



Mental health peer support in England: Piecing together the jigsaw

Executive summary

September 2013

Report written by Alison Faulkner with June Sadd, Andrew Hughes, Sonia Thompson, Mary Nettle, Jan Wallcraft, Julia Collar, Stephanie de la Haje and Stephanie McKinley.

Research carried out in partnership with:



Suffolk Mind



One of Mind's objectives in its 2012–2016 strategy is that “Everyone in England and Wales with mental health problems can access peer support by 2016”. During 2012/13 Mind, with funding from the Social Action Fund, was involved in a number of projects to begin to realise this goal. This summary outlines one of these: a study to scope mental health peer support across England.

The aims of the scoping study

Discover what peer support groups and projects exist across England – in order to make this information accessible to people experiencing mental health problems via an online database.

Find out the different ways in which peer support is described and offered to people with mental health problems – to increase our understanding of the spectrum of peer support and how it is developed and provided.

Explore the experience and needs of existing peer support groups and projects – to increase our understanding of development needs and good practice that can support future work programmes to enable peer support projects to increase and flourish.

What we did

The study was carried out as part of a broader enquiry into peer support by Mind and its partner organisations known as the Peer Support Enquiry Team (PSET). The PSET guided the work of a team of researchers, with experience of mental health problems, who gathered information about peer support projects in England through online surveys, email and telephone communication, project visits, events and research on the web.

This report is also informed by a review of the existing literature that describes peer support and evidences its impact on people with mental health problems.

The PSET was chaired by independent consultant, Tina Coldham. It included the partner organisations: Depression Alliance, Community Network, Bipolar UK, Sound Minds, Suffolk Mind, Mind in Harrow, Bromley Mind, and the National Survivor User Network (NSUN), as well as two members of the research team, advisor Jayasree Kalathil and a representative of the Peer Led Peer Support Collaboration. (This collaboration brings together

the organisations Together, Mental Health Providers Forum, St George's – University of London, Mental Health Foundation, Afiya Trust, Mind and NSUN.) The research was carried out by a team of nine researchers with expertise in peer support, research, as well as their own experience of mental health problems. The report was coordinated and written by Alison Faulkner.

In the full report, we have aimed to set out the many different ways in which peer support, self-help and mutual support are offered to people with mental health problems. Our map is by no means complete, but we have made a start at piecing together the jigsaw. The full report of this scoping exercise explores the issues in greater detail, as well as giving an overview of the history and background of peer support, and the case for making it more easily available to people with mental health problems. The full report is available at mind.org.uk/peersupportresearch

What is peer support?

'Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain.'

Shery Mead, 2003

'It is a group of people supporting each other providing what is wanted in so far as they can.'

CAPITAL Project member, quoted in Faulkner and Basset, 2010

In its most natural form, peer support is simply support exchanged between people who share something in common: they are entering into something on a more or less shared, or equal, basis. In a mental health context, peer support refers to a situation where people with experience of mental health problems are offering each other support based on their own experience. Usually, the support that is exchanged between people might go in either direction or in different directions at different times, depending on their needs: there is no pre-determined 'giver' or 'receiver' of support. However, as the report demonstrates, there are many different ways in which peer support occurs or is offered to people

across the many different and diverse mental health communities and services in England, and increasingly people are being trained and employed as peer workers to support others in a variety of settings.

The case for peer support

'Peer support offers many health and quality of life benefits. Both peer support workers and the service users they are supporting feel empowered in their own recovery journey, have greater confidence and self-esteem and a more positive sense of identity, they feel less self-stigmatisation, have more skills and feel more valued.'

Repper, 2013

The mutuality and reciprocity that occurs through peer support, builds social capital, which in turn is associated with well-being and resilience (McKenzie, 2006). If we have opportunities to support each other; we are building our capacity as a community.

