell. Hello again, Di. Hello and thanks for coming along. Di is a lead practitioner in the Aberdeen Shire Peer Support Service and Di you've kindly agreed to tell us a little bit about your practice and explain some of the features of it to help raise awareness I think about the good work that you guys do. So thanks so much.

Speaker 2 [00:00:53] You're welcome.

Speaker 1 [00:00:55] So yeah, Recovery groups. How did you become involved? Tell me a bit about your journey to becoming a lead practitioner.

Speaker 2 [00:01:04] So I started off taking part in recovery groups myself as a community member. I was doing a degree in health and social care. So it just made sense to sort of get involved like hands on experience. I've also got substance issues from the past, so it all just seemed slot in perfectly.

Speaker 1 [00:01:25] So you had like a dual interest that you were training in health and social care, also had some substance use issues from your own background. Yes.

Speaker 2 [00:01:35] Yeah. Yeah. So I wanted to that's why I wanted my career to go and that's the direction I want to go in. And I was a legal secretary for over 20 years. I had my kids, so I just want to do something that was worthwhile. And

Speaker 1 [00:01:52] It's a calling isn't it.

Speaker 2 [00:01:53] It came from the heart. Yeah. Yeah, definitely.

Speaker 1 [00:01:55] Okay. So that was how you first connected with the recovery scene and a specific recovery group?

Speaker 2 [00:02:03] Yep. I started going recovery group in Huntly and then I was part of the management committee for the Central Forum. And then from then on I got myself into employment. And so it's just been like a just like a pathway really from community member with lived experience to having a professional role.

Speaker 1 [00:02:23] And so that professional role, I think it would be great to understand more about, you know, your practice. So tell us, what is peer support, what does it involve and how does it work?

Speaker 2 [00:02:35] Peer support is basically helping people in recovery that want to make their way out in the community. It's giving them like empowering them, giving them skills, helping them like, for example, if maybe one of the peers want to set up a group, we would be there to support them. We would sort out their finances for them their funding. All the nitty gritting stuff they don't want to be. You know, it's giving them that responsibility of running their own groups, but they've obviously got us in the background to support them. And so it's basically about empowering, empowering people in recovery and giving them a pathway to fulfilling their dreams. Really.

Speaker 1 [00:03:21] What's that like for people? I mean, how do people connect with these groups and what's it like for them. I am asking you a two-pronged question here sorry. But yeah. What's it like for people who like connecting with the groups? How does that happen? And then that empowerment? What's it like when people start to get involved and lead groups and things?

Speaker 2 [00:03:43] It's like it's like a domino effect. And so you've maybe got somebody got involved in group work and then they've got their friend. So they get, you know, it's like a, like a ripple effect, they call it - it just sort of pulls people in. I think I've heard a lot of people say that groups have saved their life. That group works have saved their life. Like it's just like I mean, a meeting of like-minded people and people that have experienced the same emotions, same stigma, the same, you know, see the same problems and stuff. It's just them coming together and, you know, building up their wellbeing and their confidence. Giving them confidence to get back into the big wide world I suppose.

Speaker 1 [00:04:29] So it sounds like the fundamental thing there's around connection is that?

Speaker 2 [00:04:34] Yeah, definitely connection. I think connection, probably the key word is keeping everyone connected. And I mean, I've heard people say and I've said this already, that the groups have saved their life, it is that connection every week maybe they've got something different on every day. So you've got like a purpose. They've got friends to that group and like, its ben referred to as a family as well. Like everyone together, you know, it's, it's huge.

Speaker 1 [00:05:03] It's really powerful. It speaks for itself, doesn't it.

Speaker 2 [00:05:05] I definitely, yeah, I definitely think group work is really the way forward. Definitely brings people together. From a peer support service point of view we are just there to support them. We don't run the groups for them. We go a long, maybe a few times and keep popping in and, you know, now and again. But we don't run the group for the peer they run it for themselves.

Speaker 1 [00:05:35] Is that part of the empowerment process?

Speaker 2 [00:05:37] Definitely yeah.

