



CITY UNIVERSITY
LONDON

The University for business
and the professions

Experiences of peer support in the transition from hospital to home: Results of a pilot study

Alan Simpson
A.Simpson@city.ac.uk
Professor of Collaborative Mental Health Nursing

Dr Julie Rowe
School of Health Sciences
City University London



CITY UNIVERSITY
LONDON

The University for business
and the professions

Acknowledgements

- Thanks to all the Peer Support Workers, the project team and all the staff that supported us and the project
- This presentation outlines independent research funded by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Ref No. PB-PG-0408-16151). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.



Background to peer support

- Post-discharge
 - Increase risk of relapse, re-admission and suicide
- Patients often express anxiety about leaving ward
 - Miss the 24-hour presence of staff & friendship of other patients
- 'Buddy' system
 - Former patients provide friendship & support
- Reported benefits of peer support:
 - Reductions in readmissions & costs
 - Increased social networks & well being





Literature

- Potential benefits for service users (SU) & peer support workers (PSW) (Ochocka et al. 2006, McClean et al. 2009)
- Can empower SU, aid recovery & reduce re-admissions (Repper & Carter 2011)
- Australia: Sig reductions in admissions & re-admissions, less use of emergency services & cost savings (Lawn et al. 2007)
- Peer & ward staff support on discharge - reported reductions in readmissions, use of emergency services, lower costs, & increased satisfaction (Forchuk et al. 2007, Reynolds et al. 2004)



CITY UNIVERSITY
LONDON

The University for business
and the professions

Aims

- To investigate the effect of peer support on feelings of hope (Becks Hopelessness Scale), loneliness (ULCA), quality of life (EQ5D), & service use in psychiatric patients (in the three months following discharge from psychiatric hospital)
- To evaluate the impact of the intervention on patients, peer support workers and clinical staff
 - Interviews, focus groups and activity diaries
- To evaluate the economic consequences of the intervention



Method

- **Study design**
 - Pilot RCT comparing peer support alongside care as usual following discharge (n=55) with usual care alone (n=55), follow-up one month and three months post-discharge
- **Intervention condition**
 - Peer Support Worker (PSW) provide 6 wks peer support
 - Four psychiatric wards over seven months
 - Usual aftercare
- **Control condition**
 - Usual aftercare (medication monitoring, risk assessment, psycho-education, counselling)



Method cont...

- **Peer support**
 - Recruited Peer Support Co-ordinator (PSC)
 - Recruited, trained (12 wk) & processed CRB checks for PSWs
 - Ongoing supervision & support for PSWs
 - Joint MDT assessment of patient eligibility for peer support
- **Sample selection:**
 - Inclusion criteria: Diagnosed mental illness; approaching discharge/ extended leave; age 18-65.
 - Exclusion criteria: considered a risk to others; alcohol/drug dependent/problematic substance user; serious personality disorder; pregnant or caring for child/ren.



Measures

- Beck Hopelessness Scale (BHS Beck & Steer 1988)
 - Assesses negative attitudes about the future
 - Reliable measure of suicide risk (e.g McMillian et al. 2007)
- UCLA Loneliness Scale (V3) (Russell 1996)
 - Assesses subjective feelings of loneliness or social isolation
- EuroQol (EQ-5D) Quality of Life (Brooks & EuroQol 1996)
 - Assesses health related quality of life
 - Non-disease-specific & considered useful in economic evaluation
- Client Service Receipt Inventory (CSRI)
 - Well-established measure of service use (Beecham & Knapp, 2001)
- Peer Support Activity Diaries



CITY UNIVERSITY
LONDON

The University for business
and the professions

Qualitative methods

- Structured interviews with service users at one-month follow-up
- Focus groups at half-way and end with PSWs
- Focus groups with staff
- Framework Method



Framework method

- Form of deductive qualitative analysis developed specifically for applied or policy relevant analysis
- Process:
 - Three read all transcripts, agreed initial themes & dimensions
 - Two re-read transcripts & charted summaries under dimensions
 - Two checked each other's summaries
 - Third read through dimensions and refined
 - Consulted researchers, clinical academics & service user research group (SUGAR)
 - Dimensions were further refined
 - Overarching themes identified and agreed
 - Ritchie & Spencer, 1993; Pope, Ziebland & Mays, 2000; Ritchie & Lewis, 2003; Smith & Firth, 2011). Training via National Centre for Social Research (NatCen)



