Mental health peer support in England: Piecing together the jigsaw

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Foreword

I am happy to be asked to write this preface as peer support in various forms has been part of my life at various times since I had a breakdown in my 20s.

Social isolation as a child and teenager with severe social phobia (shyness as it used to be called) led to my breakdown. In an acute ward of one of the first asylums ever built, Stanley Royd in Wakefield, I experienced a form of peer support for the first time. I was among a group of women sharing our stories in a small side room, sneaking down to get ourselves extra cups of hot chocolate from the canteen in the evenings and one time having an impromptu party in the dorm after lights out! I saw that painful as our current problems were, they made sense in relation to our life experiences. I could be myself for the first time and realise it was possible to tell the truth about my life and to understand and support others. We instinctively 'got' each other in ways the nurses and doctors never got near.

Many years later I joined women's mental health self help groups in London, and did several years of co-counselling. I discovered and became active in the developing mental health system survivor movement. I found a job working at Mind's national office, and eventually did a PhD. I had a career in the voluntary sector and academia. But I still often feel a lack of confidence in ordinary conversation with people who do not acknowledge experiences of distress. I missed out on developing the social skills to chat easily about last night's TV, relate stories of holidays, hairdos, home improvements, car journeys or whatever it is that 'normal' people talk about.

Peer support when it works starts from where people are at right now. It allows people to be who they are even if their lives are simply not fit to be discussed in a normal social situation. It is NOT synonymous with 'social inclusion' though it may lead to this. It does not require people to fit in with prevailing social norms and look and act like everyone else. But it can provide that safe place from which people can gain the confidence to begin to find out about and access mainstream education and social activities, and even employment.

Many people do peer support without ever using the term 'peer' as this report shows. In mental health, peer support can be an informal chat in a drop in centre or hospital ward, or it can be formally organised with training courses and supervision. Service user groups have almost always included an element of informal peer support, and many groups have developed courses in self management which fit well into the ethos of peer support, providing practical skills for living well despite ongoing problems. These courses emerged from people's lived experiences and shared knowledge, not from the medical or psychological or social work professions, though maybe taking eclectically from interventions that worked for people. Service users have even developed and set up peer-led crisis houses in a culture which has mostly failed to acknowledge and support this concept. Some still exist, a testament to the commitment and determination of those who fought to make a vision come true, and proof of the practical worth of their vision.

This report describes how Mind has sought to uncover and make this work visible, and to draw out what can be learned and built on.

The report covers the various definitions, forms and models of peer support, in particular the difference between support that is fully mutual and equal, and that where people more experienced and further on in their journey help those at an earlier stage, often in a paid role which is based on specific training.

It also makes clear the importance of specific peer support for people with diverse backgrounds and experiences. For me it began with a group of mainly white women in a hospital ward. A mixed gender group would not have felt so safe. For those first beginnings, people need to feel

completely safe and understood, and that may mean being in a group of those with similar ethnic background, similar sexuality, similar diagnosis or experience of mental distress, or similar age group. Or a combination of these, for example, young Asian men or women who self harm. Peer support will work best if we accept that there is no one size that fits all, or one model that is superior to all others. This report amply demonstrates that we must respect, acknowledge, support and build on what has already evolved naturally and help this to grow.

We know that networking, training, and capacity building are what help to sustain and develop fragile social networks, and this report also demonstrates the social capital that can result from such a process if applied to peer support in mental health.

I hope that this report is widely read and taken on board by commissioners and policy makers who want to build the infrastructure for current policies of personalisation and person centred services. It can be done if partnerships are genuine, and if commissioners support natural processes rather than trying to create new ones that don't fit the people they are intended for.

Social inclusion and recovery is a grassroots, bottom-up process, though resources, information, and help with networking can be provided from the top down to facilitate these outcomes.

I am glad to have been involved in the work this report is based on and hope it will inform and strengthen Mind's continuing peer support programme.

Jan Wallcraft, August 2013
Independent Consultant

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This report is the result of the work and contributions of many people. First of all, many thanks to all who took part in the project, giving their information about projects and their views on peer support. Thanks are due to Duncan Marshall and Natasha Harper at Mind for their hard work in coordinating the project process. Particular thanks to those who commented on earlier drafts of the report: Brigid Morris, Jayasree Kalathil, Tina Coldham, Sue Gray (Suffolk Mind), Suzanne Hudson (Bipolar UK), Elina Stamou (Together) and to Tina Coldham and Angela Etherington for helping to complete the data.

This project was funded from a grant awarded to Mind by the Government's Social Action Fund. In addition to this scoping exercise, the grant funded the development of peer support projects in four local Minds (Suffolk, Harrow, Oxfordshire and Westminster) and Mind's online peer support community, Elefriends. The Social Action Fund is managed by the Social Investment Business on behalf of the Cabinet Office, and funds social action projects in England in civil society organisations, public sector bodies and businesses with a track record of delivering social action programmes.

Peer support – an introduction

Mind's peer support programme

One of Mind's key objectives in its 2012–2016 strategy is that "Everyone in England and Wales with mental health problems can access peer support by 2016". This study to scope mental health peer support across England is one of a number of projects funded through the Social Action Fund and led by Mind to help realise this goal.

The aims of the scoping study were to begin to:

- Map 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, self-help and mutual support are 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.

The Peer Support Enquiry Team

The study was developed and implemented by Mind and its partner organisations known as the Peer Support Enquiry Team (PSET). The aims of the enquiry were to increase our understanding of the current landscape for peer support provision, to map key providers, identify priority groups, good practice and innovations across the spectrum and variety of peer support models. The work was undertaken in partnership, with the aim of identifying future actions for Mind and its partners.

The PSET was chaired by independent consultant Tina Coldham and 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. The Peer Led Peer Support Collaboration brings together the organisations Together, the Mental Health Providers Forum, St George's Medical School, Mental Health Foundation, Mind and NSUN. The research was carried out by a team of nine mental health survivor researchers and the report was coordinated and written by Alison Faulkner.

This report is also informed by a review of the existing literature that exists to describe peer support and evidence the impact of peer support on supporting people with mental health problems.

Activity during 2012/13 also included regional events across England. The events were run in partnership with the Peer Support Enquiry Team, researchers and local organisations, including local Minds and peer support groups. The events provided a space for learning, sharing and networking, to inform this study and to reach a collective audience of 450 people.

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 lived 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 this report demonstrates, there are a great 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. Social capital can be characterised as the skills, networks and resources that support individuals to be connected to their communities.

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 peer support as one of the roles of mental health organisations in supporting delivery of the strategy.

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 commissioned by Together and the University of Nottingham (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 almost universally 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 skills (Crepaz-Keay and Cyhlarova, 2012). More recently, Trachtenberg et al (2013), in a publication from the Implementing Recovery Through Organisational Change (ImROC) team, suggest that there is evidence, albeit limited, to suggest that employing peer workers within mental health services can lead to cost savings; primarily reducing psychiatric inpatient bed use.

The Scottish Recovery Network (McClean et al, 2009) found that peer support workers were able to build empathetic and open relationships, which could redress the unequal power dynamic that can occur in a staff-patient relationship. Like Repper and Carter (2010) they found that this sense of mutuality could be effective in offering hope of recovery to service users.

Peer support can also play an important role as the foundation for user and survivor involvement

and activism. Munn-Giddings et al (2009) reflect that the knowledge base of user-led organisations derives 'predominantly from direct individual and collective experience of health or social care conditions'. In their research examining four mental health user-led organisations, they found peer support to be one of the features of the organisation most valued by service users. Faulkner and Basset (2010) argue that sharing experiences in common with others has the potential to lead to new knowledge, which forms the base of campaigning and activism.

'As mental health service users we take each other's stories seriously where often the professionals do not. Telling our stories and listening to each other's stories is the cornerstone of peer support, empowerment and recovery. But it is also a political act.' (Faulkner and Basset, 2010)

Faulkner and Kalathil (2012), in a consultation commissioned by Together, explored peer support in a number of different contexts with a particular focus on peer support in marginalised communities. They found that some of the collective benefits of peer support (mutual understanding, shared identity, collective action) are particularly highlighted 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, particularly in minority communities where different aspects of identity may be prioritised.

Background, history and context

'Peer support has a long and honourable history in mental health. Fellow patients and service users have always provided invaluable support to each other, both informally and through self-help and activist groups.'
Catherine Jackson, 2010, p 14

Peer support in mental health comes in many different forms. During its 'long and honourable history' (Jackson, 2010; Faulkner and Basset, 2012; Faulkner and Kalathil, 2012), peer support has sometimes been a necessary means of survival, can be transformational and, more recently, has become a service in its own right. From people supporting each other on acute wards and in drop-ins and groups across the spectrum of mental health services, to services and groups designed with peer support relationships in mind, it has both been around forever and is relatively new to us.

Davidson and others (2012) suggest that peer support was acknowledged as helpful as far back as the 18th century when Jean-Baptiste Pussin, governor of a psychiatric hospital where once he had been a patient, employed 'mental patients' as staff in the hospital. He referred to them as 'gentle, honest and humane' and 'averse from active cruelty' (p 123).

Jan Wallcraft and others (2003) put down something of a marker in their exploration of mental health service user groups at the turn of this century. They identified a total of 896 service user groups across England and found that 79 per cent of them were engaged in self-help and mutual support; indeed it was the most common activity reported.

The terms peer support, self-help and mutual support are often used interchangeably making it difficult to determine what is out there. Different groups place emphasis on different things, for example: learning and sharing strategies for dealing with particular symptoms or conditions, addressing social inclusion, taking part in campaigning or engaging in social activities. Seebohm et al (2010) suggest that peer support and self-help groups are both characterised by mutual aid and reciprocity, as indeed are many service user groups, but people are 'making different choices about the words that they use' which may be as much to do with 'motivation, perception and culture' as it is do with distinctive features of the groups themselves (p 25). According to the organisation Self Help Nottingham the common features of self-help groups include:

- members share a similar condition or life situation
- members come together to exchange information and strategies to address their problem
- sharing experiences enables the group to provide a unique quality of mutual support
- groups are run for and by their members.

These features might just as easily be used to describe peer support groups and service user groups. However, the current political climate is for peer support and so more groups may be adopting this language for pragmatic reasons, in order to attract funding and to protect the sustainability of groups.

Seebohm et al (2010) highlight that the language used to describe groups may also reflect cultural differences. There is a strong tradition of self-help within BME communities, where there is an emphasis on communities 'helping their own' (Seebohm, 2010). Often these groups are set up within particular communities for this very reason: with their unique understanding of racism and shared cultural beliefs, they can address these issues as part of the group's work. BME groups have therefore often organised separately to mainstream peer support or self-help groups, where they may have experienced a sense of 'otherness' and discrimination, issues that would powerfully militate against forming the bonds necessary for mutual support. This strong identity with the community can result in an altered definition of who is a 'peer', reflecting the community identity but not necessarily, or exclusively, the experience of mental distress (Faulkner and Kalathil, 2012).

In a similar way, service users from BME communities tend not to become involved in mainstream service user groups. Begum (2006) points out that Black service user groups generally have been scarce, hampered by a lack of resources or support from mainstream funders, but also potentially influenced by stigma from within their own communities. Some similar points can be made about peer support within the Lesbian, Gay, Bisexual and Transgender communities (LGBT). Faced by stigma from within the community on the basis of mental health issues and from mainstream communities on the basis of sexual orientation, LGBT people will tend to look to each other for support in order to find the safe space they need to interact with other people with similar experiences. Indeed, an evaluation of the MindOut service for LGBT people in Brighton and Hove, found that people favoured the more specifically tailored peer support groups, such as Transgender, Black, women or men only, in order to enable them to be better understood and more open about the issues they were dealing with (Hanna, 2011).

Over the last few years, the term 'peer support' has been adopted by people taking a recovery approach to mental health to describe the engagement of people with lived experience in helping others to progress in their recovery journey. It has extended its reach throughout mental health organisations and services across the US, UK, Australia and New Zealand. Recovery, in this context, means the ability to live a meaningful life, with or without continuing symptoms. It is described as a unique and deeply personal experience for each individual, and can be about recovering a life and an identity beyond a psychiatric diagnosis. For more information about recovery, see, for example, Mead and Copeland (2000) or the Scottish Recovery website.

This approach to peer support is often called 'Intentional Peer Support' (IPS) and has its roots in the US with Shery Mead, a peer consultant who defines IPS as 'peer support with a purpose – that of supporting one another in moving towards the life we wish to lead based on an intentional style of relationship' (Mead, 2003). In the UK, Nottinghamshire Healthcare NHS Trust was one of the first to develop accredited training based on IPS for peer workers, which they did in partnership with the local user-run organisation Making Waves.

In Scotland, the Scottish Recovery Network has played a key role in the development of peer support worker roles across the mental health sector in Scotland. They have worked with the Scottish Qualifications Authority (SQA) to develop an accredited award and learning materials to support the training of peer support workers. They have also developed a values framework for peer working (Smith and Bradstreet, 2011; Scottish Recovery Network, 2012).

In England, the Centre for Mental Health has led on ImROC (see Appendix B). For ImROC, peer worker roles are key to implementing recovery in organisations: 'The creation of peer specialists roles, different from, but equal to, traditional service roles is one of the organisational challenges that must be addressed by mental health services if they are to become more recovery-oriented.' (Centre for Mental Health)

The way in which this approach has been incorporated into services, through employing peer support workers alongside clinical staff, is

not without its challenges (Gillard et al, 2013a). Without a clear role description or a peer community around them to maintain an independent perspective, peer workers can potentially become isolated and disempowered in their role and may end up effectively operating as substitute health care assistants (Gillard, 2013a; Faulkner and Basset, 2012; Mead and MacNeil, 2004).