Speaker 1 [00:05:39] Whats that like for people in recovery is you know is that part of the ripple effect?

Speaker 2 [00:05:44] Overwhelming for some of them.

Speaker 1 [00:05:46] If they're coming from a low place

Speaker 2 [00:05:47] A yeah yeah. And like they're given that responsibility and a peer once said to me that she felt she had been given accountability like for a purpose to get up in the morning to run her group you know and but then we're always there the peer support service is there in the background if they need that extra support you know so we are there but we're not if that makes sense.

Speaker 1 [00:06:10] It does make sense yeah. Yeah so the peers have got like it sounds like a solid framework around them to support them as you're saying, with things like financing and is their training as well?

Speaker 2 [00:06:23] Yeah there is peer support training in. It's about ten weeks it takes they get their own their mobile phones, they've got their own separate number and and they make up an email address for their group and they're given responsibilities their name. We don't like them to use it on phone number. You know, it's better if given one and they can use that for the posters and stuff. I mean, we do the posters and we advertise for them and you know, they do a lot of it themselves as well.

Speaker 1 [00:06:54] OK, so that gets the word out there.

Speaker 2 [00:06:56] It spreads the work out

Speaker 1 [00:06:57] And the posters. Is that like physical printed posters?

Speaker 2 [00:07:00] Usually a lot of Facebook but you'll have people from like obviously we were based in Banff here, but you'll have folk maybe from Banff go through to like the Westhill, meeting or folk from the Inverurie meeting will come to the Banff meeting and vice versa. It's folk have made connections through these meetings. And it's good. It's good because, I mean, it builds your like, social network as well and connecting with people.

Speaker 1 [00:07:31] It extends the idea of connection.

Speaker 2 [00:07:33] Yeah totally.

Speaker 1 [00:07:34] So it's not contained in a in a certain geographical area.

Speaker 2 [00:07:40] You've got people maybe peers say somebody that's had issues in Banff maybe they don't want to go out a group in Banff, you know, maybe they want to go somewhere where nobody knows them. Right? So it's Yeah. So for, for that respect as well it's.

Speaker 1 [00:07:54] So it sounds very person centred, very personal you understand and tune in to what a particular individual might need or feel they want to do and then support that.

Speaker 2 [00:08:05] So they just come to us with their ideas and what they, what the what they're looking for, what they feel, you know, what they think the community needs and and.

Speaker 1 [00:08:13] And does that usually look like a group and group work or are there other things?

Speaker 2 [00:08:17] In my experience so far it's just been groups. I've only worked for peer support service since August this year. So in that well, I've only got five months or something and it's been mostly group work that I have done some personal support as well. But the peer supports mainly to do with. Helping people whats the word push themselves. Okay. We're not like we're not like a personal support worker. We're just like a

support there for people and just want to want to give back and to give back to our community.

Speaker 1 [00:08:54] It sounds from what you're saying that are there massive benefits for people like on a personal level around connection, compassion, empowerment, and I suppose ultimately recovery? Mm hmm. Um, and while I hear what you're saying about, you know, you've you've been in this role since August, sounds like you've got a huge amount of experience and training and life prior to that! Yes. So is that a fair comment? Are you seeing, you know, these these benefits on a personal level among people who are connected with a peer support service?

Speaker 2 [00:09:33] Oh, definitely. Yeah, definitely. And it's empowering them. It's giving them it's giving them a voice and it gives them tools, give them the tools they need to to, you know, to succeed I suppose. And they yeah, the benefits are good, and I have already said about connection and. They've got a purpose for getting up in the morning. They've you know, running groups of, you know, are given responsibility. And, you know, it keeps them going through, keeps them going. But yeah.

Speaker 1 [00:10:10] Really powerful stuff. And it sounds like as well as the kind of individual person-centred transformation going back to the domino or the ripple effect, there's a wider kind of community transformation going on. Is that a fair comment? Do you see that?

Speaker 2 [00:10:27] Community can be difficult I think you've always got stigma in a community and like the old, you know, some people have got such a stereotypical view of maybe somebody with an addiction. And so that's something that can be quite tricky. But I think the louder the voice gets, the easier it gets.