CITY UNIVERSITY
LONDON

The University for business
and the professions

Peer support worker recruitment

- PSWs
 - Volunteers: 18 people
 - Completed training: 13 people
 - Accepted as a PSW: 11 people
 - Provided peer support: 8 people
- Four focus groups with 8 PSWs
 - Mid-way
 - End of project





Peer recruitment

- Baseline
 - Receiving peer support (PS) - 24 participants
 - Care-as-usual (CAU) – 22 participant
- One month follow-up
 - Data collection - 26 participants (56.5%)(14 PS;12 CAU)
- Three month follow-up
 - Data collection – 15 participants (36.2% of the total sample; 57.7% T1 completers) (6 PS; 9 CAU).
- Interviews with 13 peers at end of peer support period



CITY UNIVERSITY
LONDON

The University for business
and the professions

Data Screening

- Small sample size.
- Missing data & skewness
- No statistically significant differences between groups on age or gender
- Both groups contained participants from a wide range of ethnic backgrounds
- Housing status similar (mainly local authority/housing association/supported accommodation/no fixed abode).



Results: Demographics

Table 1: Peer support workers

Demographic	Demographic categories	Frequency/ Mean
Gender	Male	9
	Female	4
	Total	13
Age		42yrs 5 mths

- Ethnically diverse group: White British, Black Caribbean, Black British, other White & British Bangladeshi



Results: Demographics cont...

Table 2: Peer support

Demographic	Demographic categories	Frequency	Percentage
Gender	Male	17	70.8
	Female	7	29.2
	Total	24	100.00
Ethnicity	Black African	7	29.2
	Black Caribbean	1	4.2
	Black other	5	20.8
	Mixed Race	4	16.7
	White UK/Irish	6	25.0
	White other	1	4.2
	Total	24	100.0
Living Status	Alone	13	54.2
	With others	6	25.0
	Missing	5	20.8
	Total	24	100.0



Results: Demographics cont...

Table 3: Care-as-usual

Demographic	Demographic categories	Frequency	Percentage
Gender	Male	19	86.4
	Female	3	13.6
	Total	22	100.0
Ethnicity	Chinese	1	4.5
	Bangladeshi	1	4.5
	Black African	2	9.1
	Black Caribbean	7	31.8
	Black other	2	9.1
	Mixed Race	1	4.5
	White UK/Irish	6	27.3
	White other European	1	4.5
	White other	1	4.5
	Total	22	100.00
Living Status	Alone	13	59.1
	With others	6	27.3
	Missing	3	13.6
	Total	22	100.0



Results: Interactions

Table 4: Peer – PSW interaction

Category	Mean N	Total Time	Mean Time
Face-to-face contact	5.10	268.50	45.78
Phone contact	7.70	38.59	5.20
Staff liaison & other time	0.99	13.35	4.39
Attempted contacts	2.54	40.93	4.20



Results: Main measures

- Beck's Hopelessness Scale (BHS)
 - Hope increased for both groups - higher increase in PS group, approaching significance $\chi^2(2) = 5.810$, $P = 0.055$)
- UCLA Loneliness Scale V3 (UCLA)
 - Loneliness increased for both groups at T1 & for CAU only at T2.
 - No statistical difference in loneliness between baseline & follow up at 1 or 3 months for PS condition $\chi^2(2) = 0.609$, $p=0.738$ or CAS condition $\chi^2(2) = 2.250$, $p=0.325$.
- EQ5D EuroQoL Quality of Life Scale (EQ5D):
 - Overall quality of life increased for both groups T1 & for CAU only at T2 (not significant)
 - Statistically significant increase in health state from baseline to T2 for CAU only ($Z = -2.366$, $P = 0.018$)



Results: Initial dimensions for PSW's

“She was meeting her family more and seeing more people and she looked more vibrant. I'm not saying it was totally because of me but hopefully I had a part “(p.2).

“After I told my peer it was a voluntary position I could literally see in the way he spoke, his tone of voice, the look on his face, it was like a wall coming down and he started treating me differently” (p.7).

