



# An evaluation of Mental Health Peer Support groups across Buckinghamshire



March 2017

## What was the project about?

Healthwatch Bucks commissioned Buckinghamshire Mind to undertake an evaluation of mental health peer support groups across the county over a period of four months, from October 2016 to January 2017. The research focuses on:

- Current provision
- Defining the unmet need
- Exploring the key features of best practice
- Proposing a costed way forward

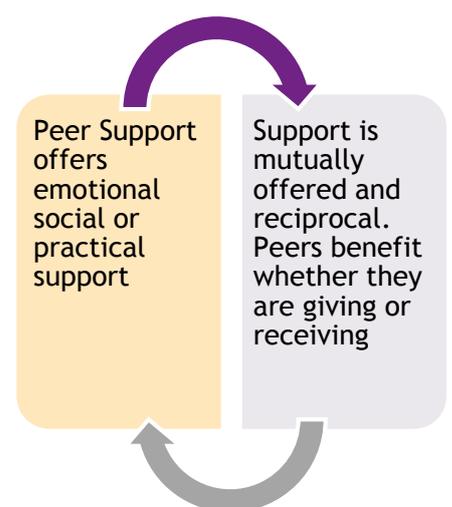
More detail on each of these areas can be found in the attached appendices. Each appendix is designed to be a stand-alone document to support voluntary sector organisations in the county to implement a peer support programme.

### What is peer support and why is it important?

Peer support is quite simply explained as support exchanged between people who share something in common. By meeting up and spending time together people are entering into something on a more or less shared, or equal basis. Specifically, 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.”***<sup>1</sup>

Usually, the support exchanged between people might go in either direction or in different directions at different times.

Peer support is important to people with mental health problems in so many ways. It can promote hope and belief in the possibility of recovery, engage and empower people to make changes in their lives, encourage the self-management of difficulties and improve social networks to tackle loneliness and social isolation.



<sup>1</sup> Faulkner A et al. (2013). Mental health peer support in England: piecing together the jigsaw. *Mind*.

## Why did we do the project?

- The ultimate aim is to raise the awareness of the need for peer support for those people in the community with mental health problems and provide a robust evidence base for commissioners, Healthwatch Bucks and Buckinghamshire Mind to work to deliver the improved provision of services.
- We wanted to fully understand and incorporate the service user voice (both existing and potential) across the county in the design of services.
- The project also aims to disseminate best practice to other organisations looking to establish peer support programmes. Buckinghamshire Mind was chosen as a delivery partner because it was well placed as a member of the Mind network to access best practice from both national Mind and other local Mind associations.
- To define a clear action plan to take our recommendations forward.

## What did we do?

Buckinghamshire Mind used a mixture of qualitative and quantitative research methods, including:

- **‘Mind the Gap’** - Face-to-face interviews with 37 group members of this established peer support group.
- **Buckinghamshire Mind Befriending Service**- Interviews with potential members of this county-wide Befriending Service.
- **Pop-in Café** - A small study of eight people was conducted by Support Recovery Workers (of the Adult Mental Health Team) with members from the Pop-in Cafe in High Wycombe. The study resulted in an understanding of need and best practice.
- **Local Minds** - Buckinghamshire Mind collated evidence of best practice by speaking to other local Minds who currently run peer support programmes. In particular, the peer support coordinators in Oxfordshire Mind and Northampton Mind were interviewed at length.
- **Adult Mental Health Teams** - Meetings were held with the Clinical Leads from both the North and South Adult Mental Health Team (AMHT) to establish need from their current caseloads in both the assessment and treatment functions.
- **Support Time Recovery Workers from the Adult Mental Health Teams** - a small forum was held with six support recovery workers to establish best practice and need.
- **Clinical Commissioning Group** - We met with the Clinical Lead for Long Term conditions for Chiltern CCG and Aylesbury Vale CCG (Clinical Commissioning Group) to discuss referrals and importantly the criteria for peer support as well as the Mental Health Commissioner for Chiltern CCG and AVCCG
- **Buckinghamshire Recovery College** - A meeting was held with the Head of the college to discuss the potential for partnership with the college to complement peer support groups in the county.