Recent research undertaken at St George's University of London should make a significant contribution to our understanding of peer working across the voluntary and statutory sectors (Gillard et al, 2013b in press). Their case studies alone demonstrate the range and variety of projects adopting this approach. The main aim of the study was to test the existing, provisional evidence base indicating facilitators and barriers to the successful introduction of Peer Worker roles in a range of mental health services in England. Their 10 case study sites included voluntary sector, statutory sector, and partnership projects with two BME specific services, as well as different service settings. The team plan to develop guidance and online resources for supporting the employment of Peer Workers in mental health organisations and services and their ability to carry out their role effectively.

The growth of 'intentional peer support' should not be allowed to overshadow the many ways in which mutual help, self-help and peer support continue to retain their meaning for people and communities within mental health. As this report shows, there are many different ways in which peer support can be offered, experienced and discovered. Although some may argue for a consistent model of peer support based on recovery principles, Ockwell (2012), writing about the experience of CAPITAL in West Sussex, argues that the need is not for a consistent model but more for 'a consistent set of values which should include hope, friendliness, equality, mutuality, independence and must be defined primarily by peers (both supporting and supported) themselves'. (p 99)

Many local and national mental health organisations have a long-standing history of offering opportunities for peer support or self-help as their core business. At a national level there are organisations such as: Depression Alliance, Bipolar UK and the Hearing Voices Network. These organisations operate in a similar way, through supporting the development of local self-help groups with peer facilitators, but the support network available to the groups, through support, supervision, materials and training, varies.

An organisation that has been championing peer-led, or user-led, peer support in recent years is Together. Together chairs the Peer Led Peer Support Collaboration which seeks to recognise and establish peer-led peer support as a leading force in mental health. Members of the Peer Led Collaboration are: Together, Mental Health Foundation, National Survivor Users Network (NSUN), Afiya Trust, the Mental Health Providers Forum, St George's University of London and Mind. Collectively the collaboration represents a diverse range of experience encompassing academic research, mental health service delivery, and representation of a wide range of communities. Together has also brought together the Peer2Peer partnership, a network of user-led organisations, statutory, community and academic experts who share fresh approaches to developing and running peer support programmes.

There is, then, a new awareness of the value of peer support and self-help or mutual support within the voluntary sector, as well as within statutory mental health services. More local Minds and other voluntary sector organisations are developing peer support projects in different ways, some of which are influenced by the potential availability of funding for peer support in the current climate. It is within this context that we carried out this work.

How the work was done

This project was led by the Mind Engagement Team, advised by PSET, and carried out by a team of nine researchers appointed to gather information across the eight English regions. The researchers were recruited from a pool of almost 300 applicants: all were people with experience of mental health problems, with peer support knowledge and research skills. Each researcher took one region, with the exception of the West Midlands where two worked together. The report was coordinated and written by Alison Faulkner, a researcher working from a service user/survivor perspective.

The project was established in this way in order to ensure that it reflected the peer-led values of peer support, being embedded in the expertise

of people with experience of mental distress. The additional expertise that we drew upon, for example, to comment on the report, was also offered by mental health service users and survivors.

At an early meeting, which included the consultant Jayasree Kalathil, we discussed the key information that we needed to collect and, on the basis of this, designed the data collection template (see Appendix A). The researchers were given 10 days each for their information collection; they used their own local contacts, the internet, telephone calls and emails to trace and interview people providing peer support in their region. Some researchers used SurveyMonkey® and some made visits to projects or met with key people.

Limitations of the data

The information in this report is by no means comprehensive in its coverage of mental health peer support in England. There are gaps in the information and changes will have already taken place (groups closing or opening, organisations losing funding, changes to providers through re-tendering contracts) rendering it inaccurate and incomplete.

Other gaps in the information include the services provided by other national mental health charities, such as Together and Rethink Mental Illness, and peer support projects provided within the statutory sector (see Appendix B for a list of sites where the ImROC model has been implemented and supported). The statutory sector was not a priority for this research; it was felt that the more pressing need was to find out about peer support in the voluntary sector, and that there has been more investment recently in peer support within the statutory sector.

Among our nine researchers, some encountered more difficulty than others in gathering the information and all had a challenge completing the work in the time available. Different researchers found different things, each of which gave us leads to consider what might be available in the regions where they were not found. Some found more groups or projects within BME and other marginalised communities than others. A number of networks of self-help groups for people with eating difficulties were picked up in the Eastern Region, but undoubtedly exist elsewhere. In one region, a women's centre was included – not specifically mental health in its focus, but offering opportunities for women in distress and with experience of domestic violence to support each other. Some researchers listed Bipolar UK self-help groups, OCD Support groups, or Depression Alliance groups where others did not. Again these national networks, organisations and groups can be found in most regions. In order to help clarify this, we begin Appendix C (the regional mapping) by listing information about national networks of self-help groups.

We know from other research (Faulkner and Kalathil, 2012) and from the local Mind projects supported by the Social Action Fund[1] that peer support takes place in different ways in different minority communities. We did not find a large number of mental health specific peer support groups within BME groups and other marginalised communities, but those we did find indicate that there are probably more out there. If it is more important to find peers within your own community or with people who share your background, the mental health aspect of your experience may become secondary. An example is the New Ark Foundation – an organisation that exists to improve the health, education and general social welfare of Black, dual heritage and migrant communities – which provides family support and mentoring opportunities. This is not described within a mental health framework but within a more holistic framework where the aim is to enable families to share experiences and build resilience.

Leading on from this, a fundamental issue affecting the accuracy and completeness of the data is the extent to which different individuals, groups and organisations recognised or used the term 'peer support'. Relatively few projects and groups were identified through having the term 'peer support' in the title, and there were some who did not recognise the term as meaningful. Others, particularly long-standing organisations such as some local Minds, felt that they had

1. The Government's Social Action Fund funded social action projects in England from civil society organisations, public sector bodies and businesses with a track record of delivering social action programmes. The Social Action Fund is now known as the Centre for Social Action.

always offered opportunities for peer support to take place but had never labelled it in this way.

Some of the support groups on offer at local Minds are clearly user-led or peer-led and offer something clearly recognisable as peer support; others may be staff-led support groups and not as clearly identifiable as offering peer support. We deliberately started by casting our net wide in order not to miss informal opportunities for peer support, but it is likely that we will decide to narrow our definition later on to exclude peer support groups where we find that members of staff without a peer identity are involved. Ultimately, peer support has to be about support between peers for it to qualify for the name and the identity we assume it to have. Whilst we may need to refine our understanding of this in relation to peer identities within diverse and marginalised communities, this peer-led ethos remains our focus.

At the other end of the spectrum there are projects and people who clearly identified with the term 'peer support', offering a more easily identifiable model where people with experience of mental health problems are trained as peer support workers to provide a service to others. There were many that fell in between these two ends of a spectrum.

We have identified a wide range and variety of different potential manifestations of peer support in mental health. Although there are some gaps and a degree of uncertainty about the different definitions in use, we are now nearer to being able to define the values and principles that underpin peer support and which enable us to recognise it. The information we have gathered gives us a general idea of what is available for people seeking peer support or self-help support for mental health problems across England. We have begun to identify the pieces of the puzzle, but the picture is not complete and it will always be changing.

Mental health peer support in England: Beginning the jigsaw

Introduction

Our project found an enormous 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 ways that people find peer support through meeting others with similar experiences. We did not wish to pre-define 'peer support' nor to devalue what one person referred to as 'doing what comes naturally'. Consequently, we have examples of:

- Self-help groups: Local branches of national networks of self-help groups; small independent user-led self-help groups; self-help groups within larger organisations (for example, local Minds).
- Voluntary sector organisations, both national and local, where peer support is a part of what takes place in their on-going activities.
- User controlled groups or organisations focused on campaigning or involvement activities, with peer support as a valued part of what takes place.
- Independent peer support groups or projects where mutuality or reciprocity is the central ethos.
- Dedicated peer support projects with people adopting defined roles as peer supporters or peer workers – both within larger organisations and independently run.
- Organisations supporting the development of peer support groups.
- A myriad of support groups/self-help groups established within larger voluntary sector organisations (such as local Minds) where the focus might be on another activity (such as art, drama, walking) but where peer support may be a valued feature[2].

There are different ways of organising this information and it has been challenging to decide upon the best way to do so in a way that will do justice to the variety of ways in which peer support is provided or encouraged. A summary of peer support by region, along with a summary of national networks of self-help groups, is given in Appendix C. Here we describe a number of the features that enable us to differentiate between the projects we identified.

Features of peer support projects

Most organisations stressed the importance of peers having a shared experience of mental health problems on the basis that this enables them to better empathise with others in a similar situation. They also mentioned the importance of people being able to share their own specific experiences, for example, of being sectioned, receiving their first diagnosis or of coping skills. However, there are many ways in which the different projects, groups and organisations varied in relation to the way they were offering peer support. The following is a summary of the features we identified:

Group vs one-to-one: Some groups and organisations operate group-focused peer support or self-help whereas others favour a one-to-one approach, and some offer a combination of both. The one-to-one approach is more often found within a more structured

2. It was not always possible to determine whether all groups were engaging with peer support, particularly support groups provided within larger organisations; some of these may be facilitated by staff.

approach to peer support where people are trained as peer workers in one way or another.

Organisational ethos: Another way in which the many manifestations of peer support vary is the degree to which they are embedded within the organisation. Many peer support projects are offshoots of an organisation, often developed with specific funding; whereas, for some organisations, peer support is at the core of the organisational ethos and runs throughout everything they do.

Service user or peer-led: A fundamental issue on which peer support groups and projects varied is the extent to which they are service user-led and controlled by service users or people with lived experience. For a number of organisations, local Minds included, this was considered a fundamental principle for good practice in peer support. Others establish peer support groups and projects with staff support, with the aim of fostering their mutuality and independence, but they do not originate from a user-controlled base or user-led organisation.

Different settings: Another way in which peer support projects vary is in the setting in which they are based. Although most of the projects and organisations discussed here have a community base or focus, there are several who aim to support people currently in hospital. Projects like CAPITAL in West Sussex and Canerows and Plaits in London, provide peer support to people on hospital wards. Peer support projects in the statutory sector are often provided for people within specific service settings for example, in hospital or on leaving hospital, or supported by Community Mental Health Teams (CMHTs). Some peer support projects are based within a building or centre, others are more fluid – meeting in different locations or in people's homes or virtually via the web. There were also a few projects offering peer support phone lines.

Formal vs informal: One of the key distinctions identified is the degree to which peer support is regarded as informally occurring or given 'formal' structures. Generally, 'formal' peer support approaches introduce the specific role of peer supporter (or peer worker), whether voluntary or paid. However, this can seem to be an over-simplification of the situation, when we consider the different ways in which peer support is deliberately fostered or encouraged to take place by some organisations that favour mutual and equal relationships. Other projects see peer support as something that occurs informally, usually in groups, and often through taking part in activities or throughout an organisation.

Distinguishing a peer support worker role: Most of the more formal or intentional approaches distinguish between a peer support worker and the person receiving peer support. In other organisations, this distinction is not made and the focus is on everyone giving and receiving peer support on an equal basis. A quick trawl through the projects for which we have the information suggests that around 20 per cent of those involved in this scoping project are paying peer workers to provide peer support.

Definitions of 'peer'

More important than the method of delivery of peer support appears to be the way in which the project defines the concept of 'peer'. The study revealed that whilst some projects and organisations had spent a significant amount of time considering what they meant by the term 'peer' and 'peer support', for others the interview was the first time they had given any thought to the issue. Some participants were unclear about what was meant by the term 'peer' and spoke of peers as people who had a general interest in supporting people with mental health issues. Others understood peer in the generic sense, to be someone you meet on some kind of shared or equal footing: 'Not sure – it's not something that we have thought of. A peer is like self help, so they can help you because they have been there.'

In some projects a clear distinction is made between those 'giving' and those 'receiving' peer support. This results in people being defined as 'peer supporters', 'peer workers' or 'peer support volunteers' and they become the people involved in the face-to-face delivery of the service on offer. In other projects, all are seen to be peers together, giving and receiving support with each other. The rationale behind a project will determine the role of the peer and the knowledge, skills and values they need to have to be able to fulfil their role.

The co-counselling model[3] is fairly unique in this respect (as adopted by Suffolk Mind in their Peer Support Network project). In this model, everyone is considered to be a 'peer' (including the facilitator or trainer) and the principles of mutuality and reciprocity are of primary importance. Training is offered to establish these principles with the aim of enabling any two individuals to enter into a one-to-one co-counselling relationship, regardless of their experience or background and provided that they follow the co-counselling guidelines. It should be pointed out that, for the most part, co-counselling is not offered specifically to people with mental health problems. It is open to all who can enter into a mutual and reciprocal co-counselling relationship with the aim of fostering emotional resilience and wellbeing.

In direct contrast to this wholly mutual approach is 'intentional peer support' (IPS), based on the peer support model developed by Shery Mead in the United States. Unlike the co-counselling model, here the role of peer support worker and recipient are clearly delineated. The model takes recovery as its starting point and believes in the value of intensive training, support and supervision to peer support workers who will go on to provide peer support to others, usually but not exclusively, on a one-to-one basis. For those projects based on a recovery approach, peer supporters need to be people who are further along in their recovery journey in order that they can support people who are just beginning that journey.

Whilst most projects talked of providing peer support opportunities to anyone with mental health problems, some organisations regarded peers as people sharing a particular mental health condition, experience or diagnosis. This applied to some small self-help groups, as well as to more well-known organisations and networks, such as: Depression Alliance, Bipolar UK and Hearing Voices Network.

Then again, there were projects and groups where a peer was additionally defined by shared identity, background or membership of a particular community. These included peer support for BME and LGBT communities, women experiencing domestic abuse, homeless people, older adults, and people referred to as 'disadvantaged'. In a few of these projects, the emphasis was placed on the shared background of individuals over the direct experience of mental health problems; peer mentors or volunteers might be recruited from the wider community. In others, there was a need for peers to share both an experience of mental distress and the background or identity of the group.

