



MENTAL
HEALTH
PERSPECTIVES

Good Practice on Co-Creation

Name/title of activity done in co-creation

Peer Support and Recovery Implementation

Name and Country of the entity leading/coordinating the co-creation activity

Mental Health Perspectives, Lithuania

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Context

The co-creation session took place on **November 7th, 2024**, as part of ongoing efforts to strengthen peer support and recovery-oriented practices within **mental health and social care services in Lithuania**. This initiative emerged during a **study visit from Iceland**, where experienced **peer supporters and experts** were invited to share their insights and approaches to implementing peer support frameworks.

Recognising this as a valuable opportunity for **knowledge exchange and collaborative learning**, local organizers convened a **co-creation workshop** that brought together **20 participants** representing diverse perspectives — including **people with lived experience of mental health challenges, professionals from health and social care sectors, and policy makers**.

The session's purpose was to **jointly explore how peer support could be more effectively embedded into Lithuanian mental health and social care systems**, drawing inspiration from Icelandic practices while adapting ideas to the local context. By engaging multiple stakeholders in an open and participatory dialogue, the event aimed to **advocate for the recognition and institutionalization of peer support** as a vital component of recovery-oriented care.

This co-creation experience emerged out of a **shared commitment to transforming services through collaboration**, bridging international learning with local action, and ensuring that the voices of people with lived experience are central to shaping the future of mental health support in Lithuania.

Overview of the activity

1. Ideation

The co-creation ideation phase was implemented through a collaborative and inclusive approach that brought together diverse stakeholders to explore and design strategies for peer support and recovery implementation in Lithuania. A key activity was a study visit from Iceland, during which experts and peer supporters shared their experiences and insights, fostering mutual learning and inspiration. This visit created a valuable opportunity to convene all relevant stakeholders - including individuals with lived experience, mental health professionals, social care organizations, and representatives from both local and national government - to engage in open dialogue and joint problem-solving.

The process also involved systematic mapping of stakeholders to ensure that all voices and perspectives were represented, laying a strong foundation for a shared understanding and co-created solutions to support sustainable recovery-oriented practices.

2. Design/development

The co-creation design and development phase was carried out by experts from Mental Health Perspectives with continuous guidance and consultation from Icelandic experts and peer supporters. Building on the insights and stakeholder input gathered during the earlier ideation phase, this stage focused on translating shared ideas into concrete, context-sensitive design elements for peer support and recovery implementation in Lithuania.

The process began with a detailed presentation and discussion of the main elements of recovery and peer support, which helped establish a common understanding and ensure alignment with international best practices.

To guide this analytical and creative process, the team suggested several core questions:

- What are the characteristics of services that successfully implement peer support and recovery?
- What specific challenges might arise in implementing these practices in Lithuania?
- What can be done now to prepare for the implementation of peer support and recovery?

3. Implementation

The implementation phase focused on transforming collaboratively developed ideas into concrete, actionable guidelines and recommendations for peer support and recovery implementation. The process began with an introduction and a mutual agreement on the rules to ensure a respectful, inclusive, and productive working environment.

The work was organised using an interactive and participatory method. Participants were divided into small groups, with the composition of the groups changing each time to encourage diverse perspectives and cross-sector collaboration. Each group was given 15

minutes to brainstorm ideas in response to a specific question. All ideas were recorded on posters to capture the full range of perspectives and suggestions.

Following the brainstorming sessions, each group had 10 minutes to present their collected ideas to all participants. To prioritise and refine the outputs, every participant received three voting stickers and was invited to select the ideas they found most valuable from across all group presentations.

After the session, all posters were collected, and the gathered information was systematically organised and synthesized into clear guidelines and recommendations. This draft document was shared with all participants for feedback to ensure inclusivity and accuracy. Once finalised, the guidelines and recommendations were submitted to both national and local government representatives, supporting informed decision-making and further integration of peer support and recovery principles into mental health services.

4. Evaluation

The evaluation phase took place immediately following the co-creation session to gather feedback and assess the effectiveness of the process. On the day after the session, an evaluation form was distributed to all participants. The evaluation focused on three main areas: the working method, the organisation and facilitation of the session, and participants' suggestions related to the topic.

The feedback indicated a very positive overall assessment. Participants rated the working method highly, emphasising the value of the participatory approach and the structured yet flexible format of the activities. They particularly appreciated the opportunity to collaborate in diverse groups, which enabled meaningful exchange of ideas and perspectives across different sectors. Participants also highlighted the importance of cross-sector communication as a key strength of the process, contributing to a richer understanding of peer support and recovery implementation.

Good Practice Indicators¹

1. Where all relevant stakeholders involved in the co-creation process?

Did you succeed in involving all relevant stakeholders (please elaborate)? Which stakeholders were involved in the co-creation process and in what ways?