*“This group has helped immensely to increase my self-confidence in social environments, which in turn helped me in to employment”,  
Mind the Gap member, Chesham*

- A questionnaire was conducted through the Buckinghamshire Mind website, Twitter, and Facebook platforms. Hard copies were distributed to people who are currently on the wait-

*“Our peer support group gives me a voice; I can give advice to others on how to deal with issues I have dealt with, which I hope helps other people going through similar problems. I feel I am saying something useful.”* Mind the Gap member, Chesham

ing list for the Buckinghamshire Mind Befriending Service and/or attending the Buckinghamshire Mind education and training programme. Other questionnaires were held ‘face-to-face’ with services users. There were 44 respondents to the questionnaire.

## What did we discover?

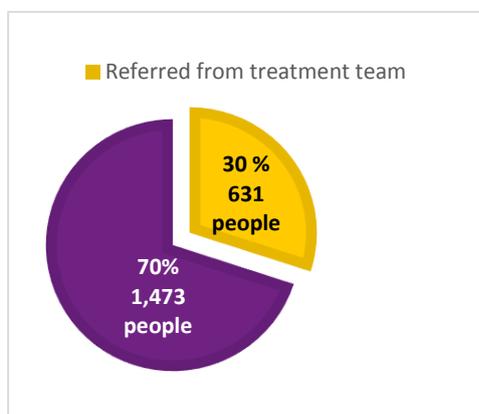
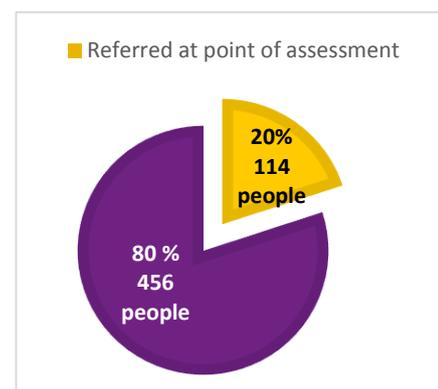
There were four main findings:

### 1. Current Provision

- Currently peer support is fragmented across Buckinghamshire. Provision is lacking in the rural areas and the north of the county in particular Aylesbury Vale. (Appendix A)

### 2. Need - (see Appendix B for full breakdown of figures)

- 20 % of referrals to the AMHT could be diverted at the point of assessment into peer support groups. This is approximately 114 people.



- A further 30 % of patients currently with the AMHT could be eligible for referral to a peer support group. This is approximately 631 people.

- **The total potential reach from the AMHT:** In total 745 potential people from the AMHT assessment and treatment functions alone could benefit from peer support groups. Supporting people more effectively in the community would ease the pressure on demand for support from Oxford Health NHS Foundation Trust staff and services.
- **Service users want more groups;** 75% of all respondents from the questionnaire would access a group if provided.
- **Service users want more groups that are age appropriate** especially for those 18 - 30 years old.

### 3. Best Practice - key features (see Appendix C for detailed guide) are:

- **Service users would like more activity-based groups** away from the clinical environment.
- **Location and accessibility** were cited as an important element for the groups as many service users access public transport. Those service users in rural areas are particularly disadvantaged.
- **Group size is important:** group size should be small and meaningful.
- **Training of volunteers is essential** to maintain positive group dynamics and help members work through difficulties and celebrate successes.
- **A minimum of two peer support volunteers** are required to run the group.
- **All referrals must meet specific criteria** before an initial assessment.
- **Peer support groups should collaborate with other services** to increase their effectiveness.