In several instances respondents spoke about a clear link between the way that decisions were made in the organisation and their values and principles about service user involvement and empowerment. Depending on the values and principles of the organisation, various degrees of effort were made to enable the empowerment of service users so that they had ultimate control over the way decisions were made. The role of peer was correspondingly seen within the wider context of user empowerment and leadership. So whilst it cannot be said that the way organisations define the term 'peer' determines the way that decisions are made in an organisation there is often some relationship between the two.

Types of peer support projects

The loose categories given below are based on how people have described their groups, projects or organisations, in some cases supplemented by information from their websites:

- self-help groups
- mutual peer support
- formal approaches to peer support
- recovery and intentional peer support
- other formal approaches to peer support
- peer mentoring
- supporting the development of peer support
- online peer support.

These categories are not entirely mutually exclusive and may be better regarded as themes weaving their way through the many organisations we found across the country. An independent self-help group might also be offering mutual support and based on recovery principles, and self-help comes in many different

3. This model is based on Co-Counselling International.

forms. Sometimes these distinctions are more about the language used than about what is actually on offer in a service, and language is used in different ways by different people. And sometimes we were unable to collect sufficient information to be able to populate these categories adequately. There are also projects o r organisations that offer a combination of approaches, a typical example being the provision of both group and one-to-one opportunities for 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 is not necessarily distinct from how we are understanding 'peer support' but reflects the preferred terminology and more often refers to small self-organising groups, even if they are affiliated to a national network.

Most of these groups consist of people coming together around a particular shared need, diagnosis or self-management strategy. Below is one example of a small independent group and one of a national network.

SODIT (Survivors of Depression in Transition) is a support group for women who experience depression and other mental health problems:

'Survivors of Depression is all about giving women a chance to move on from their illness or period in life which has been very straining on family life and personal life. We have seen many women now who have managed to move on from the group towards a happy and fulfilling life. This is at the heart of what we do...'
SODIT website, North East

'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'.
Hearing Voices Network website, National

Another example is the Torbay Bipolar UK Self-Help Group, which has monthly open meetings, combining a social function with themed sessions. The aim of the group is self-management for people with a diagnosis of bipolar, and they talk of peer support as one of the main by-products of the group. BGLAD is a service user-led weekly support group for lesbian, gay and bisexual people, with an informal approach to peer support. It was developed by Depression Alliance and Healthy Gay Life in Birmingham working in partnership.

The networks of 12 step programmes, for example, Alcoholics Anonymous (AA), Overeaters Anonymous, Narcotics Anonymous, are best described as self-help groups. The AA programme describes its relative success as being due to 'the fact that an alcoholic who no longer drinks has an exceptional faculty for 'reaching' and helping an uncontrolled drinker.' (From Alcoholics Anonymous website).

There were also a great many individual self-help and support groups run by and within larger organisations, such as local Minds, other voluntary sector organisations and statutory sector organisations. For many of these, it was difficult to determine within the timescale of the project whether or not these were peer-led or staff-led support groups.

There were quite a few women-only and a few men-only support or self-help groups based in voluntary sector and statutory sector organisations; also a limited number of groups for lesbian, gay and bisexual people, and a few for people from Black and minority ethnic communities. It is not known how many of these are peer-led or to what extent they are offering peer support or more general support. Individual centre-based organisations often ran individual self-help/support groups for women, for LGBT people and/or for BME communities; but, as already stated, there was not enough time for us to make contact with every organisation and group listed on the database. Examples identified of organisations providing such groups include: the Bridge Collective in the South West region; Bowhaven in Tower Hamlets, London; LAUNCHPAD in the North East; Network for Change in the East.

Mutual peer support

Most of the user-led organisations regarded mutual support between service users (or people with experience of mental health problems) as

being equally on offer for everyone in the organisation. Some referred to this as 'peer support' and some used other terminology, such as mutual or collective support. Some of these organisations described peer support as being at the heart of the organisation and its ethos. They made no distinction between givers and receivers of peer support and some were operating on an explicitly non-hierarchical basis.

'We view peer support as central to the effectiveness of our Centre programme where informal support and understanding from peers who understand each others' difficulties and challenges in life is vital in enabling recovery, in validating individual strengths, accepting their difficulties and/personal struggles in a non-judgmental environment and encouraging people to progress their lives.'
Network for Change, East Midlands

A few local Minds appeared to be user-led with a collective or mutual approach to peer support. Mind in Sedgemoor is a longstanding organisation well steeped in the values and ethos of peer support. There is a strong community focus with open access to all the community through their Training Centre and the Community Cafe and also in community outreach. Another example is West Cornwall Mind, another user-led organisation who see peer support as an integral part of the organisation and not a specific project. They are developing a specific role of Peer Support Volunteer to support four social support groups across the locality.

The Kaleidoscope Plus Group (formerly Sandwell Mind) offers several projects or services with peer support as the focus: a befriending service, service user forum and volunteer placement scheme. They define peer support in terms of individuals having equal standing who support, help and advocate for one another – 'Real partnership working and team approach'.

The Tamarind Centre in Coventry supports people from BME communities, particularly African Caribbean and Asian, who have mental health problems. Their peer support work has evolved over the years and has developed more into a mutual support group which encourages self-learning and self-management.

MindOut in Brighton and Hove is a mental health service for Lesbian, Gay, Bisexual and Transgender people with mental health issues. It offers a range of both formal and informal peer support groups with the aim of reducing social isolation and preventing suicide.

There were many organisations who saw peer support as an outcome or 'by-product' of their core purpose, which might be involvement, campaigning and influencing, creative arts or training amongst other things. Recovery, based in Leicester, is an organisation set up by survivors of mental health problems in 2004. It runs a number of different projects and they regard these activities as a framework within which people can talk about their mental health experiences with their peers and learn from each other.

Some organisations have developed from a campaigning base to go on to provide services with a peer support and user-led ethos. LAUNCHPAD in Newcastle is a good example of this. Whilst on its website it highlights its campaigning activities, LAUNCHPAD also runs a range of self-help, support and self-management groups where 'In a supportive and friendly atmosphere, participants use a semi-structured, stepped approach to managing their mental distress.' (From LAUNCHPAD website).

Two more examples demonstrate the added value of peer support as a vital thread running through their organisation's activities:

'...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

'We believe in the intrinsic value and worth of people with mental health issues – it is based on people's achievements and it's about users providing support to other users and the mutual promotion of what people are capable of doing through artistic expression. It is about allowing people to associate with others like themselves. The project is about what people have achieved – we still have talents related to creative imagination so we support each other through this.'
BIPED, East Midlands

Some projects took a more radical non-hierarchical approach to the collective value of lived experience and its role in raising awareness and creating the identity of the organisation, whether or not they used the term 'peer support'.

'We have not used the word peer much, we have thought a lot about roles and have set up the Bridge with the intention that there is no separation between owners, workers, and beneficiaries and anyone can be in any or all of these roles at any given time. 'Peer support' is not in the title but the word 'collective' is.'
The Bridge Collective, South West

For some, the organisational identity is based on the shared identity and culture of the members, as in the case of Kindred Minds, which was set up by and for people from black and minority ethnic backgrounds. From a shared understanding of background, identity and culture, they offer a social drop-in and opportunities for meeting with others, personal development, involvement and campaigning. When interviewed for a previous project (Faulkner and Kalathil, 2012), they described themselves as offering peer support but do not use the term 'peer support'.

A few organisations directly challenged the more hierarchical model of intentional peer support:

'Overly structured training programmes in place for peer supporters are felt to miss the point, so instead we adopted a dialogue based model where there is no 'them and us' feeling, and no hierarchy. We feel that this model provides meaningful peer support.'
Impact Mental Health, East

Formal approaches to peer support

Most of the projects in this category are clearly defined projects with 'peer support' in the name. They are grouped together because of the distinction they make between the peer support worker and the person being supported. Some of these projects are independent organisations, some are projects run within local Minds or other voluntary sector organisations, and some are projects run within the statutory sector. The creation of a role for peer worker or peer support volunteer has implications for the training, supervision and support needed for people to take on this role. Some peer support workers are paid, whilst others are volunteers. Many of these projects are based on recovery principles, but some were not, instead taking a pragmatic approach to valuing the contribution of people with lived experience for their ability to understand and empathise with others using the service.

Recovery and intentional peer support

Most of the projects taking this approach had taken their lead from Shery Mead and had experienced the opportunity of receiving training in her model of Intentional Peer Support, whether directly or indirectly. Most of the peer support projects provided in the statutory sector fell into this category.

'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

For these projects, it was important that someone in a mental health crisis is able to talk to, and receive support from, someone who has been through a similar experience and reached a more stable stage in their recovery journey. It could also inspire hope for the future. For this reason projects were often keen to express the need for the peer supporter to have travelled through their own mental health problems and to be at a stage in their journey where they can realistically offer support to others. This role was generally supported through training, support and supervision.

Hertfordshire Partnership Foundation Trust runs a Peer Support Scheme where peer support workers will support others on their recovery journey, to include routes out of day services, transition out of an acute day unit and listening to people in acute inpatient care. Peer workers are offered personal recovery group training and the aim is to build joint working relationships between peer worker and service user:

'There is no commitment or obligation to progress into becoming a peer supporter; the training is centred on developing self awareness; participants learn more about themselves than about peer support work, they also gain an increased understanding of the recovery journey and the importance of setting goals and having

ambitions. Those that do feel that they would like to become peer supporters then undergo an evaluation assessment to check readiness, skills and aptitudes; the assessment takes the form of an informal interview coupled with feedback from the course facilitator. Some participants will be unable to progress pending further recovery.'

Peer Support in Southwark was established in response to the need to support people when they had been discharged from the Home Treatment Team. 'Together we can recover' is funded by the Maudsley Charity. There are currently 17 active volunteers in Southwark, supported on an informal basis, with a formal closed support group and supervision. Support is negotiated for 6–9 months duration and includes training opportunities.

Somerset Partnership NHS Foundation Trust supports peer support volunteers to go on to the acute wards, supported by the Volunteer and Involvement Lead. There is a plan to pilot a Peer Support Worker post on an acute ward and a low secure ward; this project is part of ImROC work locally.

Some peer support projects based in local Minds also take a recovery approach to peer support. Rochdale and District Mind described a distinctive model in which peer support is embedded into every aspect of the organisation's work. Their approach is strengthened by the provision of induction, training, and regular structured support. Bromley Mind has a system of Peer Support Volunteers who run the open access sessions at three centres across Bromley. They have induction training which includes principles of recovery, a role description and charter.

Second Step is a Housing Association in the South West offering two schemes which use peer support approaches. The first is Peer Support in which peer workers are employed in the organisation as either Peer Support Workers or Peer Support Assistants. People who complete the peer support training course, based on recovery principles, can apply to become Peer Support Assistants or for entry level Peer Support Worker roles. Their second scheme is Horizons which is a mentoring scheme including volunteer mentors who have lived experience of homelessness and other related issues.

A rather different example is Community Lived Experience Organisation (CLEO) in the North West. CLEO takes a slightly different approach to recovery, based on the THRIVE approach to wellness (Time, Healing, Resilience, Interdependence, Vivacity, Emancipation). The group is regarded as providing 'unintentional' peer support, but if people need further support they can arrange to see someone within CLEO, on a one-to-one basis for further support. They use the THRIVE training for peer specialists, developed by Marion Aslan and Dr Mike Smith at Crazy Diamond Training and Consultancy. The THRIVE training is described as 'combining the theoretical knowledge of recovery with a practical set of skills and tools enabling workers to achieve high standards of outcomes for their clients'. (From Crazy Diamond website).

Other formal approaches to peer support

There were quite a few projects taking a 'formal' approach to peer support by engaging and training peer support volunteers or peer workers, but did not adopt a recovery approach to peer support. A few of these describe specific theoretical models, but some do not, adhering instead to shared principles. Herts Mind Network provides a Peer Support Service based on brief solution-focused therapy and values based within a person-centred approach. It is staffed by Housing Specialist Workers, Peer Support Co-ordinators and a team of Peer Support Workers who, together, provide individually tailored support to people who need it.

There are a couple of examples of peer support projects being developed by or with local Citizens' Advice Bureaux (CAB): one in Sheffield, a mental health CAB, and one in Luton, in partnership with Bedfordshire and Luton Mind. Both were in the development stage at the time of the fieldwork so their approach to peer support is not known.

Canerows and Plaits, a hospital ward visiting scheme developed by and for Black and minority ethnic service users in London, adopts an approach based on giving human kindness and compassion (Reynolds, 2010). The ward visitors or peer support workers go through an accredited training course for the role, and there are plans to extend the service into the community. CAPITAL in West Sussex began with light touch recovery principles, but, like Canerows and Plaits, offers peer support to people on acute wards based more on shared

peer-led principles and values than on any consistent 'model'.

Peer mentoring

Some organisations distinguished between peer support and peer mentoring, although sometimes these terms appeared to be used interchangeably. Peer mentors are sometimes volunteers who do not have a shared experience of mental health problems. For Second Step in Bristol, a volunteer peer mentor in their Horizons project can be someone with an interest in mental health or a family member; they do not have to have personal experience of mental health problems. For Second Step's peer support roles, however, people need to have lived experience of secondary care mental health services.

Quite often, the term mentoring is used with connotations of help with 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. As an example, Branching Out is a horticulture project in London, where people with mental health problems learn about horticulture and can complete a qualification. Participants offer peer support to each other throughout the six month course, and volunteers can return after completing the course to support and mentor new participants. Mentors help participants with the course and learning as well as understanding some of the other issues and experiences they are going through during their recovery.

Bedfordshire and Luton Mind describes a mentoring service for older people; the majority of these peer mentors have some mental health experience, but they can also be peers through age, gender or other issues. The service aims to provide 'side-by-side' support around recovery, accessing community services and activities, travel and training.

