The transition from patient to mental health peer worker: A grounded theory approach

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Design your future!

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Introduction

- **Peer workers** (people who have experienced MH problems and who want to use this experience to support others (Davidson et al, 2012): **emerging new group of health care providers**
- **Worldwide: there is an increasing interest to deploy peer workers in a diverse and increasing number of domains** (Wallcraft, 2012)
 - Meaning for **patients** (e.g. by creating an instant connection with patients, acting as role models and lowering the threshold to seek help (Myamoto & Sono, 2012, Chinman et al., 2008)
 - Meaning for **health care staff** (e.g. by reinforcing the belief in staff members that recovery is possible (Tambuyzer et al., 2014)
 - Meaning for **peer workers** themselves (e.g. more self-confidence/ self-esteem and a widening of their social network (Holey et al, 2015))

Introduction

- Evolve from **a service user and lay person to a caregiver** = a transition process (Ludin et al., 2013)
 - Shape their role as a peer worker from a dual identity (Moll et al., 2009)
 - Betwixted and between (Simpson et al., 2017)
 - Their transition coincides with **a mental healthcare in transition** and a mental healthcare that is ill prepared to implement peer roles in their organisations (Sklar et al. 2013; Vandewalle, Debyser et al, 2016)
- In relation to this process of double transition, it is interesting to investigate how peer workers experience their own transition and which processes facilitate it.

Methodology

Objective of the study

To gain an integrative analysis of the natural transition process from patient to peer worker from the perspectives of peer workers themselves

- Data: oktober 2014 - may 2015
- Qualitative study- Grounded Theory
- Homogeneity and heterogeneity - minimal experiences of 5 direct interactions with patients
- Interviews with 17 peer workers (from four different provinces in Flanders)
- Analysis - Constant comparative methodology - N-Vivo
- Research triangulation, audit trail, reflexivity
- Ethical approval - confidentiality was guaranteed during the whole research process

METHODOLOGY

TABLE 2: *Characteristics of the participants*

	<i>N</i>	<i>17</i>
Gender		
Male	7	
Female	10	
Age (in years)		
30-39 years old	3	
40-49 years old	4	
50-59 years old	9	
≥60 years old	1	
General level of education		
Unknown	1	
Secondary education	5	
Higher education	6	
University education	5	
Training received (f) as peer worker		
No formal training received as peer worker	15	
Formal training received as peer worker	2	
Experience as peer worker (in months)		
<12 months	3	
12-23 months	4	
24-35 months	3	
36-47 months	2	
>48 months	5	
Status as peer worker		
Paid	4	
Unpaid (Voluntary)	13	
Average number hours/week		
No set planning (hours not defined)	6	
Between 10-20 hours/week	6	
≥20 hours/week	5	

f'Formal training' was defined for this study as completing a trajectory that leads to a certificate and that aimed to teach the participant peer worker skills.

Methodology

Table 1. Questions from the topic guide |

(Opening question) Can you tell us about your experience of becoming a peer worker?

Can you tell us a bit more why you became a peer worker?

Did your role change as you became more experienced as a peer worker? And if so, how did it change?

Can you describe any challenging experiences you had as a peer worker? What aspect of your peer work did you find most stimulating?

How do you experience your work as a peer worker now?

PERSPECTIVES OF PEER WORKERS ON THEIR TRANSITION PROCESS

- Taking up peer worker roles

The process of **experiences of mental suffering** as a **catalyst**

A process associated with **positive expectations**

Peer work as an opportunity to ensure their personal recovery journey

- To be **recognised and acknowledged** for their own **MH lived experiences and vulnerability**
- **To go on with qualities and strengths** they 've (re)discovered during their recovery journey
- **To deliberate themselves from trapped dynamics and to build up a meaningful life**

(Participant 13) It is also the case that in having contact with patients, you help them in their process for a while, but your own process also continues.

Often, seeing how other patients deal with it means that you learn things for yourself as well. So that is a dynamic that goes in both directions.

PERSPECTIVES OF PEER WORKERS ON THEIR TRANSITION PROCESS

- Taking up peer worker roles
The meaning of **confidential counsellors**

(Participant 10) I was desperately searching for a new job as part of my rehabilitation process. One day, my psychiatrist asked me: “why not become a mental health peer worker?” I had never heard anything about peer work before, but it made me interested and very curious. So, I started to search the internet. And the more I read about peer work, the more I believed it fits with who I am.

PERSPECTIVES OF PEER WORKERS ON THEIR TRANSITION PROCESS

■ Continued growth as a peer worker

Perception of their role as a peer worker is increasingly colored by factors that can strengthen or threaten their personal development. These are factors that can vary according to time and situation, depending on the degree of:

- **Tailor-made approach** to enhance personal self-development
- **A balanced deployment of positive attributes**
- **Managing positive and negative encounters** experienced within the organisation/ team

→ **Core underlying process:**

Striving to fulfill their need for personal self-development and at the same time taking care to uphold, maintain and preserve themselves

A spring with its many coils symbolises the potential recovery power within the peer worker

Dynamic interplay of forces **promoting** or **threatening** the process of growth and personal development of the peer worker

- Degree of **tailormade peer work** that enhances **personal development**
- Degree of **balanced use of personal qualities** as a peer worker
- Degree of **positive encounters** experienced in the organisation/ team
(Climate of support, coordination and receiving opportunities)
(Atmosphere of equality)
(Clear and transparent communication)

DISCUSSION

KEY INSIGHTS

- Core processes were uncovered that peer workers need to develop and sustain in their transition process
- Becoming a peer worker is a chance to transcend their own mental health and to further safeguard their personal recovery process

DISCUSSION

IMPLICATIONS FOR PRACTICE

Mental health practitioners and organisations

- Are in a unique and privileged position to witness and to support from the first line the discovery journey of MH peer workers
- Can enhance the integration of peer workers by setting up a support framework in collaboration with the peer workers themselves
- Should be cautious not to push their agenda forward in a way that overrides the views and agenda of peer workers

Educational initiatives for peer workers

- Should focus on clarifying and explaining the importance of the personal recovery journey
(And NOT on initiating them in the culture, language and working methods that are common in MH organisations)

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I've learned that people will forget
what you said, people will forget what
you did, but people will never forget
how you made them feel.

~ Maya Angelou