### 4. A costed way forward

- **An investment of £40,000 per year** would fund a peer support programme to reach up to 150 people with mental health problems in the community; £266 per person per year. (Appendix D)

## Recommendations

- The All Age Mental Health Commissioner, should investigate the delivery of an enhanced peer support service across Buckinghamshire as the current provision for mental health peer support groups across the county does not meet with demand. Local mental health service providers should be involved in these discussions.
- Those commissioning and delivering mental health services need to make sure peer support groups are evenly distributed across the county, with particular focus on the Aylesbury Vale district.
- The AMHT and the CCG should review their referral criteria with each provider to ensure all referrals are appropriate.
- Any organisation delivering peer support links with Oxford Health NHS Foundation Trust and Community Impact Bucks to promote these volunteering opportunities. This is because recruitment of volunteers is imperative to help run the groups. Both peer support volunteers and outside volunteers are needed to help manage and sustain groups.
- Buckinghamshire Mind should make information available about current peer support through its online directory, to be launched in summer 2017.

## What are we doing to ensure these are delivered?

- Buckinghamshire Mind and Healthwatch Bucks will send this report to the Mental Health All Ages Commissioner for a response on the way forward for:
  - redressing the imbalance of provision in peer support across the county; and
  - ensuring that appropriate referral criteria are being used.
- Buckinghamshire Mind and Healthwatch Bucks will send the good practice guide to the current peer support providers to support their delivery.
- Buckinghamshire Mind and Healthwatch Bucks will also write to each peer support provider recommending they link in with Community Impact Bucks and Oxford Health NHS Foundation Trust to promote their services and collaborative volunteering opportunities.
- Buckinghamshire Mind will maintain/expand existing provision and monitor current peer support, subject to available funding.

### Acknowledgements

Healthwatch Bucks and Buckinghamshire Mind would like to thank the following for all their input in the research phase of this report:

The Buckinghamshire Adult Mental Health Teams, Chiltern and Aylesbury Vale Clinical Commissioning Group, national Mind, Oxfordshire Mind, Northampton Mind, Coventry Mind, Friends in Need Berkshire, the Mind the Gap peer support group, Buckinghamshire Recovery College and all Buckinghamshire Mind colleagues.

**For more information, please contact: Healthwatch Bucks 0845 260 6216**

**Buckinghamshire Mind: 01494 463 364**

## Appendix A: Current peer support provision across Buckinghamshire

Current provision was researched to map mental health peer support groups and resources across Buckinghamshire so that the full extent of service provision could be understood. All the information collated through this research will be available to view on the Buckinghamshire Mind website and its online directory, 'The Buckinghamshire Mind Guide'. The Mind Guide will be launched in summer 2017 as an online information hub regularly updated by Buckinghamshire Mind staff. This will be used by medical professionals and service users alike.

### Key findings:

- **Currently peer support is fragmented across Buckinghamshire. Provision is lacking in the rural areas and the north of the county.**
  - 'Mind the Gap' (under Buckinghamshire Mind) currently runs a number of peer support groups in Chesham and High Wycombe.
  - Improving Access to Psychological Services (IAPT) service runs a peer support group every six weeks by referral only, which is clinician-led.
  - 'Men in Sheds' have well established networks across the county.

## Current provision of peer support across Buckinghamshire

### 1. Mind the Gap

Mind the Gap is a peer support group offering social and activity groups for people experiencing mental health difficulties and social isolation. It runs social and activity groups in Wycombe and Chesham.

As a self-support group Mind the Gap offers people the opportunity to enjoy a social life, play sports, make new friends and support one another in their recovery. Currently, Mind the Gap has 69 signed-up members, of whom 42 regularly attend. For more information, call: Buckinghamshire Mind on 01494 463 363 or visit [www.bucksmind.org.uk](http://www.bucksmind.org.uk)

### 2. Burnham Library Social Group

Buckinghamshire Mind runs a monthly peer support group in Burnham for people with mild to moderate mental health difficulties.