Sometimes, peer mentoring is seen as a more formal kind of peer support. At Network for Change, peer support is viewed as central to the organisational ethos. People can be trained as peer mentors to offer one-to-one support, to help people review and plan their lives in ways they feel may help their recovery. Mentors offer practical information, and advice and guidance, for example, signposting to welfare rights, alcohol/drug agencies etc.

Becoming a mentor was sometimes a stage in an individual's personal development. The Herts Mind Network Peer Support Service plans for service users who recover to become volunteer peer mentors and then Peer Support Workers. Similarly, Carrick Mind refers to the more experienced volunteers in their service as becoming 'mentors', with peers mentoring other peer volunteers.

Peer mentoring is the term used by a number of BME projects. For example, I.R.I.E.[4] Mind, part of City and Hackney Mind in London, mentions peer mentoring and the Fanon Centre in London describes its Peer Mentoring Programme as community based with a time-banking element[5]. The New Ark Foundation is not mental health specific, but aims to improve the health, education and general social welfare of black, dual heritage and migrant communities. It provides family support and mentoring opportunities. This is not described within a mental health framework but within a more holistic framework where the aim is to enable families to share experiences and build resilience. 'We value our cultural identity and heritage. We value individuals' life journeys and aspirations.'

The Hayaan project based in Harrow Mind talks of recruiting 'peer educators' from the Somali community, a role that appears similar to peer mentoring. The project is led by a Coordinator from the local Somali community who recruits volunteers also from the local Somali community, to become cultural advocates and peer educators. This approach builds on community development and peer educators come from the community but do not necessarily share the experience of mental health problems. However, some people have progressed from being 'service users' on the project to becoming peer educators.

4. I.R.I.E. stands for Integration, Respect, Inclusion and Empowerment. Irie is also a word that expresses positiveness in African Caribbean culture.

5. Time banking is a means of exchange where time is the principal currency. For every hour participants 'deposit' in a time bank, perhaps by giving practical help and support to others, they are able to 'withdraw' equivalent support in time when they are in need. Everyone's time is of equal value.

Peer Brokerage

The term 'peer brokerage' describes a fairly new concept which emerged as a result of the Government's 'personalisation' agenda. Personalisation gives anyone entitled to social care services the opportunity to apply for a 'Personal Budget' to buy the support they want, based on their support plan. Independent brokers can assist the service user to negotiate the maze of services and design their support plan; the idea of a 'peer broker' is that the person is a fellow service user and can understand better the needs and challenges that the individual might face.

In Kent, a partnership was formed between Canterbury Christ Church University, who provided seed funding and business advice to Canterbury and District Mental Health Forum (CADMHF), to provide peer brokerage training for mental health service users. Funding was provided by Adult Social Services at Kent County Council.

The six-week training programme aims to give choice and control to any person needing social care support, by giving them the opportunity to manage their own personal budget and buy social care that meets their needs. This was the first peer brokerage training for mental health and resulted in the establishment of Project SWAP CIC in Kent.

'At the heart of Peer Brokerage, and what makes it different to brokerage offered by other organisations, is that the brokerage is provided both by and for people who have a shared experience of mental distress. At Project SWAP, we feel this provides the Peer Brokers we train with a unique insight into the challenges and discrimination that we all face at times as people who have faced mental ill-health.'
From Project SWAP website

Organisations supporting the development of peer support groups

We identified a small number of organisations that described offering support to the development of peer support groups. These include: St Mungo's (South West), Sheffield SHIP (North East), Dorset Mental Health Forum (South West); Rethink Mental Illness (East); Self-Help Nottingham (East Midlands). Rethink Mental Illness's Recovery Point, in Essex, establishes supported groups for people with mental health issues. Groups are supported by staff initially but aim to cultivate peer leadership over time. Staff then gradually withdraw from the group to leave it running in the hands of users, however staff remain available as a 'safety net' to support peer leaders.

Sheffield SHIP (Self-Help and Inclusion Project) aims to promote mental health self-help in Sheffield, and develop a service-user controlled network of mental health self-help groups. They also have a self-inclusion agenda with the aim of increasing the number of people with mental health problems taking part in community activities.

Dorset Mental Health Forum describes itself as a peer-led charity. The Forum has fostered the development of several local peer support groups and 'hope to encourage the formation of more in the future'. Like many other organisations in the South West, they base their approach on recovery principles.

St. Mungo's in Bath supports the development of peer support groups across Bath and North East Somerset. Within their Building Bridges to Wellbeing Project, they offer a combination of training, grants to small groups, volunteering opportunities, and support to individuals and groups. Their approach is based on recovery principles and they aim to support people to have more independent and fulfilling lives by developing peer support networks and groups. Some of the groups are facilitated by staff and some are moving towards independence; some groups are moving towards co-production with staff rather than full independence.

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 provide an annual Directory of Self Help Groups for Nottingham and Nottinghamshire, with over 200 local self help groups and around 100 useful contact organisations and services. 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.

In experience-led forums, such as Recover Your Life, community members with experience of self harm support one another through discussion boards focusing on different topics. More experienced community members volunteer their time to moderate the boards and contribute to the site's development. There is a general public perception that online bullying has led to social media being 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 to be heard by their peers.

Mind has its own online peer support community which started out as a campaign on Facebook to promote awareness of mental health in the workplace, called the Elephant in the Room. It evolved, mainly by word of mouth, into a peer support community now known as the Elefriends. In September 2013 the community had reached 6,100 members and is open to anyone experiencing mental health problems. Last year, it became clear that Elefriends had outgrown Facebook and the community led the development of the new standalone site. Community members interact through a shared wall rather than grouping conversations by topic or diagnosis, and content is moderated through the relatable character of the Elephant.

'Exchanging support in an online space throws up unique challenges in terms of safety and moderation. Situations can quickly escalate and peer supporters may feel responsible for the safety of an online friend. Being online can be overwhelming; particularly if you're supporting someone struggling with suicidal feelings or thoughts of self harm. Having the ability to report content to a moderator or escalate concerns can help community members take care of their own mental health and take a break if they need to.'
Mind Elefriends team, online

Because now I know that with the press of a button, I can be with people who feel exactly the same. We help and support each other. We get each other through till the morning, and it's wonderful. No pretence, no fake smiles – just honesty and support. It's the most freeing experience I have ever had.
Mind Elefriends member, online

Beat provides message boards for individuals with experience of eating problems. The groups are moderated by Beat staff members in order 'to provide a safe and confidential space where everyone attending supports each other by sharing experiences, thoughts, successes and problems'.

Bipolar UK also runs an online community: The Bipolar UK eCommunity is 'a vibrant and supportive web-based discussion forum for all individuals affected by bipolar'. The community is hosted by staff members to provide a 'safe and secure environment for people to discuss the challenges they face'.

The Time to Change Facebook community which, as well as providing a forum to find out about national and local anti-discrimination activity, has also evolved into a peer support community. The evaluation of Time to Change by the Institute of Psychiatry, King's College London included a survey that found that people felt empowered by their use of the Time to Change Facebook page, were more likely to seek help and felt more able to talk to their families about their mental health as a result of their use of the page.

The Mental Health Forum aims to be 'the friendliest place on the web to discuss mental health issues'. The Mental Health Forum was originally started by the Mental Health Foundation in April 2003, as the 1 in 4 Forum. The Forum is now run and managed by Together 4 Change, an organisation which establishes and runs online communities.

Rethink's RethinkTalk is a forum for people to give and receive peer support, with staff providing moderation and signposting.

Rochdale and District Mind (North West)

Rochdale and District Mind's approach to peer support is based on Recovery and they are linked with national peer support and recovery networks. They are seeking to embed peer support in every part of the organisation's operation. This has led to a great deal of structuring in terms of the levels of support and training to all peer supporters, good practice guidelines, and evaluation strategies.

The peer support roles have been developed with service users and peer support meetings include peer supporters and service leads. The peer supporters will receive a robust induction, monthly supervision and support from the team. Some will be working toward Level 3 Certificate in Community Mental Health Support Work and will have opportunities to access other training provided through Rochdale and District Mind.

Peers train and work alongside other service users in the two internet cafes, and in the Growth (horticultural) Project. Service users review their progress with a peer reviewer; and peers train and work alongside other service users in the literacy champion scheme (currently about eight champions) which is part of Rochdale Council's community champions' initiative.

Principles for peer support include:

- believe in people and their potential for change and growth
- adopt a non judgmental approach
- will be respectful and treat people as individuals
- help people to create a plan for positive change and empower them to take responsibility for the change
- help to access community resources
- offer tools and ideas for maintaining change
- help people to see their strengths and to use them
- respect diversity
- maintain confidentiality.

Nottingham Depression Support Group (East Midlands)

Nottingham Depression Support Group was formed at the end of 2011 to provide support to people going through depression. This support can include friendship, sharing of experiences, stories, and professional expertise. The group meets monthly and has an average of six members each week. They aim to:

- Provide an open non-judgmental space for people to share their experiences and stories. To provide encouragement, reassurance and friendship.
- Help people learn what depression means for them and how they may be able to recover and achieve health.
- Share experiences and knowledge of different therapies and what has worked for different people.
- Share information about local activities and news on depression generally.
- Learn skills relating to the management of depression and coping with depression on an every day basis.

They ask that members agree to a number of principles, including that they respect confidentiality, are supportive, non-judgmental, encouraging and understanding and listen to what others have to say. They describe their challenges as being deciding how or if to structure the group and content; keeping up attendance; promotion; finding a suitable cheap venue and working out how often to meet. They have successfully run the group for a year or more and members value the group, saying that it has genuinely helped them.

Chard Intentional Peer Support (South West)

Chard Intentional Peer Support Group is a group of adults with mental health issues who came together to create their own support group. They formed in the summer of 2007 when Shery Mead and Chris Hansen (from the US) trained 32 service users on how to set up Intentional Peer Support Groups. This training, organised by Devon Partnership NHS Trust, provided the inspiration for forming the group, believed to be one of the first in the country. Based on this intentional peer support model, and on key principles of respect, shared responsibility and mutual agreement of what is helpful, they aim to:

- provide mutual care and support
- form relationships that enable us to grow and learn together
- help one another to access agencies for information and facilities
- reduce our social isolation by social interactions amongst ourselves and the community
- learn to challenge our existing beliefs to help us move forward
- encourage education and training.

Their latest project is WATCH (Working Altogether in Chard) which is a voluntary group set up to reach out and engage with adults who are socially isolated and who face barriers within their community. The members consist of adults (18 upwards) and include people with mental health issues, recovering alcohol and substance users, people from minority ethnic groups, people with physical disabilities, older people and homeless people.

'In peer support we understand each other because we have 'been there' ourselves, shared similar circumstances and experiences. We can build, together, a willingness to learn and grow. We come together with the intention of changing unhelpful patterns, getting out of the places in which we are 'stuck' and building relationships that are respectful, mutually responsible, and potentially mutually transforming.' (Shery Mead (2007) cited by chardpeergroup.org.uk)

Network for Change (East Midlands)

Network for Change is a user-led organisation with the majority of committee members, employees and volunteers having personal experience and 'expertise through experience' of mental health problems (they are also a registered Mindful employer). Hence peers support one another in the organisation in the sense that they support a culture of user involvement in the planning, design and delivery of the service. They have a peer support group for staff and have plans to encourage the development of an independent peer support network for people in employment and education.

Within their Resource Centre they have established a specific peer mentoring programme called 'Plan W' (Wellness) and hope to develop more individual peer mentoring in the future. They view peer support as central to the effectiveness of their Centre programme. Informal support and understanding from peers who understand each other's difficulties and challenges in life, is vital in enabling recovery, in validating individual strengths, accepting their difficulties/personal struggles in a non-judgemental environment and in encouraging people to progress their lives.

They describe the peer support on offer as both informal and formal. Through opportunities to meet socially, attend groups/activities/drop ins, many socially isolated people have made friendships. These have proved invaluable in providing mutual support and encouraging engagement with mainstream community learning, training and volunteering opportunities.

More formal peer support is offered via agencies who are paid therapeutic earnings to co-facilitate groups/drop-ins and as trained peer mentors offering one-to-one support. The mentors help people review and plan their lives in ways they feel might help their recovery, and offer practical information, advice and guidance, for example, signposting to welfare rights organisations and alcohol/drug agencies.

The Hayaan Somali Mental Health Project (London)

The Hayaan project is based at Mind in Harrow (West London) and is funded by the Department of Health Volunteer Fund, the Trust for London and the Social Action Fund. The term 'Hayaan' in Somali is a nomadic term meaning 'Moving on to a better place'. The project offers an innovative approach to peer support, by recruiting and training a team of 'peer educators' from the local Somali community. The project aims to:

- help reduce the sense of isolation experienced by Somalis with mental health difficulties
- help increase the wellbeing and self-confidence of Somali mental health service users
- provide advocacy and interpreting support to Somali mental health service users to help them understand and access mental health and other social welfare services.

There is a large new arrival Somali community in Harrow of over 10,000 people and a larger community in Brent, which has resulted in the project extending to this neighbouring borough. Traditionally, mental health is not recognised as a health problem within the Somali culture. There is considerable stigma and shame about mental distress, which frequently leads to families 'covering up' mental health problems and individuals hiding their distress or disturbance until it becomes severe and uncontainable.

The Hayaan project took on the role of helping members of the Somali community to understand mental health, the treatments available, and the support on offer in their local community. To achieve this, the Hayaan project designed an innovative approach to maximise outreach and impact. The project is led and managed by a Coordinator from the local Somali community. The Coordinator recruits volunteers from the local Somali community, to become cultural advocates and 'peer educators'. The volunteers organise fortnightly workshops in a local community venue to provide information, education and support to individuals experiencing mental health problems. The volunteers also engage local service providers to attend the workshops so they can understand the Somali culture, and the Somali community can learn what the service providers can offer in terms of support and treatment.