PSW Framework Analysis 5th March 2012 - Microsoft Excel

	A	B	C	D	E	F	
1	Focus Group	Overall Impression		Relationships			
2	A (42 pages)	PSW	Peers	with peers	with ward staff	with peer support coordinator	
3	Possible categories	Enjoyed	Appreciated			Impact on peer	
				I think I was matched up with someone very suitable (p. 1). I don't think we ever had an argument and she definitely appreciated my peer support (p.2). It's quite hard to communicate with some of the peers I'm seeing (p.3). All I got was one word answers (p.4). My one, she was a chatterbox (p.4). He's just like a friend now, we just talk casually. (p.6). I've met him about three times but he still seems a bit shy at first (p.7). The peers are with me much more relaxed with you than around the staff (p.12). They come out of their shell a bit more, and then it is that way you are with them (p.12). It is just about peer support but you can grow to like someone (p.15). After the second time I met my peer he started doing the African handshake with me (p.21).	The always trusted peer with me (p.8).With the staff on the wards we're all an outsider and you have to ask if there is a room you can go in (p.25). The staff were fairly welcoming, the did ask if they had to write out a report, I said no, no, no but I didn't expect a cup of tea particularly (p.25). Some of the nurses were quite pleased to see me when I went up there on the Wednesday (p.26). I feel like an outsider, nobody spoke to you, nobody in the staff room spoke to you. I had to do all the running p.26).The other thing was lack of communication because nobody told me my peer had a care plan assesment coming up and so that was why my last meeting with him was so bad (p.26). Passing on information I didn't need until the point where I said we thought was a crisis and the staff did give me as much information as they had (p.27/28).	I felt as I'd known, knew her for years even though I'd only met her for six weeks or so. She was right easy to get on with. (p.32). She was very supportive (p.32). Couldn't do enough really (p.32). [Name] were very, very good to get on with. A very nice person (p.32).She's a very nice person, gave all the information and a good relationship with her (p.33). Very approachable as well (p.33). I think she is very understanding as well (p.33). She is more than happy to rearrange or reorganise something, meetings (p.33). She always seems happy as well. I've never seen her down or depressed or anything like that (p.33). I find her very accomodating, approachable and a very nice person (p.33).	She was meeting her family more and seeing more people and she looked more vibrant. I'm not saying it was totally because of me but hopefully I had a part (p.2). Success story (p.2). I think it had a positive effect on Peer because he moved away from talking about his troubles and started talking about regular things (p.6). I think my peer responded quite well and he then told me a lot of about his difficulties (p.10). My last peer wants to become a peer support worker as well (p.12). In all honesty my peer wasn't taking it in ... it was like you're sorted but I'm not (p.16). My peer gave me her crisis card with my name was on it ... and her daughter's (p.17). Last time I saw her in registering to do the catering course which is what she wanted to do (p.19).



Results: Initial dimensions for PSWs cont...

Initial themes	Initial dimensions (categories)	Refined dimensions	Final themes	Main themes
Personal development	<ul style="list-style-type: none"> •Personal achievement (facing fears) •Pride/employment •Privileged/lucky •Increased confidence •Increased self-awareness/ understanding •Increased understanding of own recovery processes •Learning skills 	Achievement Pride Confidence Self-awareness Recovery insights New skills	Pride Confidence Enhanced self-awareness New skills	Positive impacts for PSWS Challenges for PSWS
Negative impacts	<ul style="list-style-type: none"> •Thinking about your peer •Friendship/attachment •Peer not maintaining contact •Contact too short •Emotional impact of endings •Fear of violence •Fear of suicide •Peer's decline after ending •Frustrations with services •Staff hostility •Benefits complications 	Emotional attachment Endings Fear Workplace tensions Benefits	Attachment Endings Fears System tensions Benefits/Pay	



Results: Initial dimensions for peers

“It could've been a bit longer” (p1). “Would've been nice to carry on a bit” (p6). “It wasn't long enough” (p7).