The group provides an opportunity for local people to meet regularly, to talk, to listen, to share experiences and, with Buckinghamshire Mind support to develop the group themselves. For more information, call: Buckinghamshire Mind on 01494 463 363

### 3. Marlow Women's Group

This group offers social activities to local people over the age of 18, particularly young women experiencing post-natal depression or social isolation. There is also a free crèche, facilitated by Marlow Children's Centre, for anyone who wants to bring their children with them. The Marlow Feel Good Group offers a safe and welcoming environment where people can meet, support

each other, have a focus to the week and develop a sense of community. For more information, call: Buckinghamshire Mind on 01494 463 363

#### **4. Obsessive-compulsive Disorder Support Group**

A Chesham-based Obsessive-compulsive Disorder(OCD) group that offers anyone affected by OCD a space to get together and talk openly in a relaxed and confidential environment. For more information, call: Buckinghamshire Mind on 01494 463 363

#### **5. Men in Sheds**

The 'Men in Sheds' service started in 2012 to give men who have experienced life-changing events such as redundancy, retirement, bereavement or ill-health a place to meet. This enables them to be productive and get involved in their local community. From its beginning in Aylesbury, Community Impact Bucks has run the service but now 'The Sheds' are run and co-ordinated by the men themselves. For more information, call: Community Impact Bucks on 01844 348831 or visit [www.communityimpactbucks.org.uk](http://www.communityimpactbucks.org.uk)

#### **6. Bipolar UK**

Based in High Wycombe, these support groups are free to attend and are open to anyone affected by bipolar, including family, friends, and carers. For more information, call: Bipolar UK 0333 323 3880 or visit [www.bipolaruk.org](http://www.bipolaruk.org)

#### **7. Healthy Minds Peer Support - an Improving Access to Psychological Therapies service**

The Healthy Minds Peer Support Groups run every six weeks in Aylesbury and High Wycombe. They are facilitated by a Support, Time & Recovery Worker and a Healthy Minds clinician. They run for two hours with a short break halfway through and the discussion topic is decided at the previous group meeting. Peer support group members are clients who have completed treatment with Healthy Minds and these members are invited to join by post or email following completion of treatment. This service is referral only by Healthy Minds, visit [www.healthymindsbucks.nhs.uk](http://www.healthymindsbucks.nhs.uk)

#### **8. Eating Disorders Support**

This group meets in Amersham regularly twice a month and offers a supportive place for free exchange of information, experiences and feelings about eating problems. The meetings are confidential and open to all. Whether you are a sufferer or someone supporting a sufferer, you can attend without appointment. For more information, call: 01494 793223 or visit [www.b-eat.co.uk](http://www.b-eat.co.uk)

## Weekly Schedule of Peer Support in Buckinghamshire

The following weekly schedule was collated and verified in January 2017.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
High Wycombe	<p><b>Mind the Gap Coffee group</b> 2.30pm - 4.30pm Sainsbury's Cafe,</p> <p><b>Healthy Minds</b> 6:00pm - 8:00pm Wycombe Mind, High Wycombe (every six weeks)</p>	<p><b>Mind the Gap Bowling Group</b> 2nd week of month 11:00am - 1:00pm AMF Bowling</p> <p><b>Men in Sheds</b> 10:00am - 3:00pm</p>	<p><b>Bipolar UK</b> 3rd Wed of month. 2.00pm - 3.30pm</p>	<p><b>Men in Sheds</b> 10:00am - 3:00pm</p>		
Chesham			<p><b>OCD Support Group (Bucks Mind)</b> 6.30pm -8.30pm</p>	<p><b>Mind the Gap Social group</b> 12noon - 3:00pm Costa</p>		<p><b>Mind the Gap Games group</b> 2.30pm - 5:00pm Costa <b>Badminton</b> 5.30pm - 6.30pm</p>
Amersham	<p><b>Men in Sheds</b> 1:00pm - 3:00pm Old Amersham Farm</p>			<p><b>Eating Disorders Peer Support</b> 1st and 3rd Thurs 7.30pm - 9.00pm</p>		
Aylesbury Vale	<p><b>Men in Sheds</b> Aylesbury 10:00am - 4:00pm</p>	<p><b>Healthy Minds</b> 6:00pm - 8:00pm Whiteleaf Centre, (every six weeks)</p> <p><b>Men in Sheds</b> 10:00am to 1:00pm Buckingham,</p>	<p><b>Men in Sheds</b> Aylesbury 10:00am - 4:00pm</p>		<p><b>Men in Sheds</b> Aylesbury 10:00am - 4:00pm</p>	
Burnham		<p><b>Burnham Library Peer Support</b> 1st and 3rd Tues 11:00am - 1:00pm</p>				
Marlow			<p><b>Marlow Women's Feel Good Group</b> 2nd and 4th Weds 10:00am - 12noon</p>			

\* Note not all services are provided on a weekly basis and there are currently no peer support services running on Sundays.