Awareness of the workshops spread by word of mouth and outreach by the volunteers, and they have successfully attracted service providers and service users. An evaluation carried out in January 2013 found that the majority of service users attending the workshops experienced increased wellbeing and knowledge of mental health and how to access local services. Most providers gained a greater understanding of the Somali culture and beliefs and felt that the dialogue has helped them to better understand how to support Somali clients.

Leeds Mind Peer Support Group Work (North East)

Leeds Mind Peer Support is a community of people who have experienced difficulties with their mental health and who believe that the resources, ideas and solutions needed for mental wellbeing come from within. The project provides a safe, supportive environment where these can be developed through exploration and sharing of experiences. It offers a range of group work activities which enable individuals to develop insight into their mental health difficulties, to develop effective coping strategies, promote recovery and maintain wellbeing.

The skills-based short courses and one day workshops cover a range of topics such as confidence building, assertiveness, self-esteem building, mindfulness and meditation, building resilience and many more. Weekly support groups provide a space where people can give and receive mutual support.

The Leeds Mind peer support team consists of a part-time, paid co-ordinator and twenty volunteer facilitators all of whom have experience of difficulties with their mental health. The majority have themselves used Leeds Mind Peer Support. Trainee facilitators receive personalised training and support, depending on their skills and needs; trainees are allocated a mentor, an experienced lead volunteer facilitator, with whom they gain experience and develop their facilitation skills. Volunteers have gone on to paid employment, education, making major changes in their lives and finding the confidence to do the things they want to do.

The service uses a range of qualitative and quantitative evaluation tools to measure the impact of the service and to monitor the quality of the groups offered. These include personal testimonies, session evaluations and the use of the Warwick-Edinburgh Mental Wellbeing Scale.

The model has received growing interest from commissioners and other organisations both within and beyond Leeds. There are a number of collaborative pilot projects underway to explore how the model can be used in different settings including: people who have recently completed therapy within IAPT, people using Leeds Survivor-Led Crisis Service, South Asian women – groups being delivered in Hindi and Urdu, in collaboration with Dosti (Asian women's support service based in Leeds) – and with offenders in a prison setting in collaboration with HMP Armley.

The model is also being disseminated across the Yorkshire and Humber region, with financial support from commissioners.

Conclusions and issues arising

In this chapter we discuss some of the key themes and issues arising from the contact we made with this wide range of peer support projects, groups and organisations across England. Without more in-depth work, it is not possible to arrive at a set of principles for good practice, so we have not attempted to do this as yet. However, we do believe that this would be a useful way forward.

The role and value of peer support

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 other research (including Basset et al, 2010; Repper and Carter, 2010) 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.

The following quotation comes from one of the projects we spoke to (Network for Change, East Midlands):

'Access to peer support is, I believe, essential in enabling recovery... Dozens of service users have said the Centre is like a 'family' to them – and, for many, offers an opportunity to build relationships in a safe and secure environment, and gain greater self-acceptance through knowing they will not be judged and are 'not alone' ...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 VCS [voluntary and community sector] groups.'

Coverage and reach of the project

We have identified some of the gaps left by this scoping exercise. We know that the information needs to be added to and enriched by detail in many areas. The most significant gaps that we know of are: local branches or affiliated groups of some national voluntary sector organisations (for example: Together, Rethink Mental Illness) and statutory sector peer support projects (a list of those Trusts signed up with ImROC is given in Appendix B). Whilst there appears to be a lack of peer support available for minority and marginalised communities in most regions, we cannot be sure about this, as groups may exist but may have a focus wider than that of mental health specifically.

Definitions and principles

This is not the kind of scoping exercise that can realistically lead to conclusions about good practice; rather, we have questions about what it might look like that may be answered by further research. We would definitely argue for a flexible approach to defining peer support, in order to ensure that a multiplicity of peer support models are recognised and, ultimately, funded.

This scoping exercise does suggest a set of definitions or categories, however, based on the themes discussed in the previous section. These may help organisations to communicate what it is they are offering, both to potential peers/service users and to commissioners and funders, although more work needs to be done to see if they can be considered as valid categories:

- self-help groups
- mutual peer support
- intentional peer support
  - recovery based
  - non-recovery based

- peer mentoring
- supporting the development of peer support
  - online peer support.

Many peer support projects and organisations link the concepts of peer support and recovery, with the emphasis on the beneficial effect of peer support on recovery. There are however a few voices coming through the survey who question this link or who challenge the principles of recovery or intentional peer support. This leads to questions about models that become widely acceptable to funders: if recovery becomes the dominant theme, does this mean that projects taking alternative approaches are less favoured by commissioners? This has particular implications for peer-led peer support which has an emphasis on mutuality, and for peer support approaches developed by different minority and marginalised communities.

Whilst definitions of peer support might differ for different schemes and projects, it may still be possible for them to fit within a common framework of unifying principles. There was certainly a desire for clearer definitions of overarching principles and practice in peer support. A participant from the Herts Partnership Foundation Trust told us, 'A set of peer support standards that help improve credibility and professionalism would be useful. These would need to embrace a wide spectrum of models and values, but there must be a common core of practices and values that all schemes and projects manifest in their work.'

Clearly while any such set of standards would require considerable consultation to be universally acceptable, they could be a very good starting point for the development of training, support and evaluation tools and approaches that could be used universally.

This project suggests that good practice would call for flexibility on the part of commissioners and providers about approaches to peer support, particularly recognising the needs of different minority and marginalised communities.

Principles generally endorsed by projects identified in this project are: mutuality, respect, a non-judgmental approach, inclusivity, equality. Many organisations and projects supported the principle of being peer or service user-led. Principles of social inclusion, shared learning and wellbeing were also mentioned. A sense of agency or power was suggested as something to be aimed for. Reciprocity was not always considered to be possible by some organisations, and this might affect the principle of mutuality. A commitment to equality and diversity is essential for the successful social inclusion of minority groups.

Many other individuals and organisations have done some thinking about values and principles underlying peer support. In several of these, the importance of independence, from statutory services, often appears. For example, Clare Ockwell (2012), writing of CAPITAL's experience of providing a user-led peer support service for people in inpatient wards in West Sussex, makes a plea for a consistency of values, to include hope, friendliness, equality, mutuality, and independence. Shery Mead and Cheryl MacNeil (2004) identified the risk of incorporation in the growth of peer support, as it is increasingly taken up by and assimilated into mental health services; they emphasised the need to retain a degree of independence from mainstream service provision.

The Peer2Peer group, hosted by Together, talks about the importance of 'authentic' peer support: peer support led by lived experience and based on a mutually beneficial relationship which understands and supports people to achieve their hopes and aspirations.

The Scottish Recovery Network has published a Values Framework for Peer Working. In this they identify the following values: Hope, Experience, Authenticity, Responsibility, Mutuality, Empowerment, which they present as the acronym HEAR ME. ImROC promote the following principles of peer support: Mutual, Reciprocal, Non-directive, Recovery-focused, Strengths-based, Inclusive, Progressive and Safe (for more detail see Repper, 2013).

Peer support in minority and marginalised communities

This scoping exercise suggests that this may be one of the key gaps in the provision of mental health peer support across the country. However, we can't be confident about this, as peer support groups and projects may exist for these groups,

but weren't picked up in this study due to them not being mental health specific. This issue is explored in more depth earlier in the report. A number of groups and projects were identified that offer peer support opportunities to specific communities or social groups, but overall, they were few and far between.

The projects we found included support/self-help groups based in otherwise mainstream organisations, a few dedicated peer support projects, and peer support or mentoring provided within BME organisations. There are some exciting and innovative examples of peer support projects in some BME communities, as well as some indications that there is likely to be more peer support provision 'out there' that we were unable to find within the time limits of this study. With such a small number of projects to explore, it is hard to draw conclusions about BME focused peer support. There is less use of the term 'recovery' in these projects and more discussion of underlying principles such as shared culture, resilience, identity and a shared background, all of which are relevant to individual recovery (for more discussion of these issues, see Kalathil, 2011). A few of the projects take a community development approach with peer mentors or peer educators arising from within the community, but not necessarily sharing an experience of mental distress.

An important issue to note for the future is that the need for peer support and the provision of peer support might look different in different communities. For this reason, we would argue against firm definitions of peer support that might exclude projects developing within diverse communities. For example, there might be situations in which people wish to gain support with others who share their background or identity as a priority over their mental health experience. Peer support might be found within community development models or non-mental health services, and might use different terminology. It might not use the term 'recovery'. This suggests that we might have much to learn from peer support offered by particular communities in non-mental health organisations.

Funding and sustainability

The question of future sustainability was overwhelmingly seen as a risk and not just by the smaller groups. Whilst funding was seen as key to sustainability, there were some smaller groups that expressed a preference to remain independent of formal commissioning arrangements because these might impose requirements on the way they organised themselves. One depression self-help group said that, although they would consider funding as a commissioned service, they would be concerned that the funding criteria may require them to support only people with a more severe form of depression.

Funding information was collected for just over 100 projects. Funding sources for peer support projects included primarily local Trusts and PCTs, local authority funding, and the Department of Health. Other funders included the Big Lottery and Comic Relief, Lloyds TSB, Tudor Trust, national charities such as Bipolar UK and Mind, as well as some local fundraising and local charities.

Many organisations were facing threats to their continued funding at the time of the survey. A few groups previously known to researchers had already lost funding and disappeared. This economic climate can place groups and organisations in competition with each other to some extent, and may not naturally foster collaboration. An umbrella organisation or network, providing links to particular funding sources that are relevant and specific to particular types of groups, may go some way towards allaying these fears. Such a network might also assist groups to make applications; for example, by providing sample documents relating to governance arrangements.

Some projects were clearly struggling with the pressure of 'selling' the idea of peer support to existing mental health professionals as well as commissioners. Sharing learning from successful projects that have tackled this challenge must be a useful step forward. It is going to be increasingly necessary to build the business case for peer support and to promote the values and principles that we believe should underlie its provision.

Understandably for governance purposes, commissioners and funders need to see sustainable structures and systems to be in place, which can be a challenge for small independent projects and groups. Some of the groups which are part of existing larger or better resourced

organisations and networks, have codes of practice, clear support and supervision routines, training, and succession planning in place. Many of the smaller independent groups have not established such structures. While philosophies clearly differ across so diverse a range of organisations, it may be possible for some examples of good practice in these areas to be shared, learned and effectively applied. This indicates the value of an umbrella organisation or network to offer support in these areas.

An important consideration is that models offering the opportunity to meet others in a mutual model of peer support may be swimming against the commissioning tide. The move has been to close open-access day centres and drop-ins in favour of individually-tailored recovery plans – into which the 'intentional' peer support model more easily fits. This points to a need to communicate these different models more clearly to commissioners and to find ways of evaluating their potential benefits.

Another area of concern for some groups was planning and capacity-building for facilitators of the smaller self-help groups. One branch of Bipolar UK suggested that access to additional training or support would help groups to survive a key individual leaving a group or project and to offer development opportunities to peers interested in taking a lead role.

There are clearly many issues to contend with in terms of the funding and sustainability of groups, and the commissioning of peer support services. Any developments will require some greater clarity about what is most helpful both to peer support groups and to commissioners under the new commissioning structures, to enable future peer support activities to be planned with greater confidence.

Training, supervision and support

The different models of peer support place a different emphasis on the role and value of training, supervision and support. Groups using an intentional peer support model were more likely to have regular support, supervision and training in place, and that training would be more likely to include some reference to peer support and recovery. However, affordable and relevant accredited training was quite scarce, particularly for the smaller groups. Several different training courses were mentioned by respondents, but quite a number of organisations had developed their own internal training as a result of being unable to find an external accredited course that was either suitable for their needs or affordable.

Quite a few organisations were using the Open College Network course in peer mentoring; however, others did not find this to be appropriate for their needs, often because it was too broad to meet the needs of a particular group of people or service context. Accredited or recognised training courses mentioned by the participants include the following:

- Open College Network course in peer mentoring OCN Level 1 in Peer Mentoring and Personal Development (this is comparable to NVQ Level 1, a GCSE grade D to G and Foundation Diploma)
- accredited Peer Support Training – Institute of Mental Health, Nottingham University (a 10 day course originally devised with the user-led organisation Making Waves, Nottingham)
- Intentional Peer Support: RIAZ – Recovery Innovations of Arizona (US)
- THRIVE: Crazy Diamond Training Consultancy
- Level 3 Certificate in Community Mental Health Support Work
- training in use of the Recovery Star
- 12 Step courses
- Co-Counselling International core peer skills course.

In addition to these, many organisations had developed their own training courses for peer support, sometimes based on one of those above. For example, Bromley Mind offers training for peer support volunteers, and Oxfordshire Mind has developed its own peer support training course for peer support volunteers which it may be making available to other organisations. Canerows and Plaits devised and accredited their own courses 'Preparing for Ward Visiting' and 'Ward Visiting in Mental Health' at Level 2 with the Open College Network and have plans to do the same with training for their new community service and drop-in. CAPITAL Project Trust in West Sussex has developed training for their peer supporters who provide peer support on

acute wards; they are seeking accreditation through Middlesex University. Together has also developed peer support training for people to work as peer supporters in a range of settings such as community, residential, acute admissions and forensic services; the course has recently been accredited by Middlesex University.

Many respondents appreciated the potential value that access to training would give them, in helping to develop the skills and personal development of peers; to create consistent quality across locations as an organisation expands; to offer skills development to people interested in starting up a peer support group; and to build the sustainability of the group.

'Training and confidence-building, or empowerment activities for prospective volunteers would be useful; the group is reliant on the current lead continuing in role. Some training or support schemes that would help individuals to work through this would not only help groups to survive, but could contribute to people's recovery journeys.'
Bipolar UK, local/national

Training is certainly an area that would benefit from further exploration. It would be useful to learn more about the needs of local groups and ways in which these needs might be met.