Speaker 1 [00:10:48] Yeah

Speaker 2 [00:10:50] People see us as like folk that lived experiences, people that real people, real feelings have got a story. I mean, nobody, nobody wakes up in the morning and says, I'm going to be an addict. You know, they've also had something a traumatic experience in their life. Some things made them to want to escape. And I think it's just understanding and education to be honest em.

Speaker 1 [00:11:13] So there's wider we're talking about going outside the person and into the community. Yeah. I mean, we're in a small Scottish rural town here. Where is it fair to say there's maybe quite traditional.

Speaker 2 [00:11:31] Yes.

Speaker 1 [00:11:34] Views around addiction, alcohol and drugs?

Speaker 2 [00:11:36] You know, the older generation as well. Maybe. Who just wouldn't understand it, just wouldn't understand why this why there's this issue? You know, I don't know. It's hard to explain.

Speaker 1 [00:11:50] No, I think you explain it really well. So it's.

Speaker 2 [00:11:53] Oh we da hae that, you know. But you do. Okay. Its that acknowledgement. Okay. Um.

Speaker 1 [00:12:00] So not only stigma, are you saying there's also a bit of denial? Maybe that's not a problem we have?

Speaker 2 [00:12:06] And sometimes I think it's sometimes, ah, would be okay. That would be in some places, depending on the town.

Speaker 1 [00:12:14] In more affluent towns?

Speaker 2 [00:12:16] Definitely. So we're also definitely.

Speaker 1 [00:12:19] That's not a problem we have type idea.

Speaker 2 [00:12:21] They would rather shove it under the carpet than acknowledge it and deal with it. Okay. And but people with addictions are all people, you know, they've got they're people, people with a heart and feelings. You know?

Speaker 1 [00:12:36] It sounds like a person-centred approach again. So going back to this sort of community transformation impact of peer support. It sounds like a big part that's dealing with stigma, and denial. And the why, not just seeing perhaps or denying someone has substance issues but thinking about the why?

Speaker 2 [00:13:00] Well, yeah, it's getting people through the door. It's okay. It's okay to be in recovery. You know, it's it's nothing to be ashamed about, you know, come to this group and meet likeminded people. You know that connection there. I think, yeah, I think it's getting people probably into groups as can be quite tricky, but word of mouth is quite good. And. Just I mean, not, people speak, you know. And I mean, I knew a few peers that have just came along to the group and now they are running their own groups and stuff, you know, it's just...

Speaker 1 [00:13:35] Its amazing

Speaker 2 [00:13:35] Escalated into yeah, it's escalated from that one popping in, one drop in to facilitating.

Speaker 1 [00:13:41] Yeah. Domino domino effect. Okay.

Speaker 2 [00:13:45] Definitely.

Speaker 1 [00:13:46] Okay so it sounds like that approach to deal with stigma is very person-centred, compassionate, as is the person-centred approach to support who's coming in the door. I thought of something when you when you were just talking there, how big are the groups, How many people is too much? Do you ever have to turn folk away?

Speaker 2 [00:14:07] No, no, so groups could be anything 2 or 3 people to 14, 15, 16 people usually if there is like a group has grown to that amount of people we do sort of make sure there's like a co-facilitator to help so there's maybe a couple of people running the group because it's it's a lot of responsibility for somebody. You know, you've got a member they are in recovery as well, you know, And you've got to think of mental health and wellbeing as well.

Speaker 1 [00:14:35] Oh, absolutely. So that must be quite a carefully managed pathway and journey are going on with people where you want, you know, to support and empower and facilitate those pathways to recovery but at the same time to don't want to.

Speaker 2 [00:14:50] Over Yeah overwhelm them. Well some some peers need more support and others. It just all depends it's all depends on what personalities and expectations and stuff like that.

Speaker 1 [00:15:01] I feel like we're just coming back and back to this person-centered and because you wouldn't be able to interpret that without understanding that person.