## Appendix B: The need for peer support in Buckinghamshire

To evaluate the requirement for mental health peer support, and establish need across Buckinghamshire, it was important to capture the service users' voice through a variety of qualitative and quantitative research methods. The views of the service users were supplemented by the Adult Mental Health Teams. They have an expert understanding of current provision and the total demand for community-led initiatives such as peer support groups.

### Key Findings:

- Peer support is inadequate in the Aylesbury Vale district and service provision is poor across the county.
- It is estimated that peer support could reach 745 potential referrals from the Adult Mental Health Team alone.
- 20% of referrals to the Adult Mental Health Team (AMHT) could be diverted at the point of assessment if there was existing provision.
- A further 30% of patients currently with the Adult Mental Health Team could be eligible for referral to a peer support group. This would ease pressure off NHS staff.
- 75% of all respondents from the questionnaire would access a group if provided.
- Peer support offers support and reduces social isolation. This was deemed important as it keeps people stable within the community.
- It was understood from service users that they would like more activity-based groups away from the clinical environment.
- Service users would like more age appropriate groups, especially for people aged 18 -35 where provision is lacking.

### Why does Buckinghamshire need Peer Support?

- In December 2016, the Adult Mental Health caseload across Buckinghamshire was 2,104 in the treatment team and a further 570 under the assessment team.
- The AMHT recommended that approximately 30% of the treatment caseload could be referred to a peer support group. A portion of these patients are deemed well enough not to meet criteria for direct payments to help them to access day services. The other portion are ready for discharge but currently do not have a service to attend so discharge is not possible. In conjunction with the AMHT, peer support groups could help people stay well and self-manage in a community setting.
- Of the 570 patients under a mental health assessment team, a further 20% could be diverted at the point of assessment, preventing these people becoming embedded in secondary care. This would also reduce staff pressure across the NHS in Buckinghamshire.
- 'Meet up' is an online social media site which facilitates offline community groups. In the High Wycombe area 27 people have expressed an interest in meeting up with fellow like-

minded people suffering from depression or bipolar. A peer support group that is run professionally could meet this need.

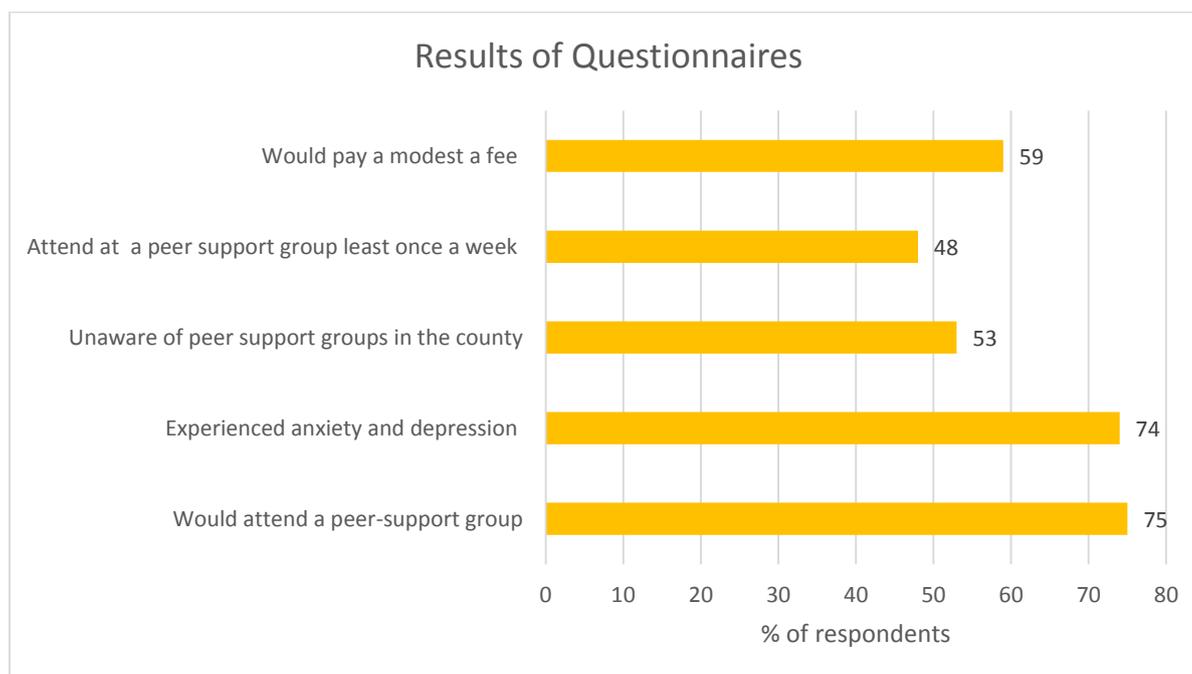
- There is a population of ‘unknowns’ who experience mental health problems but these people are not known to the medical community. This situation should not to be ignored. Peer support groups who could provide the necessary services which would be a friendly, community-led solution.