Peer support is mentioned in the Government's mental health outcomes strategy 'No Health Without Mental Health' (Department of Health, 2011) as one way in which local voluntary organisations and community groups can support 'people to manage their own mental health better in the community' (paragraph 4.26, pp 35–6). In addition, the Department of Health (2012) in the related Implementation Framework, recommend the development of peer support as one of the roles of mental health organisations in implementing the strategy.

What does existing research say?

- Much of the research into peer support has primarily, but not exclusively, explored intentional peer support or peer working which more often take place within one-to-one relationships.
- A literature review of peer support (Repper and Carter, 2010) found that peer support, as provided by peer workers, can promote hope and belief in the possibility of recovery, empowerment and increased self esteem, self efficacy and self-management of difficulties,

social inclusion, engagement and increased social networks.

- Repper and Carter also found that employment as a peer support worker brings benefits for the peer support workers themselves, including self-esteem, confidence and personal recovery. Experience of peer support working also increases chances of further employment, personal development and achievement of life goals.
- Some studies have found that peer support reduces inpatient bed use (Lawn et al, 2008, Forchuk et al, 2007) and improves the physical health of people with mental health problems (Bates et al, 2008, Cook et al, 2009). Peer support has also been used to improve the effectiveness of self-management (Crepaz-Keay and Cyhlarova, 2012).
- Trachtenberg et al (2013), in a publication from the Implementing Recovery Through Organisational Change (ImROC) team, suggest that there is evidence, albeit limited, that employing peer workers within mental health services can lead to cost savings, through reduction of use of psychiatric inpatient beds.
- Peer support can also play an important role as the foundation for user and survivor involvement and activism. In their research examining four mental health user-led organisations, Munn-Giddings et al (2009) found peer support to be one of the features of the organisation most valued by service users.
- Faulkner and Kalathil (2012), explored peer support with a particular focus on marginalised communities. They found that some of the collective benefits of peer support (mutual understanding, shared identity, collective action) are particularly valued by peer support projects working within marginalised groups. They also emphasised the need for peer support to address other shared experiences, identities and backgrounds, such as race and culture, gender and sexual orientation. This highlights the importance of remembering that peer support occurs within a range of different contexts, including Black and minority ethnic (BME), Lesbian, Gay, Bisexual and Transgender (LGBT) and other marginalised communities, where different aspects of identity may be prioritised.

The diverse landscape of peer support

This scoping project found a broad range of different models and approaches to peer support, from self-organised groups meeting in someone's front room to well established projects and organisations employing peer workers. In almost all cases people talked about some measure of mutuality or equality, or the need for peers to have a shared experience of mental health problems in order to be 'on an equal footing' with each other.

We took a deliberately inclusive approach to the data collection in order to ensure that we included the many informal and formal ways that people find peer support through meeting others with similar experiences. The project identified a number of different features of peer support groups and projects:

- **Group or one-to-one:** many organisations offer peer support as a group activity or as part of a group's activities, whereas others offer peer support on a one-to-one basis.
- **Organisational ethos:** peer support is at the heart of the ethos of some organisations, whereas for others, it is a specific project or activity.
- **Service user/peer-led:** for some projects, it is vital that peer support is peer- or service user-led whereas for others, it can be nurtured by members of staff.
- **Different settings:** most of the peer support projects we found were based in the community, but there were a few reaching into different environments, such as inpatient wards or forensic settings.
- **Formal vs informal:** some peer support projects are formally organised to provide peer support, whereas others regard it as something that occurs informally as part of the way their organisation works or as a result of taking part in activities.
- **Distinguishing a peer supporter role:** some projects make a distinction between the peer supporter role and those receiving peer support; others regard peer support as a mutually occurring activity.

Types of peer support projects

Based on these features and the way in which projects defined the concept of 'peer', we came up with the following categories of peer support.

Self-help groups

There were many groups, both independent and affiliated to larger networks, who described working primarily on a self-help basis. This usually refers to small self-organising groups of people coming together around a particular shared need, diagnosis or self-management strategy.