Speaker 2 [00:15:09] Yeah, you know their needs, what they, what they're looking to do, what they want to achieve.

Speaker 1 [00:15:13] So the groups, then it sounds like they've all got a common framework and practice kind of approach, but are all quite different maybe?

Speaker 2 [00:15:23] They're all different. So you've got like there's Medication, Recovery and Me groups, they're sort of run well, they were created by the Scottish Recovery Consortium.

Speaker 1 [00:15:31] Yes, you kindly invited me to one.

Speaker 2 [00:15:33] Yes that's right you came to our Westhill one. And there's activity groups huh. So you would go along and maybe make something crafty and there's a lady comes and does Raike. Oh, and acupuncture. There's like other groups, could be like a women's group where women come together in a safe space to talk about, you know, or there could be a men's group. You know, it's all they all differ. And I think the Medication Recovery and Me ones they're quite not formal, but they've got a proper framework a proper structure of how they're ran and then you've got less than formal ones and the recovery cafes like a hub like folk just meet for coffee and a chart a drop in session so.

Speaker 1 [00:16:23] Less structured. So Medication Recovery and Me I went along to the West Hill group it was great it was really interesting. Thanks so much for being so welcoming.

Speaker 2 [00:16:34] Thanks for coming.

Speaker 1 [00:16:35] Of an outsider coming along. What exactly is Medication Recovery and Me just for for people who might be listening?

Speaker 2 [00:16:41] It's so it's for people that are on substitute medication for alcohol or substances it's also incorporates mental health. So if you're have been on medication for mental health issues or alcohol and substance issues, then it's just a place to come usually its set in the structure of you have like a share and somebody does a share of their recovery journey and then we'll have a discussion where people can come in and relate and then we will have a check in. And and you do a maybe maybe pull something out of that check in maybe somebody is feeling really bad. You maybe do a tool about triggers you know so a facilitators just sort of they've all got their own ways, they've all got their own little ways of doing it and.

Speaker 1 [00:17:27] But really responsive to what's coming though as an issue.

Speaker 2 [00:17:31] One of our facilitators, I remember saying to him what you got planned for Friday? He says, Oh, I'll just be off the cuff, you know, fine! You know, if somebody comes in having big issues with maybe say relationships that week or family or something, then we will maybe discuss that - people will try to give we are nae doctors were not specialists but folk will say in my in my experience you know this helped me it's stuff like.

Speaker 1 [00:18:00] Going back to connection safe space, compassion, listening.

Speaker 2 [00:18:03] Just giving folk reassurance as well that they are nae alone.

Speaker 1 [00:18:07] And then is the Medication Recovery and Me kind of structured to support people to manage medication as well as and presumably come off it?

Speaker 2 [00:18:15] No, no, no, no. It's, it's the whole like there if people are seeking like a, a reduction or whatever in their medication that's, that's a. [clinical] Definitely we are just their emotional sort of connection, support.

Speaker 1 [00:18:30] Recognising that medication is itself something that needs.

Speaker 2 [00:18:33] Like I said, says says that in the literature, we're not doctors, we're here to just simply be there for each other. [Yeah, yeah.] But no, it's, it's spreading across the northeast. Definitely Medication Recovery and Me

Speaker 1 [00:18:49] I have heard people can kind of get parked on a medication for long periods of time who could perhaps

Speaker 2 [00:18:54] Well like the MAT standards they have introduced. There's like all these options as well now you don't just like before, you might have just been given a script like you know there's your methadone script for the next ten years. Now people are getting choices of, of medication, choices of support that they are getting afterwards. There's I think the MAT standard has opened heaps of doors.

Speaker 1 [00:19:15] And so the Medication Recovery and Me it sounds like goes along with those MAT standards?

Speaker 2 [00:19:19] Yes uh-hu. It's modern, it's more modern.

Speaker 1 [00:19:21] Okay. Just for for clarity, what exactly are MAT standards?