Participant code	Non-judgemental	Flexible/reliable	Supportive/ encouraging	Easy to talk to	Friendly/ nice	Understanding
PSP1	Non-judgemental person (p1). Nice to have someone non-judgemental (p2).	PSW prepared to rearrange meetings (p1). PSW was alright with bumping into peer's daughter (p1). PSW notified peer of lateness or cancelled meetings (p2). Peer suggested what to do because some things PSW suggested peer wasn't into (p2). PSW didn't invade space because they knew what peer was like about having people around all the time (p3).	Encouraged peer to venture out of hospital (p1) and encouraged to talk (p5). Always trying to encourage them... no one can make them do anything they don't want to but PSW just encouraged them because they heard the way peer talked and said "why don't you do something about it?" (p2). "I came out and he was there to support me" (p5).	Easy to talk to (PSW) (p1).	Everyone was very nice (p3). It's good for your mental health if people are nice to you (p3).	PSW understood peer was going through a situation (p1).
PSP2	PSW doesn't judge you (p4). Didn't feel PSW judged them (p4).	peer to take their time and give peer time	If peer didn't have a support worker, PSW would've been brilliant (p3).	Felt easier to talk to PSW than they did the doctors (p4). Peer could speak to PSW - it's hard to talk to care coordinator, can speak to PSW more (p8). Peer feels free to speak (p11) x2.	Very very very very very nice (p3). PSW was so kind (p4). PSW was "good" (p5 & 6). PSW is friendly, laughs anytime (p11).	PSW knew peer's moods and asked if OK or wanted to return to hospital (p3) (p6).
			Telling peer to go forward instead of going back (p4). PSW told peer don't be scared, just say what you want to say (p5). PSW recommended using the little things to build peer up: don't set sights too high (p8).		Worked out straight away. PSW was pretty easy going (p7).	Peer support has nothing to do with the hospital, the ward (p1). Somebody properly separate from the hospital (p3). Somebody that's not connected with the doctors or the consultants or the nurses (p3). As soon as they came out the door, PSW would take their badge off to make peer feel at ease (p4). So nobody needs to know PSW was with a mental health patient and they appreciated that (p4). Staff asked what they do, which has nothing to do with them (p6).
						Something different like hospital or doctors (p6).
						PSW seemed nice enough (p1). Got on well (p1).
						PSW wasn't a doctor or a psychologist or anything like that (p4).

“PSW doesn't judge you” (p4). “Didn't feel PSW judged them” (p4).



Results: Initial dimensions for peers cont...

Initial themes	Initial dimensions (categories)	Refined dimensions	Final themes	Main themes
Peer Support processes	<ul style="list-style-type: none"> Talking and listening Meals and conversation Phone contact Outings/Encouraged not to isolate Shared experiences Sharing loss Benefits & practical advice Internet & training courses Exploring (recovery) goals 	<p>Interaction</p> <p>Socialising</p> <p>Sharing/Mutuality</p> <p>Support & advice</p> <p>Information & training</p> <p>Recovery</p>	<p>Interaction</p> <p>Socialising</p> <p>Sharing/Sympatico* *To share a mental connection or bond</p> <p>Support</p> <p>Mentoring</p>	<p>What Peer Support Workers provide</p>
Impact on Peers	<ul style="list-style-type: none"> Opening up Something to look forward to Increase contact family/friends 	<p>Hopeful outlook</p> <p>Increased family/social networks</p>	<p>Hope</p> <p>Social contacts</p>	



Results: Final dimensions for peers

Initial themes	Initial dimensions (categories)	Refined dimensions	Final themes	Main themes
Types of Interaction	<ul style="list-style-type: none"> Talking face-to-face Talking on phone Enjoyment & activities 	Interaction Socialising	INTERACTION SOCIALISING	What Peer Support Workers Provide
What was received from PSW	<ul style="list-style-type: none"> Practical support Emotional support Reassurance Increased life skills Increased self-confidence Being listened to Someone to talk to Friendship Shared experience 	Support Mentoring Confidant Sharing/Sympatico*	SUPPORT MENTORSHIP CONFIDANT SHARING/ SYMPATICO*	
PSW qualities	<ul style="list-style-type: none"> Non-judgemental Flexible & reliable Supportive & encouraging Easy to talk to Friendly/nice Understanding Not part of 'the system' 	Respect(ful) Supportive/ Encouraging Empathic Independence	*To share a mental connection or bond RESPECTFUL ENCOURAGING EMPATHIC INDEPENDENT	Peer Support Worker Qualities



Demographics discussion

- Around two-thirds of the patients in both groups were 'informal' patients, rather than detained under the Mental Health Act.
- The primary diagnoses in both groups were largely spread around a range of psychotic disorders, although there were a higher proportion of people with depression in the peer support cohort.
- Around half in both groups reported several previous admissions.