'Hearing Voices Groups are based firmly on an ethos of self help, mutual respect and empathy. They provide a safe space for people to share their experiences and support one another. They are peer support groups, involving social support and belonging, not therapy or treatment. However, groups do offer an opportunity for people to accept and live with their experiences in a way that helps them regain some power over their lives'.

From Hearing Voices Network hearing-voices.org

Mutual peer support

Most user-led organisations regarded mutual support between the people using their service as being equally on offer for everyone in the organisation. Some referred to this as peer support and some referred to it as mutual or collective support. They made no distinction between people offering and receiving peer support; some of these projects spoke of operating on a non-hierarchical basis.

'As a user-run and led group there is a significant amount of indirect peer support that happens as a by-product of what we do. So our volunteers benefit from being amongst people who all have personal lived experience. ...there is an element of peer support in that connection and ability to relate to one another that can only really be gained from having 'been there and got the T-Shirt'.'

North Staffordshire User Group, West Midlands

Formal approaches to peer support

Most of the projects in this category are clearly defined projects with 'peer support' in the title.

They make a distinction between the role of the peer support worker and the person being supported. Some of these projects are delivered by independent organisations, some are run within local Minds or other voluntary sector organisations, and some are based in the statutory sector. Many of these projects are based on recovery principles, but some took other approaches or simply talked of valuing the contribution of people with experience of mental health problems – their ability to understand and empathise with others using the service.

'I think we would see a peer as someone who has recovered sufficiently to offer support to someone else who has not reached quite the same point on their recovery journey. We would think of a peer as someone offering intentional peer support.'

Recovery Devon, South West

Peer mentoring

Some organisations distinguished between peer support and peer mentoring, although sometimes these terms appeared to be used interchangeably. In some projects, peer mentors are volunteers who do not have a shared experience of mental health problems. However, the term is often used with connotations of learning, training or induction. Peer mentors may be more experienced in a particular skill or service and act as mentors to those who are less experienced.

'The skills we have learned makes us different, as I can help my own people by talking to friends and family. I feel more confident than before due to training and the possibility to practice.'

Hayaan Project Volunteer Peer Educator, London

Supporting the development of peer support

We identified a small number of organisations which described offering support to the development of peer support or self-help groups in different ways. Some were established with this in mind whereas others appeared to have moved into this role over time. Examples include Sheffield SHIP, St Mungo's in Bath and Dorset Mental Health Forum.

Self-Help Nottingham, although not mental health specific, offers a unique service supporting and

promoting local self help groups. They offer an information enquiry service about local self help groups and services that support the health and wellbeing of local communities. They also offer training and development support for groups, including a range of open workshops, networking opportunities and work with individual groups in response to their particular needs.

Online peer support

Since the late 1990s and the introduction of forum and journal sites, people with mental health problems have come together online to exchange tips, experiences and emotional support. A number of national organisations offer moderated online spaces for people to give and receive peer support. These include Mind's

Elephant in the Room community (Elefriends) (6,100 members, September 2013), Rethink's Talk forum, Beat's message boards, Bipolar UK's eCommunity and Time to Change's Facebook page. Sensitive and skilled moderation is at the heart of successful digital forums.

'There is a general public perception that online bullying has made social media bad for your mental health, but social networking sites such as Twitter and Facebook are empowering people to talk more openly about their experiences and be heard by their peers. Elefriends.org.uk is Mind's new social network and is open to anyone struggling with their mental health. It started out on Facebook and largely grew through word of mouth into an informal peer support community.'

Mind's Elefriends team, online

Conclusions

One of the things that shines through this project is the enormous value and potential that peer support can bring to people with experience of mental health problems. We know from research that it offers many benefits, for example: shared identity/acceptance, increased self-confidence, the value of helping others, developing and sharing skills, improved mental health, emotional resilience and wellbeing, information and signposting, challenging stigma and discrimination. It plays a role in building capacity within local communities and as a basis for campaigning and activism. Peer support has also been shown to lead to cost savings, through the reduction of the use of inpatient beds.

