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**Peer Support Workers' Experience of an Intentional Peer Support Scheme  
on an Acute Psychiatric Ward**

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## **From ... unemployable because we're mentally ill, to mentally ill, therefore, we're employable'**

### **Peer Support Workers' Experiences of an International Peer Support Scheme on an Acute Psychiatric Ward**

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#### **Abstract**

This paper reports on a study which formed part of a multi-perspective evaluation of an Intentional Peer Support scheme within an adult acute psychiatric inpatient setting. The objectives of the evaluation were twofold. Firstly, to explore the experience of Peer Support Workers (PSW) in their new role and, secondly, to examine the extent to which peer support may contribute towards recovery-based practice within the context of the NHS.

PSWs were recruited by a mental health charity for the purpose of the scheme within an inner city borough. The study employed a qualitative methodology. Two focus groups were conducted with PSWs. The findings highlighted that participants described both positive aspects, such as personal growth and adaptation, and challenges in relation to their new role as PSW. Initial challenges, particularly around working relationships with staff, were subsequently overcome during the study period. These findings contribute towards developing an evidence base for the value of the Intentional Peer Support services within the context of recovery-based NHS mental health services.

**Key words:** Intentional Peer Support, Recovery, Social Inclusion, Psychiatric, Inpatient, Service-User

#### **Background**

Social inclusion and recovery approaches are high on the national agenda for services for people with severe and enduring mental health problems (e.g. Department of Health, 1999, Social Exclusion Unit, 2004, Care Services Improvement Partnership, 2007). The concept of recovery from severe mental illness refers to 'the lived or real life experience of people as they accept and overcome the challenge of the disability'. They experience themselves as recovering a new sense of self and of purpose within and beyond the limits of the disability' (Deegan, as cited in Repper & Perkins 2003: 45). Repper and Perkins (2003) have identified three inter-connected components in the process of recovery: developing hope-inspiring relationships, facilitating personal adaptation, and promoting access and inclusion.

The development of recovery-based strategies at the level of local mental health trusts has led services to consider how alternative practices can be integrated to provide service-users the opportunity to build a greater sense of meaning in their everyday lives. Peer support has been identified as one approach to enhancing service-user recovery (Mead, Hilton & Curtis 2001). A 'peer' has been defined as an individual with severe mental health problems who is or was receiving mental health services (Soloman & Draine 2001).

Mead et al. (2001:135) defined peer support as ‘...a system of giving and receiving help based on key principles of respect, shared responsibility and mutual agreement of what is helpful...’ It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain’. ‘Intentional peer support’ refers to the fact that individuals have entered into peer relationships with the specific purpose of communicating in ways that help others to develop alternative narratives about their lives (Mead, 2005). Perkins and Rinaldi (2007) highlighted that peer support relationships can allow people to benefit from the inspiration and support of others who have faced similar challenges. Furthermore, it is considered to offer personal benefits to those who adopt the role of a peer support worker, such as improved confidence in capability and greater ability to cope with mental distress (Soloman, 2004).

A systematic review of evidence for the effectiveness of service-user run or service-user led mental health services in New Zealand (Doughty & Tse 2005) suggested positive outcomes for the service-users themselves, including greater satisfaction with services. However, they highlighted that most of the services operated alongside clinical services. None of the studies reviewed reported evidence of harm to service-users as a result of this type of service.

At present within the UK, there has been limited research and evaluation into intentional peer support projects as a way of promoting social inclusion and recovery in the adult mental health field. An intentional peer support initiative in Devon has highlighted potential value for this role as an adjunct to adult mental health services (Jackson, 2008). It is noteworthy that their definition of intentional peer support is focused on service-users taking on the role in the absence of payment. There is also a paucity of guidance regarding training and support for such initiatives. This paper reports an evaluation of a pilot Intentional Peer Support scheme on an acute psychiatric ward in an inner city borough.

## **Setting**

An Intentional Peer Support Worker scheme was a joint initiative between South West London and St. Georges Mental Health NHS Trust and Sutton Mental Health Foundation, a mental health charity. The scheme initially received six months funding.

Peer Support Workers (PSWs) were recruited, trained and employed to work in an acute psychiatric ward. The model of intentional peer support adopted for the project was originally developed in the USA (Mead, 2005). Following the training period, the PSWs continued to receive ongoing support and supervision from the mental health charity at fortnightly meetings. The PSW service is available to patients during their admission and was offered twice weekly.

## **Research Aims and Objectives**

This study formed one part of a multi-perspective evaluation and focused on the perspective of the PSWs. The main objective of the evaluation was to explore the experience of the PSWs in the inpatient setting. A supplementary objective was to examine the extent to which the role of PSW may contribute towards recovery-based practice. The evaluation was designed to inform local practice and innovation.

## **METHOD**

### **Design**

The study employed a qualitative methodology. Two focus groups were conducted with PSWs three months apart in order to gather information as the scheme developed over time and to provide the opportunity for participant validation of the initial findings during the second focus group.