### Analysis of service user questionnaires

We had a total of 44 respondents to the questionnaire which was split evenly between the districts of the county. The breakdown of respondents is as follows:

- 12 from the AMHT
- 16 respondents replied via online sources (Buckinghamshire Mind website, Twitter and Facebook)
- 16 respondents were current Service Users of Buckinghamshire Mind, from the Employment Support and Befriending Services.

### Results of the questionnaires



### Additional feedback from the Buckinghamshire Adult Mental Health Team

Support workers from the High Wycombe AMHT based at the Valley Centre, High Wycombe thought that peer support volunteers could act as a link between the AMHT and patients. This would improve service delivery. Additionally, peer support volunteers might help both professionals and the patients understand each other’s needs more effectively.

The Clinical Team Lead at the Valley Centre suggested peer support could be a preventative measure, before individuals are referred into the AMHT. This would ease the pressure on front-line staff and clinicians so they could deal with more complex-needs patients. It is also understood from support recovery workers that up to a third of patients are stable enough to engage

with a recovery programme such as a peer support group. However, these patients are not currently being discharged as there is a void in the services to support them in the community. This statement is echoed by the Clinical Team Lead from the Aylesbury AMHT.

Certain caseload patients are not deemed unwell enough to meet criteria for direct payments for staff-led day services. Peer support would be a cost-effective way to support those currently not accessing other services. This would also keep them stable within the community and socially connected while also reducing social isolation.

### **Information and Option Workers**

Employed by Buckinghamshire Mind, the Information and Option Workers are based in The Whiteleaf Centre and The Valley Centre with the Adult Mental Health Team (AMHT). They are a signposting service for those currently with the AMHT or who may be at the point of discharge. Both the workers suggested that provision is lacking for the younger age group, 18 - 35 years.

### **Mind the Gap**

Bucks Mind interviewed 37 members from the Mind the Gap group. Those interviewed felt isolated after discharge from the Adult Mental Health Team. They also felt vulnerable and unsupported. Key findings from the interviews are as follows:

- Accessibility was an important factor for members, therefore location is key when considering venues for peer support groups; these venues must be close to public transport.
- Mind the Gap members are keen to increase referrals to grow the group and to expand activities in order to attract more people from different backgrounds.
- It was found that people feel lonelier and more vulnerable in the evenings and weekends. Thus, provision during these times would be desirable.

### **Complimentary services to Peer Support Groups**

It is important to link appropriately other services to peer support groups in order to maintain long-term sustainability. Referrals for the groups could link in with Buckinghamshire Mind Befriending Service, Prevention Matters, Buckinghamshire Recovery College, and Healthy Minds.