This scoping exercise did not reach every project in every region; over time we will be continuing to add to our database of groups and projects. At this stage we are not able to offer conclusions on good practice, although we have some ideas about what the principles underpinning good quality peer support might look like.

One of our key conclusions is the need to support a range of models of peer support: one-to-one, group, organisational, formal and informal/mutual. There is not a case of 'one size fits all'; the need for peer support and its provision may look different for different communities. Further, we would argue against limited definitions of peer support that might exclude projects developing within BME communities and other marginalised communities. Peer support is likely to be found within wider community-based groups and projects, and within generic health services, and may often use different terminology.

'Peer support is often the 'missing link' in statutory mental health service provision and needs to be funded independently and run by user-led and Voluntary and Community Sector (VCS) groups.'

Network for Change, East Midlands

Recommendations

We recommend that Mind and its partners:

1. Continue to gather information about peer support groups and projects throughout the eight regions of England and through:
 - Undertaking a similar scoping in Wales
 - Continuing to collaborate with other organisations to complete and regularly update our online directory
 - Exploring a couple of regions in greater depth to gain a more complete picture of the peer support available across BME and other marginalised communities.
2. Develop opportunities for peer support projects, groups and their organisations to network together, to access mentoring and information, face to face, by telephone and online, to develop, for example:
 - organisational capacity
 - peer support practice
 - good governance for example regarding policies, procedures and roles
 - evaluation skills
 - ability to make the case for peer support with commissioners
 - fundraising skills.
3. Promote a range of delivery models for peer support. To ensure that peer support is effectively developed within and for BME communities and to ensure that we embrace the many valuable ways in which we have found peer support to develop in different contexts.
4. Continue to promote peer support designed and delivered by people with experience of mental health problems (peer led peer support). To ensure lived experience is at the heart of all projects, to ensure leadership development and to challenge the inequalities of power between professionals and people experiencing mental health problems.
5. Promote the role and value of peer support to the new commissioning groups and structures, including the importance of

funding a wide range of models of peer support, including those that are meaningful within BME and other marginalised communities.

6. Seek to identify the features of 'good practice' in peer support, and establish an agreed set of principles underpinning peer support against which groups and projects can assess themselves. This will help provide clarity to commissioners about what quality peer support should look like.
7. Collect and disseminate information about accredited and non-accredited training courses, along with geographical mapping of which courses are available and where.
8. Encourage a wide range of groups and organisations, where appropriate, to work in partnership, to develop and deliver peer support.
9. Provide peer support groups and organisations with the tools and support to measure and communicate the outcomes of peer support, and to collate this information at a national level.

We recommend that commissioners and funders:

10. Review the range of peer support services and groups in your area – map existing services and approaches, identify gaps and consult with people with mental health problems to understand what will meet people's needs locally.
11. Commission peer support services from a range of providers, with a range of approaches, including organisations offering or developing peer support within BME, LGBT and other marginalised communities.
12. Ensure that commissioned peer support services have leadership by people with experience of mental health problems.
13. Ensure that commissioned mental health services in your area use a mix of staff, including peer workers with experience of mental health problems.

We recommend that peer support providers:

14. Seek to develop the capacity, potential and leadership of all individuals giving and receiving peer support, through offering opportunities for training, support and skills development.
15. Monitor, evaluate and communicate their peer support activity, in order to build the evidence base for the effectiveness of peer support and knowledge about good practice.
16. Support the development of good practice principles for England and Wales, by continuing to share their knowledge and expertise, with Mind and its partners.

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For more information about this report and our work on peer support, contact:

e: engagement@mind.org.uk

Mind
15–19 Broadway
London E15 4BQ

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Registered charity number 219830.
Registered company in England number 424348.