### **User-Involvement**

The study design was developed through consultation with potential participants, PSWs. The potential participants expressed a preference for focus groups, which were held during their routine fortnightly meeting at the mental health charity. The questions for the semi-structured interview were developed in consultation with the PSW supervisor and PSWs.

### **Participants**

All seven PSWs who had been employed by the mental health charity were invited to participate. A total of five PSWs participated in the study. Five PSWs participated in the initial focus group and three PSWs participated in the follow up focus group. Demographic data was collected using a brief questionnaire. The participants were four females and one male and their age range was 38 – 60 years.

### **Procedure**

Both focus groups were carried out on the premises of the mental health charity and took place during their routine fortnightly meeting. Participants were advised by the researcher that participation in the study was optional and that they could withdraw from the study at any time. Written informed consent was sought. The initial focus group lasted approximately one hour and the follow-up focus group lasted approximately 45 minutes. Focus groups were audio-taped and transcribed.

### **Focus Groups**

The focus groups were facilitated by the main researcher, who had no clinical role with the PSW scheme. Discussion was prompted in the following broad topic areas:

- Reason for becoming a PSW
- Training
- Support and supervision
- Experience of working on the ward
- Personal benefits and challenges of the role

### **Data Analysis**

The textual data was analysed using qualitative content analysis (Krippendorff, 1980, Hsieh & Shannon 2005, Millward, 2006). A directed approach, as outlined by Hsieh and Shannon (2005) was employed, using predetermined codes (e.g. broad topic areas) and a conceptual code (e.g. PSW and recovery) was used to expand upon the predetermined coding system. This method allowed systematic analysis of data, together with an opportunity for the researchers to interpret implicit meaning from the data. The follow-up focus group provided a forum for participants to comment

upon the interpretations made by the researcher as a method of external validation often used in qualitative methodology (Lyons & Coyle 2007). As a consequence, the follow-up interview transcript was limited to analysis of new, additional or conflicting data.

## **RESULTS**

Participants described both positive aspects and initial challenges in relation to their role as PSW.

### **Reasons for Becoming a PSW**

There were several reasons for becoming a PSW. Some participants believed that the role would be 'rewarding' and 'challenging', others thought that the role would allow them to develop confidence following a period of being ill. For some participants, reflection on their own experiences of being a patient on the ward was the incentive for joining the PSW project. One participant commented that they would have liked the peer support scheme to have been available during their admission.

Two participants talked about their personal experience of feeling unable to talk to ward staff during their time as a patient. For example:

When I was on (ward) I didn't talk to anyone... I heard about the Peer Support and I thought well, that would help me, myself, but maybe I could also help other people.

### **Training**

Participants highlighted a number of positive aspects of the training received for the role. They described a two day training event as "excellent". They talked about the regular training sessions as an opportunity to bring examples of difficult situations and to practice how they might respond when working on the ward.

PSWs found group discussion as part of training particularly useful. They felt confident and able to be open about their concerns. The value of training as part of a group was also highlighted:

I think probably for me was having the group meetings where everyone was free and confident to raise their concerns in a group setting so we all have an opportunity to kind of like discuss things amongst ourselves as a group.

### **Support and Supervision**

All participants shared the view that they received adequate supervision and support from the PSW supervisor. They talked about being able to access support as and when necessary, both from the PSW supervisor and other PSWs. There was a sense that being part of a group was important:

...we're in a supportive group. So you know any things, problems we have, the group supports that as well...

...I know that I can phone up any of the PSWs and just knowing that you can actually means a lot of the time that you don't need to...

Participants described how they had adapted levels of support to meet their individual needs. For example, some participants talked about how they meet up before a session on the ward to "settle down" and then after to "offload".

## **Experience of Working on the Ward**

### **Ward staff**

Participants described apprehensive preconceptions about their relationship with staff working on the ward and they reported that this was connected to their previous experience of being a patient on the ward. One participant expressed the following view:

I think there was a feeling before that staff were going to be up in arms and they weren't going to like us and we were going to start a revolution.

However, participants described how they had found the majority of ward staff "friendly" and "helpful". They said that some staff had described them as "pioneers". However, three participants reported initial challenges with acceptance of the new role by some of the staff and had used group supervision to discuss these concerns. Furthermore, they felt that as the project progressed, they had been able to overcome the initial difficulties and develop new relationships with staff:

We've reached a point where we can sort of work together.

Participants were clear that they would not wish to be perceived as ward staff and did not wish to be given any responsibilities of ward staff, such as holding ward keys, because they felt this could challenge the patients' perceptions of their 'peer' identity.

### **Ward Environment**

Participants talked about violence and aggression displayed by patients on the ward and this was linked to discussion around personal safety. One participant talked about their observations of the transitional nature of the patients' psychological state and this seemed to link to discussions around monitoring potential risk of violence and aggression:

...the kind of conversation you have with someone one week, the next week you go in that person can be in quite a different place and so the conversation you have changes to reflect his experience...