Fully implemented

The co-creation process aimed to involve all relevant stakeholders to ensure diverse perspectives on peer support and recovery implementation. Special attention was given to engaging individuals with lived experience, whose insights formed the foundation of the discussions. In addition, mental health professionals, social care organisations, and representatives from local and national government participated, contributing professional, community, and policy-level perspectives.

¹ According to Mental Health Europe's Co-creation approach

While it was difficult to involve some stakeholders, such as mental health specialists and psychiatrists, due to their busy schedules, several experts from various sectors were successfully invited. Overall, the process achieved broad representation and meaningful collaboration across key groups.

2. Did participants represent diverse profiles within their stakeholder group?

For example, consider the diverse experiences and expertise of individuals facing mental health problems, as well as those of their families, supporters, service providers, and community members, and take into account factors such as age, gender, socio-economic background, religion, and more.

If yes, how did you ensure diversity and inclusiveness? If not, what were the reasons?

Mostly implemented

Participants in the co-creation process represented diverse profiles within their stakeholder groups. Among individuals with lived experience, we succeeded in involving people with different types of mental health difficulties and varied experiences of recovery and support services. This diversity enriched the discussions and ensured that multiple perspectives on peer support were reflected.

However, it was not possible to engage family members of people with mental health difficulties during this phase. Despite this, efforts were made to promote inclusiveness in other ways, including ensuring gender balance among participants. Gender equality was successfully achieved, which is notable given that the mental health and social care sectors in Lithuania are predominantly female. Overall, the process reflected a strong commitment to diversity and inclusivity within the available context.

3. Were all resources needed for everyone's full engagement secured and allocated in a transparent way?

If yes, what types of supports were provided, and how were these resources managed? If not, what were the reasons?

Fully implemented

All necessary resources were secured to enable participants' active and meaningful engagement throughout the co-creation process. Logistical and organizational support was provided to ensure accessibility and comfort for all participants, including venue arrangements, materials for group work, and facilitation support. Participants with lived experience were offered additional guidance and assistance when needed to ensure equal participation opportunities.

Resource allocation was managed transparently by Mental Health Perspectives, ensuring that all participants had the same access to information, tools, and support. This approach helped create a safe, inclusive, and collaborative environment that encouraged open dialogue and effective participation from all stakeholder groups.

4. Were participants aware of the expertise each was bringing?

If yes, how did the stakeholders' knowledge and skills contribute to the activity, and how was this expertise leveraged to support the co-creation process? If not, what were the reasons?

Mostly implemented

While participants did not receive the guiding questions in advance and therefore could not prepare specific inputs beforehand, each person was invited individually with a clear explanation of why their participation was important. This helped participants understand the unique expertise and perspective they were bringing to the co-creation process.

During the sessions, this diverse knowledge - including lived experience, professional practice, policy insight, and community perspectives - was shared openly and contributed significantly to the quality of discussions and the development of practical recommendations. The individualised invitations ensured that all participants felt valued for their specific expertise, even without prior preparation.

5. Did participants understand what co-creation is and how it works?

If yes, what measures were taken to ensure all participants had a clear understanding of co-creation and its process? If not, what were the reasons?

Mostly implemented

Co-creation remains a relatively new approach in Lithuania, and for many participants, the concept was not fully familiar at the outset of the process. As a result, it was not entirely clear to everyone what co-creation entails or how it works in practice. To address this, part of the session was dedicated to explaining the core values and principles of co-creation such as collaboration, shared decision-making, and equal participation. This introduction helped participants better understand the approach and engage more effectively throughout the process.

6. Was the focus and expected outcome of the piece of work/activity to be done in co-creation been jointly discussed and agreed upon?

If yes, what methodology was used to define the scope and expected outcomes? If not, what were the reasons?

Mostly implemented

The overall goal and form of the expected results were defined in advance: to develop recommendations for stakeholders on implementing peer support and recovery. Therefore, the scope of the work was not jointly decided during the co-creation process. However, participants were given freedom to contribute feedback on what content should be included in the recommendations and how the structure could best reflect their insights and priorities.

While the facilitation team had to guide the process directly to ensure progress toward the set objective, participants' input played a key role in shaping the final recommendations and ensuring they reflected diverse perspectives and practical experience.

7. Was a written group agreement in place?

If yes, what was the process for establishing the modalities of collaboration, communication, and decision-making? If not, what were the reasons?

Fully implemented

Yes, the modalities of collaboration, communication, and decision-making were agreed upon at the beginning of the session. Participants jointly established clear rules to guide the process, emphasising respect, active listening, equal participation, and openness to different perspectives. It was agreed that all voices would be valued equally, that discussions would remain constructive and solution-oriented, and that decisions would be made collectively.

These shared agreements helped create a safe and inclusive environment, encouraging participants to express their ideas freely and engage meaningfully throughout the co-creation process.