Quantitative discussion

- Hope: Peer Support cohort showed trend towards significant increase in hope post-discharge compared to CAU
 - Suggests larger sample may demonstrate significant increase in hope. May help aid recovery & reduce risk of relapse & suicide
 - Longer period of peer support may also further increase hope
- Loneliness: Increased in both groups at T1 and continued to increase in CAU but not PS
- HRQoL: Improved in both arms post-discharge but more so in CAU. No obvious explanation.



Qualitative discussion

- Clear, complementary overlaps between peers and PSWs in identifying key factors or *meanings* of peer support:
 - Interaction (talking, listening, checking-in)
 - Socialising (meals, outings, family and other contacts)
 - Support (practical, emotional)
 - Mentoring (life skills, computers, internet, courses, recovery)
 - Sharing/mutuality/*sympatico* –*shared experiences/bond*
 - Hope and encouragement
 - Respectful, empathic and independent of services



CITY UNIVERSITY
LONDON

The University for business
and the professions

Qualitative discussion cont...

- Personal gains for PSWs include:
 - Sense of achievement and pride (employment)
 - Increased confidence
 - Enhanced self-awareness (and recovery)
 - New skills
- Important issues that need to be considered in future development of peer support services:
 - Emotional attachment and demands
 - Relationships with other staff
 - Pay/benefits



Qualitative discussion cont...

- Data suggest that most peers valued peer support
 - Would have welcomed longer support from PSWs
- This may also explain the increase in loneliness T1
 - In PS condition, loneliness was assessed just after peer support had been terminated,
 - Perhaps fuelled a feeling of loneliness as the emotional/practical support ends.
- All PSWs reported gaining from experience but
 - Challenged with ending peer support relationships for themselves and their peers - many expressing upset.



Reflections on Framework method

- Superb way to organise, summarise and review data
- Worked well with interview data – more succinct and focused
- Long, discursive nature of focus group interactions meant topics were touched on but sometimes not explored in detail
- Focus group transcripts long - harder to focus on manageable number of dimensions for framework
- Next time will use QSR NVivo10 for Framework to aid identification and organisation of dimensions



Recruitment challenges

Table 4: Peer – PSW interaction

	No reason	Declined to be involved in research	No extra support required	Wanted PSW	Not ill / can't be helped
Potential participants	24	8	9	2	3

	Considered risk to others	Substance misuse	Serious personality disorder	Caring for children	Not mentally ill	Required interpreter
Exclusions	18	13	10	4	2	6

	Discharged before contact with PSW	Failed to complete paperwork	Discharged before seen by researcher	Mental state deteriorated	Transferred from ward
Discharged	4	6	2	2	3



Recruitment challenges cont...

- Of those that did not complete all data collection:
 - Three were not discharged from hospital after baseline
 - Ten failed to respond to T1 follow-up
 - Six actively withdrew from the study
 - Six failed to respond to T2 follow-up
 - Two actively withdrew at T2
 - Two people died (unrelated medical conditions) post T1
 - One person was re-admitted at T1 & too unwell to continue
 - Three had not completed T2 when the data collection ended



CITY UNIVERSITY
LONDON

The University for business
and the professions

Recruitment points

- CRB delays & PSWs availability (new service!)
- Target: 110 service users, Recruited: 46
 - Delayed discharges
 - Inner London
 - High morbidity, forensic/risk histories & substance use
 - Service users wanted peer support not care as usual
- Follow-up rate poor
 - Despite massive efforts
 - Transient and complex population (moving accommodation, loss of phone contact, no email)
 - Requires creative solutions



CITY UNIVERSITY
LONDON

The University for business
and the professions

Developments

- Peer support popular - service users, PSWs & local services
- Peer support coordinator employed full-time by Trust
- PSWs moved into employment and education
- Peer support introduced in one borough using same model & two new waves of PSW training completed
- Approaches from other areas of Trust to help develop Peer support



CITY UNIVERSITY
LONDON

The University for business
and the professions

Conclusions

- Challenging to establish and research new service – which we set up!
- Data and experiences from trial used to inform development of large cohort study of peer support



CITY UNIVERSITY
LONDON

The University for business
and the professions

Thank you

- For more information please email:

A.Simpson@city.ac.uk