Support and supervision

As with training, organisations offering intentional peer support had usually given more thought to the needs of peer workers for support and supervision to sustain them in their role. Some of the more established organisations had developed more formalised approaches to personal development for their peer supporters, with the aim of offering them a journey through skills development to paid employment. This in most instances included supervision and some in-house training. Smaller organisations and groups were limited in their ability to offer this kind of development, due to a lack of resources.

It is interesting to note that many people contacted during the course of this project appreciated the opportunity to talk about their experiences and the challenges of providing or working within a peer support context. This suggests that there is a need for networking and the resources to enable peer mentoring to take place between and across small groups and organisations.

Evaluation

The absence of coherent evaluation across the sector makes it hard to compare the usefulness or perceived value of the different types of structure, ethos, and delivery evident. Neither is it obvious what effects, positive or otherwise, the presence of a wide variety of training, the type or relevance of training, and similar factors have on peer group members' experience of participation.

A few projects had been evaluated by an independent organisation for the purposes of their funding and sustainability, and made the reports available to us. Examples include the Hayaan project in Mind in Harrow, Canerows and Plaits (London), and Bromley Mind.

Some of the organisations that do not currently evaluate their services expressed an interest in an evaluation toolkit, but by no means all. This is an area worth further exploration. It is possible that projects where peer support is part of the ethos of the organisation would not regard evaluation of that ethos either appropriate or feasible.

Partnerships with other organisations

Another facilitating factor for sustainability is partnership working. Links with other or larger organisations can make accredited training courses, evaluation tools and techniques, progression routes, personal development opportunities, and meeting the needs of minority communities, more accessible. Some organisations already make these links, for example: Macclesfield Mind with their local Council for Voluntary Organisations; Luton CAB with Beds and Luton Mind; Depression Alliance with Healthy Gay Life in Birmingham. Some housing associations have made interesting and innovative developments in peer support, with or without local partnerships.

There is a good example of organisations, peer, voluntary and statutory sector working together to develop peer support in the South West

(Devon and Somerset). In Somerset, one partner provides the training for service users to develop peer support, another offers peer support projects and another provides the infrastructure to develop governance, systems and structures for peer-controlled initiatives. A local and well-developed network of peers, voluntary and statutory sector partners is key to providing information on peer support with a recovery focus in Devon. There is a culture of sharing good practice, learning and development.

Leadership versus principles of democracy

There were some ethical dilemmas expressed about the issue of mutual sharing of responsibility in peer support projects. This was an issue common to both peer-led organisations and groups and non-peer organisations. In peer-led organisations and some voluntary sector agencies the role of Peer Support Worker and Peer Support Volunteer might place people taking on these roles in a leadership role. In other, more therapeutic settings, a few staff members relayed their disappointment about the reluctance of service users to take the lead. In some projects, a Peer Support Volunteer, sometimes a Peer Support worker, worked alongside a professional with the latter retaining some degree of responsibility and control.

In a number of voluntary sector organisations the leadership role might lie with the staff member but with the aim of encouraging greater self-empowerment of the service users. Some groups do manage their own finances, many set their own programmes of work. However whilst peer support approaches are used, many voluntary and statutory sector providers require a staff member or a volunteer, who may or may not be a peer, to be present or to retain a supervisory role. The reasons appear to be based on issues of safety and risk, but may also relate to difficulties in encouraging independence or taking on responsibility.

There are, however, examples where the organisation takes a distant role, supporting from afar, whilst the service users take on the management and operational roles. This has come about sometimes through the turning of a negative experience into a positive. Service users disappointed at the closure of day services, both voluntary and statutory, have chosen to keep meeting and the voluntary organisation which had provided the day service now provides some support to enable the service users to do this. There were also a couple of examples of peer support projects developed by housing associations which from the outset were developing the projects alongside service users, providing the appropriate level of support to encourage self-empowerment and independence and provide the training for this to happen.

Recommendations

Based on our research, we make the following recommendations. Any further work must be led by people with experience of mental distress, as this ethos is at the very heart of peer support. We make recommendations for Mind and its partners, the funders and commissioners of peer support projects, and for the providers of peer support.

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 Black and minority ethnic 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 Black and minority ethnic, 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 your 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 your knowledge and expertise, with Mind and its partners.

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Appendix A: Project template

Finding and defining peer support projects and services across England

We are looking for peer support projects for adults experiencing any form of mental distress/ mental illness/mental health problems.

At Mind, we think that everyone with mental health problems should have the opportunity to access good quality mutual (or peer) support, to be better able to manage their mental health, and have a greater choice of effective models of support.

Mental health peer support is gaining momentum and becoming of interest in the UK. This follows increasing knowledge and research being produced here, and the growing number of people developing successful initiatives. It is our aim that everyone in England and Wales knows about, and has access to this kind of support.

We are embarking on a new programme of work which, over the next four years, will be encouraging and working with others in order to ultimately maximise choice and the availability of peer support to those who need it. We also aim to enable people with mental health problems, local groups, communities and the local Mind network to be equipped and resourced to develop innovative peer projects and initiatives.

In order that we can start this work, we need to understand where peer support is happening, look at different models and approaches, and develop a national information database.

We are contacting you for the following information to help us with the research.

As part of the wealth of information we will gather through this process, we will share the findings with you, potentially publicise your expertise/approach, and make information about your project widely available. This could be through the resources we will develop on our website (which received 2.5 million visitors last year), through regional networking events we plan to hold, or through our national telephone information line.

The programme will showcase good practice through research, and will provide a platform for future partnership working at a local, regional and national level.

We hope you are excited about being part of this research and look forward to hearing more about your project.

1. Is this project a peer support project:

   - Please explain why you think this project is an example of peer support.
   - Is peer support in the title? (but see below)
   - Does it provide or support a project/service that enables people to meet and support each other, to learn from each other, in a mutual way – see values and ethos.

2. Values and ethos:

   We are interested to identify whether the projects uphold the values and ethos that underlie what we believe to be genuine peer support. These include: mutuality, reciprocity, respect, learning together, sense of agency (or power), non-judgemental, user-led, equality.

   - Does the project have a written statement of values/principles? (If so, can they share it with us?)
   - Do they operate within any good practice guidelines or have a 'code of practice' – and if so, are they able to give us a copy?

3. Is the project user-led or peer-led?

   We talked about some differences here – that we are looking for something that is user-controlled, that is, the key decision-making body has a majority of service

users – they are in charge of the decisions. However, we should be aware that:

- Some people will certainly use the terms 'user-led' or 'peer-led'
- Where we are exploring projects in some minority communities, a peer may be defined differently, for example, some communities will identify all co-members of that community as peers whether or not they have experienced mental health problems – that is, it is their identity as members of a marginalised community that is dominant for them.

4. Name of project, address, contact details, website
   - Is it open or closed to new members?
   - What is the referral pathway – self/other? If other please explain.
5. Membership:

   Who is the project intended for? Does it attract a mixed group of people including, for example, BME communities, lesbian and gay people, etc
   - identity/group based
   - diagnosis based
   - open to all
   - are carers included?
6. Is your peer support project or organisational base in:
   - statutory sector
   - voluntary sector – registered charity
   - dedicated project within a larger organisation
   - community based with no formal organisational base
   - affiliated with an organisation
   - online
   - other – please explain.
7. Structure:
   - none
   - one-to-one
   - group
   - mutual
   - peer worker/peer being supported
   - other – please explain.
8. Nature/location:
   - drop in, day centre, out of hours, online, ward/hospital based
   - community, hospital, prison, schools, voluntary sector, NHS
   - other.
9. Activity/activities peer support project undertaken – please tick all that apply:
   - emotional support/learning from each other
   - everyday practical help
   - sharing self-help strategies and ideas
   - advocacy
   - ward visits
   - education/employment/creativity
   - socialising
   - campaigning
   - involvement activities
   - other.
10. Is it time-limited or ongoing?
11. Funding
    - Do they have funding? Where from?
    - Sustainability: are they at risk of losing their funding/do they have plans for future funding?

12. Peer Support Workers (where PSW roles are distinguished from those they support):
    - Are they paid/voluntary?
    - Do they receive training?
    - Do they receive regular support?
    - Are they offered personal development opportunities (to move on from this role)?
    - Have they accessed any courses to become a peer support worker, for example, Open College Network, Nottingham course?
13. Have they given any thought to the question 'what is a peer?' – thinking about different ways in which people may identify with others particularly in relation to minority, BME and marginalised communities.
14. Have they evaluated their service at all? (Can they give us a copy?):
    - independent evaluation/in-house evaluation
    - satisfaction survey
    - regular feedback routes for peers to give their views.
15. Mind is looking to assist in promoting and supporting peer support in the future. Are there any resources that they might find helpful from Mind in the future? For example:
    - promotion of peer support to commissioners
    - funding
    - self-assessment toolkit
    - information/networking/linking to others
    - other.
16. Is there anything else you'd like to say?

Some starting points for searching:

- NSUN
- Advocacy network
- Community Development Workers
- NCVO
- local IAPT services
- local Voluntary Action
- Time to Change – they have regional coordinators who match our regions
- local Mind Associations (and other local mental health charities – Rethink, Together, Depression Alliance groups etc.)

Possible names: Peer support, self-help groups, mutual support, support group, community group, user-led organisation, co-operative, CIC (community interest company).

Appendix B: ImROC sites

Demonstration sites:

- Cambridgeshire and Peterborough NHS Foundation Trust
- Dorset Wellbeing and Recovery Partnership
- Hertfordshire Partnership NHS Foundation Trust
- Manchester Mental Health and Social Care Trust
- Nottinghamshire Healthcare NHS Trust
- South West London and St George's Mental Health Trust.

Pilot sites

- Central and North West London NHS Foundation Trust
- Devon Partnership NHS Trust
- Hampshire NHS Foundation
- Mersey Care NHS Trust and Partners
- St Andrew's Healthcare
- West London Mental Health Trust

Network sites

- 5 Boroughs Partnership NHS Foundation Trust
- Avon and Wiltshire (Fromeside).
- Cardiff and Vale University Health Board
- Care UK
- Cheshire and Wirral Partnership NHS Foundation Trust
- Coventry and Warwickshire NHS Partnership Trust
- County Mayo
- East London NHS Foundation Trust
- Herefordshire Mental Health Services (PCT)
- Humber NHS Foundation Trust
- Kent & Medway NHS and Social Care Partnership Trust
- Norfolk and Waveney Mental Health Foundation Trust
- Northamptonshire Healthcare NHS Foundation Trust
- Nottingham Forensic Services
- South Essex Partnership Trust
- South London and Maudsley NHS Foundation Trust (Psychosis Clinical Advisory Group)
- Worcestershire Mental Health NHS Partnership Trust.

For more information, see the Centre for Mental Health supporting recovery page

Appendix C: Peer support by region

In examining the peer support opportunities available by region, the following broad groupings emerged and we have categorised groups and projects within each region accordingly:

- local branches or affiliates of national voluntary organisations, for example: local Minds, branches of Rethink, local services provided by Together, Citizens Advice Bureaux
- local self-help groups attached to national organisations or networks for example: Depression Alliance, Bipolar UK, Hearing Voices Network
- statutory sector projects, mostly NHS
- local voluntary sector organisations
- independent self-help groups, not registered as charities
- peer support for minority and marginalised groups.

We are aware that we have not identified all of the local branches of national mental health charities, such as Rethink and Together. Together in particular has led the way in promoting peer-led peer support in mental health. Their flagship Your Way service model of self-directed and personalised support includes the opportunity to access peer support. Peer supporters attend accredited peer support training and access coaching and support at Together's Service User Involvement Directorate and through their user-led Peer2Peer Network. The Peer2Peer Network is run by a user-led steering group and is hosted and supported by Together, with the aim of bringing together people who are engaged in peer support activities to share their expertise and develop best practice. Together is also exploring peer support in forensic mental health settings. For more information: together-uk.org

Other national mental health charities, like the Mental Health Foundation and the Centre for Mental Health, are based in London and have information and resources on peer support and peer workers.

National Networks of self-help groups

In each region we found examples of national networks of self-help groups. These are listed here for clarity:

- **Bipolar UK:** Peer support through group discussion. These groups are facilitated by a person with experience of bipolar and usually meet on a monthly basis. They are open to all individuals affected by bipolar including people with a diagnosis, those pre-diagnosis, and their family members, friends and carers. Bipolar UK support around 100 groups across England. Groups are listed on the Bipolar UK website or ring: 020 7931 6480.
- **Depression Alliance:** Depression Alliance supports a national network of self help groups across England which all welcome new members. Depression Alliance self help groups are developed and co-ordinated by volunteers, called Group Facilitators. Their website states: 'Self help groups provide a forum where people who are affected by depression can meet to share experiences and coping strategies with others in similar situations. Groups aim to provide mutual support and understanding in a non-judgmental, confidential environment'. They list around 60 local groups nationally; for further information contact Depression Alliance on 0845 123 2320 or info@depressionalliance.org
- **Hearing Voices Network:** There are over 180 groups across the UK, including groups for young people, people in prison, women and people from BME communities. 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. Groups offer an opportunity for people to

accept and live with their experiences in a way that helps them regain some power over their lives.

- OCD UK is a network of support groups. Some groups are funded, either partially or in full by OCD-UK. Some of these groups are facilitated by OCD-UK, others are facilitated independently of the charity, but do receive the support, backing and endorsement from OCD-UK. There are also other OCD support groups facilitated independently of OCD-UK but with their endorsement, and yet others that are fully independent
- Survivors of Bereavement by Suicide (SOBS) exists to meet the needs and break the isolation of those bereaved by the suicide of a close relative or friend. They aim to provide a safe, confidential environment in which bereaved people can share their experiences and feelings, so giving and gaining support from each other. There are around 50 SOBS groups across Great Britain.
- Beat is a UK-wide network of over 400 volunteer Group Facilitators and Support Volunteers who offer support and information to people affected by eating disorders, by setting up and running Self Help and Support Groups. 227 groups are listed for England. Beat's online search facility can help you find a group in your area.
- Co-Counselling International (CCI) – Not mental health specific but with an aim to increase emotional resilience for people with and without mental health issues. It is a totally peer-led organisation that is also international. There are local networks across the country. Members are people aged 18+ who complete 40 hour core training to join the network. People need to be able to give and receive attention reciprocally and be self directing of their own personal development. CCI recognise that there are times when members may not be able to participate in this way, in which case they will take themselves out of CCI for a period whilst retaining contact with the community.
- There are a number of networks based on the **12 Steps programme**, including Overeaters Anonymous GB/Overeaters Anonymous, Alcoholics Anonymous and Narcotics Anonymous.
- Online Peer Support: An increasing number of organisations offer online peer support in different ways as outlined earlier in this report. Examples include Bipolar UK's eCommunity, Mind's Elefriends and the Beat network for people with eating problems.