Speaker 2 [00:19:28] MAT standards are ten standards of a government framework. It was introduced after the drugs deaths spiraled in 2021 and how can I describe it and it's ten standards of what of what people looking for help should receive. So like say on the first standard is like basically if you reach out you get help on the day so if you say if you go to somewhere and say, I want help with my addiction today, you should receive help on the day that you ask for it. And there's a whole there's one of the standards is to do with mental health because there was an awful sort of am trampoline thing going on like if you had mental health issues then you had addiction issues, so you were pushed from pillar to post. So there's the MAT Standards incorporates that so that you know you if you've got both you can be seen and not be pushed back and forth.

Speaker 1 [00:20:33] From one service to another this is about integrating services. It's it's really encouraging to hear the governments recognised. [Yeah totally] this is an issue and putting in like you're saying really quite contemporary policy and strategy responses.

Speaker 2 [00:20:47] Its just implemented that. I think it's probably the big, the, the tricky part. Yeah, I know that a lot of work goes on behind the scenes there.

Speaker 1 [00:20:55] Absolutely. And you were telling me about the work you're doing around MAT Standards and about understanding how they have been implemented because that that's a whole other, it's a really positive story Di that you you say but I imagine it's not without challenges?

Speaker 2 [00:21:12] No it's got its challenges definitely, trying to think what the challenges would be and. Not sure.

Speaker 1 [00:21:23] We've talked about stigma.

Speaker 2 [00:21:25] Stigma, politics. Organisational politics can be tricky to manage and.

Speaker 1 [00:21:31] Is quite a complicated scene for organisations. There's lots of third sector groups, the statutory services.

Speaker 2 [00:21:38] Lots of players and lots of personalities.

Speaker 1 [00:21:41] OK.

Speaker 2 [00:21:42] And can be quite tricky to manage. But I think the bottom line is everyone should remember that it's the people in recover that matter and its, its that should be the bottom line of everyone's actions.

Speaker 1 [00:21:59] That's the mission ay? That's the purpose. [Totally yeah]. And then thinking about the future, maybe we're in a reflective mood at the end of the eyar. Yeah. What does the future look like to you? What a success look like with the peer support? I mean, it sounds like you've had a huge amount of success to date and you have this incredible person-centred, compassionate approach addressing a massive need in our communities, and not just our rural communities, although of course that's where we are today. So yeah. What does success in the future look like to you?

Speaker 2 [00:22:39] I think the future looks bright, definitely for the Aberdeenshire Peer Support Service. We've got so much to offer, like so much support to offer people and. Well what they want to achieve - its just getting the word out there an understanding of what we can do for them. And that's important. But no, I think I think there's so much so much we can give, so much positive, positive things we can give. So no I am really looking forward to the future and really happy working here and every day is a school day!

Speaker 1 [00:23:13] I hear that! You know, it's it's an incredible service that you guys have I am just blown away. I describe it all the time as you know, as precision medicine. The the relationships and the connection you have in in these communities is is phenomenal. I'm a huge admirer of what you do. And while we're on that, getting the message out there. If people want to get involved, what should they do?

Speaker 2 [00:23:37] Should just get in touch with us. Just get in touch with us or come to the groups. See what you think. I mean, people can come in through community groups dropping in and then have been doing the training and the peer support training, and then facilitating their own group. So it's just all like a pathway, really. It's a pathway, giving them confidence and encouragement, support, just to sort of empower them and empower them into into making their way out there.

Speaker 1 [00:24:07] Amazing. So if people are interested in getting involved, then I suppose the Turning Point Scotland website might be a place to go to find out how to do that, how to connect and potentially become involved.

Speaker 2 [00:24:17] Definitely, can get in touch with any us at the peer support service here. And we just want folk to come to us with their ideas and we can see how we can achieve that for them.

Speaker 1 [00:24:29] Yeah, it's really phenomenal how you guys respond to that. So Di thank you so much for sharing a bit about your practice and your insights. It's it's been great to learn a little bit more. And I suppose on the 23rd of December we should say Happy Christmas.

Speaker 2 [00:24:45] Merry Christmas to you as well.

Speaker 1 [00:24:46] Okay. Thanks so much.

Speaker 2 [00:24:48] See you later.