8. Was there an action plan that outlined the steps involved in your co-created activity?

If yes, could you please elaborate on the process of formulating your action plan? If not, what were the reasons?

Mostly implemented

Yes, a clear action plan was developed and presented to participants at the beginning of the co-creation session. The plan was formulated in advance by *Mental Health Perspectives* experts in consultation with Icelandic partners, drawing on insights from the previous co-creation phases. Its purpose was to ensure a structured, inclusive, and goal-oriented process leading to practical recommendations for implementing peer support and recovery in Lithuania.

The action plan defined both the objectives and methodology of the session. It included three guiding questions:

1. What are the characteristics of services that successfully implement peer support and recovery?
2. What specific challenges might arise in implementing these practices in Lithuania?
3. What can be done now to prepare for the implementation of peer support and recovery?

To achieve these objectives, a structured participatory working method was used. Participants worked in small, rotating groups, each having 15 minutes to brainstorm ideas related to a question, followed by 10 minutes to present their results. All ideas were

written on posters to capture diverse perspectives. After presentations, participants received three voting stickers to prioritize ideas they found most relevant or innovative.

Following the session, all posters were collected and analysed, and the synthesized results were transformed into guidelines and recommendations. This draft document was shared with participants for feedback and, after final revisions, submitted to national and local government institutions to inform future implementation strategies.

9. Were practical aspects, such as scheduling and accessibility, considered to accommodate everyone's circumstances and ensure their full participation?

If yes, in what manner were practical aspects considered to accommodate everyone's circumstances? If not, what were the reasons?

Fully implemented

Yes, practical aspects such as scheduling and accessibility were carefully considered to ensure full participation of all stakeholders. Before the co-creation session, a registration form was sent to participants, inviting them to share any specific needs or circumstances that should be taken into account. This allowed the organizing team to plan the timing, venue setup, and materials in a way that accommodated participants' preferences and accessibility requirements. Efforts were made to create a comfortable and inclusive environment that supported active engagement from everyone involved.

10. Were all actors who were involved in co-creation able to contribute their perspective to the evaluation?

If yes, how did their insights enrich the evaluation process? If not, what were the reasons?

Mostly implemented

Yes, all participants were invited to contribute their perspectives to the evaluation. An evaluation link was sent to everyone the following day, giving them the opportunity to provide feedback. Although not all participants responded, those who did were encouraged to reflect not only on the co-creation process itself but also to share additional thoughts on the topic of peer support and recovery.

The insights gathered through the evaluation were highly valuable — they helped identify organisational gaps and areas for improvement, which will be used to refine future co-creation activities and enhance participant experience.

11. Did you apply co-creation to evaluate a) your activity and b) the effectiveness and impact of the co-creation approach both in the short and long term?

If yes, what kind of process and tools did you use? If not, what were the reasons?

Partially implemented

At this stage, co-creation was applied only to evaluate the process in the short term. The evaluation focused on participants' experiences and perceptions of the co-creation activity itself. A questionnaire developed by *Mental Health Perspectives* — also used to assess other organizational activities — was distributed to collect feedback. For now the evaluation did not yet cover the long-term effectiveness or impact of the co-creation approach.

Lessons Learned

The co-creation process offered valuable insights into both the benefits and challenges of implementing participatory approaches within the Lithuanian mental health context.

One key lesson was the importance of **inclusive stakeholder engagement**. Although it was sometimes difficult to involve certain professional groups such as psychiatrists due to their busy schedules, the process demonstrated the significant value of including individuals with lived experience. Their diverse insights and perspectives greatly enriched the discussions and helped ensure that the resulting recommendations were grounded in real-life experiences.

Another important lesson concerned **communication and preparation**. Because co-creation is still a relatively new concept in Lithuania, participants were not always familiar with its principles. Dedicating time at the beginning of the session to present definitions and key concepts helped align understanding and create a common starting point. Likewise, sending **individualised invitations** and discussing the specific knowledge and experience each participant brought proved effective in fostering engagement and ownership.

However, **language barriers** occasionally posed challenges, particularly in discussions involving international experts. This highlighted the need for clear communication support and possibly translation in future activities to ensure full participation.

The process also emphasized the importance of **structured facilitation and follow-up**. A well-organized agenda and clear working methods helped participants feel confident and productive, while flexibility within the structure encouraged open dialogue. Following the session, participants appreciated opportunities to give feedback on the draft document, but the experience underscored the importance of maintaining communication and providing updates on how their input is used — a key factor for sustaining trust and ongoing collaboration.

Overall, the experience demonstrated that successful co-creation requires careful planning, open communication, and ongoing engagement. Investing time in preparation, inclusivity, and follow-up strengthens both the process and its outcomes, ensuring that all participants feel valued and that their contributions meaningfully shape the final results.