East Midlands

Local branches or affiliates of national voluntary organisations

Five local Minds were identified in the East Midlands which provide a range of social drop-in groups, an advocacy project, support groups, in one case for men and women separately, and in Derbyshire a Mental Health Action Group (MHAG) and group called Enjoying Derby. Some of these adopt an ethos of service user empowerment and leadership, for example, 'The aim and purpose is to be more service user led and to increase the confidence of service users...' and 'Peer support is using their skills and attributes to deliver things, for example, arts groups'. Others appear to be offering more conventional 'support groups' where the emphasis on peer support is less clear, and where they may be facilitated by staff. It has not always been possible to clarify this.

Derbyshire Mind's MHAG is an independent group run by past and present service users with the aim of sharing experiences, fighting stigma and discrimination and campaigning for improvements to services.

Other larger voluntary organisations in the East Midlands providing groups where peer support may be taking place are Rethink and the British Red Cross. The British Red Cross provides a support group for adults over 50 with mental health problems. Rethink's Respect group is for 'sufferers, carers and family members'. It is not clear whether this is includes opportunities for peer support.

National networks of self-help groups

There is a network of self-help groups for people with eating difficulties (First Steps Derbyshire). Other groups include:

- Bipolar UK have around 11 local groups in the East Midlands

- 5 Depression Alliance groups
- 5 Hearing Voices groups
- 2 OCD groups
- 2 networks of Co-Counselling International are based in the East Midlands.

Local voluntary sector organisations

A few independent organisations were identified as being peer-led or user-controlled, offering a range of different activities as the primary focus including recovery, advocacy, and publishing/creativity. Most of these appear to encourage peer support whether as a primary or secondary focus of the organisation's activities. For example, Recovery, an organisation set up in 2004 by survivors of mental health problems, runs a number of different projects, including Pets as Wellbeing Support (PAWS) and advocacy. They regard these activities as a framework within which people can talk about their mental health experiences with their peers and learn from each other. Erewash Mental Health Association provides two day centres, one in Ilkeston and one in Long Eaton. They describe the support on offer as collective support.

Network for Change is a user-led organisation that promotes a culture of user involvement throughout. In their resource centre, they aim to break away from the traditional Day Centre model by providing groups/activities specifically designed, managed and delivered by service users themselves. They have established a peer mentoring programme and hope to develop more individual peer mentoring in the future.

BIPED is primarily a publishing collective but aims to empower people to 'find creative quality' with their arts or writing; they believe in the 'intrinsic value and worth of people with mental health issues' and base their approach on the 'mutual promotion of what people are capable of doing through artistic expression'.

Independent self-help groups

A couple of independent self-help / support groups were identified: two for people with depression, and one general group for people with an interest in mental health and wellbeing.

Peer support for minority and marginalised groups

The New Ark Foundation – an organisation to improve the health, education and general social welfare of Black, dual heritage and migrant communities – provides family support and mentoring opportunities. This is not described within a mental health framework but within a more holistic framework where the aim is to enable families to share experiences and build resilience. 'We value our cultural identity and heritage. We value individuals' life journeys and aspirations. We value family life and wholesome living which facilitates soundness of body and mind.'

West Midlands

Local branches or affiliates of national voluntary organisations

The West Midlands region yielded six local Minds which vary in the extent to which they responded to and prioritised peer support. One found the term 'peer support' unhelpful in that it was not thought to reflect the language used by their members. They did however describe the abilities, knowledge, experience and 'sheer survival skills' of people who use mental health services as '...a precious resource that could well be more effective in supporting other people's recovery than any formal service that currently exists'. Another local Mind responded 'Everything we do includes peer support, service users supporting each other as in our safe space drop-in.' A third talked of peer support as having developed formally and informally including self-help groups, user-led social activities and mentoring.

Sandwell Mind (now the independent Kaleidoscope Plus Group) was highlighted by the researchers as being particularly innovative and peer-led. They offer several projects or services with peer support as the focus: a befriending service, People In Mind service user forum and volunteer placement scheme. They define peer support in terms of individuals having equal standing who support, help and advocate for one another. 'Real partnership working and team approach'.

Alliance groups of self-help groups

The two Depression Alliance groups found by researchers in the West Midlands are very different in nature. One is a Penfriend service for members to be able to reflect on and understand more about their experience of depression by writing to a peer penfriend. Although in general Depression Alliance sees anyone who has experience of depression as a peer, they try to match members of the penfriend service with a peer of a similar age who is looking for similar things from the service. The other Depression Alliance group is B-GLAD, a weekly social support group for lesbian, gay and bisexual people who have experienced mental ill health (see below). Other groups in the region include:

- 10 Bipolar UK groups
- 1 Hearing Voices group
- 1 OCD support group
- 6 Depression Alliance groups including B-GLAD.

Statutory sector

Three projects were identified as providing peer support within the statutory sector: Birmingham and Solihull Mental Health Foundation Trust supports two: a small service user network associated with a specialist psychotherapy service and a project called Phoenix Hub and Clubhouse. Worcestershire Health and Social Care NHS Trust support a project called Big Recovery in Worcester.

Local voluntary sector organisations

Three small national charities were found to be based in the West Midlands: No Panic (a user-led organisation for people with anxiety disorders), Action on Post Partum Psychosis and First Person Plural (user-led charity for people with dissociative disorders). All were started by people with direct experience of the mental health condition.

In addition, two local user or survivor-controlled groups were identified, both of which talked of peer support as an indirect focus of their activities. One is a volunteer-run group in Worcester called Survivors Club. The other is a service user group in North Staffordshire which describes itself as a pressure group for people living in North Staffordshire who have personal experience of mental distress or illness.

Independent self-help groups

Two independent self-help/support groups were identified: one called the Philosophy Café based in Worcester and organised by one of the researchers, and one online group run by an individual as a peer support and advice group for friends and colleagues hosted on Facebook.

Peer support for minority and marginalised groups

The Tamarind Centre in Coventry supports BME communities (particularly African, Caribbean and Asian) who have mental health problems. Their peer support work has evolved over the years and has developed more into a mutual support group which encourages self-learning and self-management.

B-GLAD was established with support from Depression Alliance and Healthy Gay Life in Birmingham. It is a service user-led weekly support group for lesbian, gay and bisexual people, with an informal approach to peer support in the sense that people are meeting each other and talking through issues. They can refer people on for professional help if required.

North West

Over forty groups were identified in the North West, many of which are within Greater Manchester. Cumbria does not appear to be well served by self-help activity. Surprisingly few projects were identified operating in the major regional cities of Manchester and Liverpool. St Helens is well served by groups that support each other within a well established network.

Local branches or affiliates of national voluntary organisations

Four local Minds were identified in the North West where peer support is active in various ways. Stockport Mind has encouraged the setting up of groups for example, Hearing Voices, art, mindful media, emotional resilience and fibromyalgia, which have become semi-

autonomous and act as role models for further group developments. Rochdale and District Mind has a very distinctive model, in which peer support is embedded into every aspect of the organisation's work. Their approach is strengthened by the provision of induction, training, and regular structured support.

Local branches of national networks of self-help groups:

- Bipolar UK lists 13 local self-help groups in the North West
- 5 Depression Alliance groups
- 9 Hearing Voices groups
- 1 or 2 OCD groups
- Co-Counselling networks in Leeds, Manchester and Sheffield.

Local voluntary sector organisations

Three Local voluntary sector organisations were found in the North West. The Stockport User Friendly Forum offers user-led drop-ins and forums. CLEO (based in Oldham) is a user-led group that takes an approach based on the THRIVE values of peer support and recovery: Time, Healing, Resilience, Interdependence, Vivacity, Emancipation. They have a social group where 'unintentional' peer support takes place. If people require further support they may receive advice within the group, or arrange to see someone within CLEO on a one-to-one basis.

Finally St Helen's Peer Support Network is a local recovery-orientated network, focusing on people's strengths. The group members support each other with networking and contacting other groups, and also with day to day support. Linked to the Peer Support Network is the St Helen's Mental Health Forum which is a local group set up to improve the mental health of people in St Helens, by being actively involved in improving services. Peer support is not in the title, but members see it as a source of mutual support.

Eastern Region

Local branches or affiliates of national voluntary organisations

Five local Minds were found in the Eastern region with quite different approaches to peer support. Suffolk Mind's Peer Support Network is based on Co-Counselling International principles (see beginning of this section for more details). They offer a 3 day training course leading into membership of an active support network. They describe the approach as 'a method for increasing emotional resilience' and say that it offers 'a network of like minded people who can become a personal, social and emotional support system for life.' For this approach, a peer is a member of the support network, and not necessarily someone with identified or diagnosed mental health problems. Suffolk Mind also offers a range of peer support groups run by and for service users and focused on activities such as: arts and crafts, anxiety, swimming, and bi-polar and OCD support groups.

Herts Mind Network provides a Peer Support Service based on brief solution-focused therapy and values based within a person-centred approach. It is staffed by Housing Specialist Workers, Peer Support Co-ordinators and a team of Peer Support Workers who, together, provide individually tailored support to people who need it. The team of Peer Support Workers have lived experience of mental ill health and have overcome similar challenges to those faced by those they support.

Bedfordshire and Luton Mind provides a peer mentoring service for elderly people, and in addition is working with Luton CAB to establish a peer support project based on people supporting each other with practical issues such as benefits, childcare and tenancies.

Norwich and Central Norfolk Mind has a vision of extending peer support through service delivery models in the future, and are starting with peer support at work for staff with lived experience of mental health problems.

Rethink has a service in Southend-on-Sea called Recovery Point where they aim to launch support groups with the goal of achieving peer leadership and independence.

Local branches of national networks of self-help groups

The Eastern region appears well served by networks of self-help groups:

- 8 Depression Alliance groups[6]
- 11 Overeaters Anonymous groups
- 15 Bipolar UK self-help groups
- 11 OCD support groups
- 3 BEAT groups for people with eating distress
- 2 Hearing Voices groups
- 2 SOBS groups (Survivors of Bereavement by Suicide)
- 1 Co-Counselling International Network in Suffolk.

Statutory sector

Two statutory sector schemes were identified in the East of England. Hertfordshire Partnership Foundation Trust runs a Peer Support Scheme where peer support workers will support others on their recovery journey, to include routes out of day services, transition out of an acute day unit and listening to people in acute inpatient care. Peer workers are skilled up in personal recovery group training and the aim is to build joint working relationships between peer worker and service user. They offer a similar service for carers.

Norfolk and Suffolk Foundation Trust is keen to develop their peer support service beyond the existing input to Service User Champion roles to train and employ peer workers. They established as a Recovery College in November 2012.

Local voluntary sector organisations

Five Local voluntary sector organisations were identified here: Caraline, Impact Mental Health, Watford Women's Centre, Spring and Lifecraft. Caraline offers a self-help group for people with eating difficulties, another for carers/family members and an eating behaviours group that focuses on self-management strategies, support and self-help. Spring offers self-help groups for adults across Suffolk. Lifecraft is a service user-led organisation with a self-help focus offering groups and activities from a centre in Cambridge.

Impact Mental Health was established originally to evaluate local mental health services and evolved to provide opportunities for peer support. Their focus is on service user leadership and they regard the commonality between people as their 'USP' (unique selling point). They describe their approach to peer support as 'a dialogue based model where there is 'no 'them and us' feeling, and no hierarchy'.

Included here also is Watford Women's Centre which aims to foster informal peer support through all of its activities between women who are in need of support, some of whom are living with domestic abuse.

Peer support for minority and marginalised communities

None identified.

London

London was a challenge to cover due to the dense population and multitude of organisations, so we are barely scratching the surface here. In London, too, are many of the headquarters of national voluntary organisations, such as Mind, Together for Mental Wellbeing, Bipolar UK and Depression Alliance.

Local branches or affiliates of national voluntary organisations

A total of 21 local Minds are listed for London, many of which we did not manage to make contact with during the fieldwork phase. The local Minds we did contact vary enormously from those with active peer support projects to those who did not recognise the term. As an example of the former, Bromley Mind has a system of Peer Support Volunteers who run the open access sessions at three centres across Bromley. They have induction training, a role description and charter. Harrow Mind has HAPPI (the Harrow Active Peer Project for Inclusion) which is a social activity project run by service users, as well as the Hayaan project which supports local Somali people through training community peer educators.

6. NOTE: Depression Alliance lists only two groups

Two local branches of Together provide Your Way services in London (Your Way is the Together flagship model of self-directed and personalised support). Wandsworth and Southwark Your Way service offers people the opportunity to access support from workers and/or from Your Way peer supporters to improve their mental wellbeing and fulfil their hopes and aspirations. Southwark Your Way is co-produced by service users and includes a user-led management committee comprising staff and service users where key decisions are made.

Local branches of national networks of self-help groups:

- 6 Depression Alliance self-help groups
- 15 Bipolar UK groups
- 1 OCD support group listed
- around 25 Hearing Voices Groups
- 5 BEAT self-help/support groups (for people with eating disorders)
- Co-Counselling International local network.