Participants described how they had agreed between themselves at the start of the project that they would not see patients "behind shut doors" to reduce the risk of violence. Participants acknowledged that responsibility for dealing with violent incidents was a ward staff role; however, one participant commented that they were unsure where the panic alarms were located.

Two participants provided an example of how the PSW role had been beneficial in providing a space for patients to talk following an incident of violence on the ward. The participants believed that the support they had provided would not have been

typical to the ward staff role and felt this space would not have been available without the PSW role.

### **Personal Impact of Being a PSW**

Participants described benefits of the PSW role, such as improved confidence, better listening skills and “personal growth”, which suggested the role has a longer lasting personal impact. Another participant said:

When you feel you are giving something back and helping people...it gives you a real buzz.

One participant said that the role had been helpful in “banishing demons” regarding previous experience of the ward.

The main challenge for participants was coping with the distressing nature of the work environment and patient difficulties. However, participants described idiosyncratic ways of coping, such as the importance of viewing the role as a “job” and being aware of their own mental well-being. For example:

...if we don't look after ourselves, we're no good for anybody else.

The importance of taking time off work when unwell was discussed by participants at the follow up interview.

The discussions during the focus groups appeared to resonate with the concept of recovery from severe mental illness. This was evident from the personal impact of the role theme, which appeared to run through both interviews.

The peer support, I think, has contributed to me, hopefully staying well.  
I sort of see in some ways this is all I need but in other ways this is just the start.

The following quote appears to relate to greater social inclusion and opportunity for employment afforded by the role:

Gone from how we were unemployable because we're mentally ill, to mentally ill, therefore, we're employable.

## **DISCUSSION**

### **What can be Learnt from the Peer Support Scheme?**

The findings suggested that the following themes were important to the PSWs: the importance of developing new relationships, particularly between the PSWs who felt they were supported by each other; a focus on staying well whilst also being able to monitor their own emotional and psychological wellbeing; and developing a ‘peer’ identity, which appeared to encompass both helping themselves and other people.

The PSW role was received as a reported positive experience by the PSWs. Several positive aspects have been highlighted, including the positive personal benefits of the new role, which appear to have contributed towards personal recovery and perceived benefits of working as part of a supportive group. These findings also suggest that there were initial challenges associated with the PSW role and these



challenges have been overcome during the study period from the PSWs perspective, in particular the breaking down of barriers between PSWs and ward staff to facilitate working relationships.

The issue of safety on the ward was discussed by PSWs during both focus groups and the researchers were uncertain of the extent of induction to the ward environment, or formal training in management of violence and aggression, the PSWs had received to carry out their role. Therefore, it was recommended that there be further consideration of issues pertaining to safety, such as providing further training. However, it would be important to be mindful of how such training could be best provided in order to manage health and safety concerns held by the Trusts vis-à-vis the importance of maintaining a 'peer' identity held by the PSWs.

## **Methodological Challenges**

The focus group design was selected in order to meet the needs of participants. This method generated rich data and the group interactions provided an opportunity for in-depth, naturalistic discussions. However, it is possible that group dynamics, such as participants' tendency to acquiesce with their colleagues, may have constrained individual responses (Barker, Pistrang & Elliott 2002). It is possible that potentially valuable viewpoints from less vocal participants may not have been adequately captured. Furthermore, it was not possible to interview all PSWs. If the evaluation were to be repeated, it would be important to offer a choice between individual and focus group interviews, and consider a contingency plan for gaining the views of participants who are unable to attend group meetings.

In the evaluation, retrospective data was gathered regarding certain aspects of the PSW role, such as training. In future research, the study design may be strengthened by structuring specified data collection points, e.g. prior to training, after training, three months following start on the ward, in order to enhance opportunity for continuous feedback to the service. A formative service evaluation would also facilitate implementation of changes and resolution of concerns at an early stage (Scriven 1972, as cited in Barker, Pistrang & Elliott 2002).

On the basis of the findings from the PSW perspective, it was recommended that the scheme be continued beyond the initial six month funding period. As research into this area is currently limited, it would be helpful for further evaluation of the PSW perspective to be carried out, both with existing PSWs and future employees.

The findings were disseminated locally because it was important for mental health professionals to be aware of the PSW project, the links with recovery approaches and to consider how these ideas can be incorporated into individual practice.

## **Conclusions**

This study formed part of a multi-perspective evaluation of an Intentional Peer Support scheme. From the PSW perspective, the study supports the notion that peer support can contribute to recovery-based practice as a part of NHS mental health services. It is important to highlight the initial positive impact of the role for PSWs, who also continue to remain in receipt of services. The findings resonate with the three components identified to facilitate recovery (Repper & Perkins 2003), for example, hope-inspiring relationships appear to have developed between the PSWs and they reported personal adaptation and growth as a consequence of the role. Furthermore, the PSWs highlighted the importance of being employed for the

role, which suggests the PSW role challenges discrimination and stigma faced by people with severe mental illness, and has facilitated opportunity for greater social inclusion and meaningful activity (SEU 2004, CSIP 2007).

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