Statutory sector

Two projects were identified in London in the statutory sector, although a couple of others were funded by the NHS. Peer Support in Southwark is based in the South London and Maudsley NHS Trust and provides peer support through volunteers to people who are being discharged from home treatment. It is run by a coordinator who has lived experience and offers one-to-one support as well as a drop-in service.

The Central and North West London NHS Foundation Trust and the West London NHS Trust are both listed as pilot sites for ImROC (Implementing Recovering for Organisational Change), but we did not find out any further information about their peer support activity prior to the end of the fieldwork phase.

Local voluntary sector organisations

There are many small local groups and organisations in London: some of them user-led and user-controlled and many that we were unable to obtain full information on within the timescale allowed. They include local service user groups where peer support projects have been developed, such as Enfield Mental Health Users Group (EMU) who are funded to provide peer support to people on hospital wards. Other service user groups, like BUG (Brent Users Group) and Islington Borough Users Group, encourage peer support as part of their ethos. An interesting organisation is Bowhaven in Tower Hamlets which is a user-led charity offering space for a number of smaller self-help and support groups and organisations, including Tower Hamlets African Caribbean Mental Health Organisation (THACMHO), and LGBT, men's and women's groups.

In a slightly different category is Branching Out, a horticulture project with a peer support/recovery focus. Funded by the Big Lottery as part of Ecominds, it is based within Community Options, a mental health charity that operates across London and the South East.

Peer support for minority and marginalised communities

Those identified by the project are: Kindred Minds (Southwark Mind); Hayaan project for the Somali community (Harrow Mind); the Fanon Centre (Southside Partnership/Certitude) peer mentoring project; Tower Hamlets African Caribbean Mental Health Organisation (meets at Bowhaven) and Canerows and Plaits (Sound Minds). Of these, Canerows and Plaits, the Fanon Centre group and the Hayaan project use the term 'peer support' or 'peer mentoring'. Canerows and Plaits provides peer support to people on the wards via volunteers who have similar experience. It started as a BME specific project but has extended its services to others on the wards.

In addition, a Black Users Group was listed at the Ellerslie Centre which is a mental health day care centre in West London, but we were unable to obtain further information about this during the fieldwork period. Another BME project is I.R.I.E. Mind based at City and Hackney Mind. As with the Ellerslie Centre, we did not manage to contact I.R.I.E. before the end of the fieldwork phase, but it appears to offer a range of groups and services including a Mentoring and Peer Support Group.

There is a LGBT group meeting at Bowhaven and a LGBT service called Outcome based at Islington

Mind. The latter has been in existence for some 13 years. It does not mention 'peer support' on the website but claims to be a client-led service with a range of services and supports on offer for the lesbian, gay, bisexual and transgender communities.

North East

The North East appears to be well served both by local Minds and by independent groups and organisations, some of which are user-led and user-controlled.

Local branches or affiliates of voluntary organisations

Across the region a total of 18 local Minds were identified. Many of these appear to offer a range of support groups which may provide opportunities for peer support but detailed information was not collected before the end of the fieldwork phase. A few, such as Hartlepool, Darlington and Leeds list 'peer support' groups or projects on their websites. Washington Mind offers a programme of activities under the title 'Recovery Support'. In addition, Sheffield Mental Health CAB has a peer support project in development.

National networks of self-help groups

The national networks list the following in the North East:

- 11 Bipolar UK self-help groups
- 5 or 6 Depression Alliance groups
- estimated 15–16 Hearing Voices groups
- Co-counselling International network in Sheffield.

Statutory sector

A couple of peer support projects were identified as run or supported by Sheffield Mental Health NHS Trust: Steps, SUN:RISE and a ladies Monday group. SUN:RISE (Service User Network) is primarily a consultation and involvement forum which enables service users to be informed, involved and engaged in Trust business. It has expanded to run groups, for example, on the acute wards, where service user members of the network support others.

Local voluntary organisations and groups

This is where the North East region seems to be particularly strong: from a local organisation of self-help groups for women and LGBT women experiencing depression and anxiety (SODIT, run by one of the researchers) to the user-controlled LAUNCHPAD in Newcastle (which is active in user involvement and improving services but also offers a range of self-help and self-management groups). There is evidence of considerable service user activism and activity, particularly in Sheffield. SHIP is an organisation in Sheffield that helps service users to create peer support groups; Sheffield LIGHT is a new women only user controlled group meeting monthly.

Also in Sheffield is SUST (Sheffield User Survivor Trainers) which is a network of mental health trainers with personal experience of mental health problems and using mental health services delivering mental health training in Sheffield and South Yorkshire. According to the website, the group acts as a source of mutual support for trainers, delivers mental health training, supports mental health service users to become trainers and develops written training materials. SUST members also participate in user involvement activities organised by other agencies.

In common with other regions, there are service user groups which may not have peer support as an explicit goal but where service users support each other in a user-controlled environment: the Mental Health Action Group (MHAG) and Mental Health User Representatives (MHUR), again in Sheffield. Scarborough Survivors is a registered charity run by service users who want to ensure that their voice is heard within local services. According to the website, it also offers 'a local self-supporting group covering the Scarborough and surrounding areas'.

Other independent voluntary organisations in the region include the St Wilfrid's Centre, for 'homeless, vulnerable and socially excluded' people, and CONTACT Morpeth. Both are centre-based organisations and not user-controlled; both offer groups and opportunities for people to meet and socialise with each other but do not mention 'peer support' as such.

Independent self-help groups

There are a number of other self-help groups in the region including: TRANX for people withdrawing from tranquillisers in Shiregreen, and self-help groups for depression in Batley and Halifax.

Peer support for minority and marginalised communities

Two LGBT groups were identified in the region; SODIT (for women in Sheffield) and a group meeting at LAUNCHPAD in Newcastle. Dosti Asian Women's Support Service in Leeds offers a supportive environment for Asian women with mental health issues. According to their website, they provide a drop-in service, service user forums and three groups meeting in different parts of Leeds. Also in Leeds, Touchstone offers a mental health service for BME communities, including community development work and claims to have an ethos of promoting peer-led work.

In Bradford there is an organisation for South Asian women accessing mental health services: Roshni Ghar. On the website, it says they provide community-based peer and professional support. Sharing Voices in Bradford is a community development organisation providing mental health support to Bradford's BME communities. From the website, it appears to offer both 'befriending and mentoring support' and self-help groups: 'A key feature of the work of Sharing Voices is to enable people to access self-help support and interventions.' One of these, Hamdard, is a faith and cultural based group run for and by South Asian women.

South West

The South West is characterised by a number of groups and organisations which have embraced the Intentional Peer Support model as described by Shery Mead (2003). Local Trusts funded training from Shery Mead and Chris Hansen from the United States which started some local organisations on a journey of providing a peer support model that incorporates a recovery ethos and the creation of roles for peer support workers and volunteers.

Local branches or affiliates of national voluntary organisations

Thirteen local Minds were identified across the region, several of which are actively encouraging peer support, although at least one of these appeared to include professional input. Taunton and West Somerset Mind has an intentional peer support group called PROS with the intention of supporting learning. Sedgemoor Mind is user-led; they provide a café and training centre and staff, volunteers and 4 out of 6 trustees are people with lived experience. West Cornwall Mind runs groups in which peer support is regarded as integral and is developing a new Peer Support Volunteer role.

Rethink Mental Illness supports three peer support groups in Exmouth which have become self-managing and user-led. St Mungo's, a housing association based mainly in London and the South of England, runs Building Bridges to Wellbeing in Bath. They run peer support groups and have a contract for enabling peer support groups to be established across Bath and North Somerset, based on a co-production model.

Second Step is another Housing Association in the South West offering two schemes which use peer support approaches. The first is Peer Support in which Peer Support Workers are employed in the organisation as either peer support workers or peer support assistants. The second is Horizons which is a mentoring scheme with volunteer mentors, some of whom have lived experience of homelessness and other related issues.

National networks of self-help groups

- 6 Depression Alliance groups plus Changes which is linked to Depression Alliance and supports 7 different groups in Bristol, which would bring the total to 13
- 12 Bipolar UK groups
- 5 Hearing Voices groups
- Co-Counselling International networks.

Statutory sector

Somerset Partnership NHS Foundation Trust supports peer support volunteers to go on to the acute wards, supported by the Volunteer and

Involvement Lead. There is a plan to pilot a Peer Support Worker post on an acute ward and a low secure ward; this project follows the ImROC work locally. Devon Partnership NHS Trust runs two peer support groups: one ward-based and one community-based; they are jointly facilitated between a peer volunteer and a staff member. It is hoped that the groups will become peer-run for mutual support in the future. The North Devon Link mental health service, part of Devon Partnership NHS Trust, provides opportunities for people to support one another in groups in four Link centres across North Devon.

Local voluntary sector organisations and groups

The independent voluntary sector appears to have a strong presence across the South West. A total of 11 organisations were identified during the course of the project with varied approaches to peer support. They range from Equilibrium, a user-led and unregistered charity for service users and carers affected by bipolar disorder, to Recovery Devon, a CIC co-run with mental health professionals which has a strong recovery ethos and takes the IPS approach to peer support.

Chard Intentional Peer Support Group was formed in the summer of 2007 following training from Shery Mead and Chris Hansen organised by Devon Partnership NHS Trust. Three of the Trusts in the South West were involved in arranging this initial training. According to their website, this 'provided the inspiration for forming our group, believed to be one of the first in the country'. They have recently set up WATCH, a voluntary group aiming to reach out and engage with adults who are socially isolated.

The Bridge Collective is a CIC aiming to build 'a democratic community of mutual support run by people who have experiences, beliefs, and feelings that have sometimes been labelled as mental illness.' It offers opportunities for social contact and mutual support, learning, teaching, discussion, being active and making a valid contribution both to the Bridge Collective itself and to the wider world.

Dorset Mental Health Forum describes itself as a 'peer organisation operating in a professional capacity'; it employs peer specialists and supports a number of independent peer support groups. Changes Bristol supports seven groups meeting in different locations across Bristol, facilitated by volunteers who have lived experience.

Positive Steps is a mental health user-led group and drop-in which provides a safe space for people to support each other. It originated out of the closure of a drop-in run by the local psychiatric hospital. They choose not to use the terms recovery or peer support and prefer instead the term 'user-led' as they do not see themselves as recovered.

Peer support for minority and marginalised communities

Mind in Sedgemoor lists a Culture Club for minority ethnic groups within its Sunny Side Up service. It is also planning to develop a group for LGBT members. Dorset Mind provides Mind Out Dorset, a specific group for LGBT members.

South East

This region reaches from Kent in the East to Oxfordshire, Berkshire and Hampshire in the West, so it is a large region with a diverse range of mental health projects and services.

Local branches or affiliates of national voluntary organisations

Twelve local Minds were identified across the region, with some actively engaged in peer support. Oxfordshire Mind has recently produced a training manual for peer support volunteers based on their experience.

The South East region is home to at least seven Your Way services provided by Together for Mental Wellbeing. Your Way services offer self-directed and personalised support including the opportunity to access peer support. Reading Your Way service offers accredited peer support training, service user-led groups and activities.

Eight branches of Rethink Mental Illness services were identified; these varied in the extent to which they referred to peer support. For example, Rethink Recovery Hope in Kent describes itself as a group meeting 'to provide peer support, creative activity and share information', and Rethink Sangam is a peer support group for BME service users in Kent. Rethink also provides Survivors of Suicide

support and peer-led support groups in Brighton and Hove.

National networks of self-help groups:

- 7 Bipolar UK self-help groups
- 6 Depression Alliance self-help groups
- 4 BEAT self-help/support groups
- 7 OCD self-help/support groups, not all of which are affiliated to OCD-UK.

PS4MH is a new collaborative initiative which aims to promote and share information among mental health peer support/self-help groups in Brighton, Hove and across Sussex. The groups associated with the initiative include local Depression Alliance, Bipolar UK, eating disorder and OCD groups.

Statutory Sector

Little was found in the statutory sector in the South East. However, Berkshire Mental Health Users Group (BMHUG) is a pan-Berkshire group to encourage and support service user involvement, and it is currently based in the Berkshire Healthcare NHS Foundation Trust. On its website, it says that it is seeking charitable status.

Local voluntary organisations and groups

Seven independent voluntary sector organisations were identified across the region, including CAPITAL Project Trust, which was founded in 1997 as a charity promoting peer support and mental health service-user involvement. It provides peer support for inpatients in West Sussex under a contract with the local CCG. Another user-led organisation is Medway Engagement Group and Network CIC, which offers peer support through group attendance. MindOut is a mental health project for Brighton and Hove's LGBT communities, originally established as part of Mind in Brighton and Hove. It is now an independent charity and offers a range of peer support opportunities.

An interesting user-led organisation is Recovery Partners. It offers one-to-one peer support, peer-supported drop-ins in wellbeing hubs and community venues across East Sussex; and independent support planning and brokerage for those who have a personal budget or are self-funding. 'We have lived experience of mental health challenges and have been trained as Peer Support Specialists to empower others in wellbeing, respect, recovery, hope and inspiration.'

Project SWAP CIC is a user-led organisation set up in March 2012 following a programme to train 12 peer brokers in East Kent. They provide peer brokerage training for service users to become peer brokers in order to work with service users to assist them to develop a support plan to help meet their social care needs.

There are a few independent self-help/support groups in the South East, including depression support groups in Surrey and Kent, student-run self-help groups in Oxford University and Oxford Brookes University.

Peer support for minority and marginalised communities

The independent charity MindOut in Brighton and Hove offers services including peer support to LGBT communities in the locality. There is also a peer support group for LGBT people in the Medway Engagement Group and Network CIC. In Kent, there is Rethink Sangam, a peer support group based in Rethink Mental Illness's Sahayak project, which provides culturally sensitive and specific services to members of Asian communities with mental health problems across Kent and Bexley.

Oxfordshire Mind works in partnership with the local Chinese Community & Advice Centre to provide peer support services for the local Chinese community, and also provides a peer support service for the local Polish community, called Przestrzen.

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