#### **1. Buckinghamshire Mind Befriending Service**

Buckinghamshire Mind interviewed people who access this scheme. We found that at the end of a Befriending partnership, clients often feel they would like to give back to others: they realise the value of empathetic support and encouragement. This could be an important resource for



recruitment of peer volunteers. For those not ready for formal volunteering, a peer support group could be the next step to support them within the community rather than returning to the AMHT. Peer support could be suitable for 30% of our 87 Befriending Service users.

Secondly, peer support groups offer an alternative to people waiting for a Befriender. It's not always possible to find a volunteer befriender for everyone who is referred to Buckinghamshire Mind. Some clients in this situation from the High

Wycombe and Chesham area have joined together to form peer support groups in the form of Mind the Gap. These groups offer a structure to the week, increased self-confidence and a place where everyone's experiences are equally important.

## 2. Prevention Matters



Prevention Matters is a short-term early-intervention service provided by Bucks County Council. This service works with vulnerable people in need, offering help and support before a situation escalates. Their involvement also decreases the need for serious medical intervention or long-term social care. In the last year, there have been increased referrals for the 20-50 age range. It was felt that this younger category is more difficult to support in the community due to gaps in the service provision.

Community practice workers see the peer support scheme as a cost effective, responsive and credible valued intervention. One Community Practice worker said:

***“The power of the group or shared lived experiences can never be underestimated. A great way to help individuals identify, learn, accept and develop.”***

Workers in the north of the county felt there should be groups in the following areas across Buckinghamshire to meet the demand: Aylesbury, High Wycombe, Marlow, Princes Risborough, Haddenham, Thame, and Chesham. All Community Practice Workers felt that Aylesbury Vale is particularly lacking in services.

## 3. Buckinghamshire Recovery College

Buckinghamshire Recovery College offers a variety of free courses, workshops and seminars at venues in the local community which can help people understand their experiences, manage their own recovery and also support someone else with their recovery journey. These courses vary in length from one-off workshops to those that run for a number of weeks and the tutors bring a broad range of expertise to the courses they deliver.

Peer support groups and Buckinghamshire Recovery College could work together in partnership to help people understand their experience and start their journey to recovery.

## 4. Healthy Minds

Currently, Healthy Minds an Improving Access to Psychological Therapies service, run a Peer Support Group every six weeks, facilitated by a Support, Time & Recovery Worker, and a Healthy Minds clinician. They run for two hours and the discussion topic is decided at the previous group meeting.

Peer Support Group members are clients who have completed treatment with Healthy Minds and are invited following completion of treatment.

## Case study - A service user from Mind the Gap in Chesham



“We like meeting people and feeling part of a group. I feel at ease with the people around me. If it wasn’t running people would have a relapse and I think it keeps people well.

In a way we are like the Samaritans to each other, we can talk about our illnesses and problems. If you’re with people without mental health problems, they might laugh at you.

Over the years of being with Mind the Gap, I have increased confidence and I am now an ambassador for a well-being group, Men in Sheds. I have been making speeches for them in front of 70 - 80 people on the issue of mental health. Which has increased my confidence self-esteem.

Mind the Gap gives me a voice, I can give advice to others on how to deal with issues I have dealt with which I hope helps other people going through similar problems. I feel I am saying something useful.” (CE, 2016)

## Appendix C: Best Practice

Buckinghamshire Mind met and interviewed the following organisations to compile the criteria for best practice; Oxfordshire Mind, Northampton Mind, Coventry and Warwickshire Mind, Buckinghamshire Mind employees, Support Recovery Workers and Clinical Leads in the Adult Mental Health Team. Additional research was taken from academic papers as outlined in more detail in Appendix E.

### Key findings:

- All referrals must meet specific criteria before an initial assessment to ensure that the group works cohesively.
- Location and accessibility were cited as an important element for the groups.
- Group size is important: keep it small and meaningful.
- Emphasis should be given to the training of volunteers. Volunteers must be given clinical supervision to ensure they are supported adequately.
- A minimum of two peer support volunteers are required to run the group.

### Friends in Need (FiN), Windsor, Ascot and Maidenhead

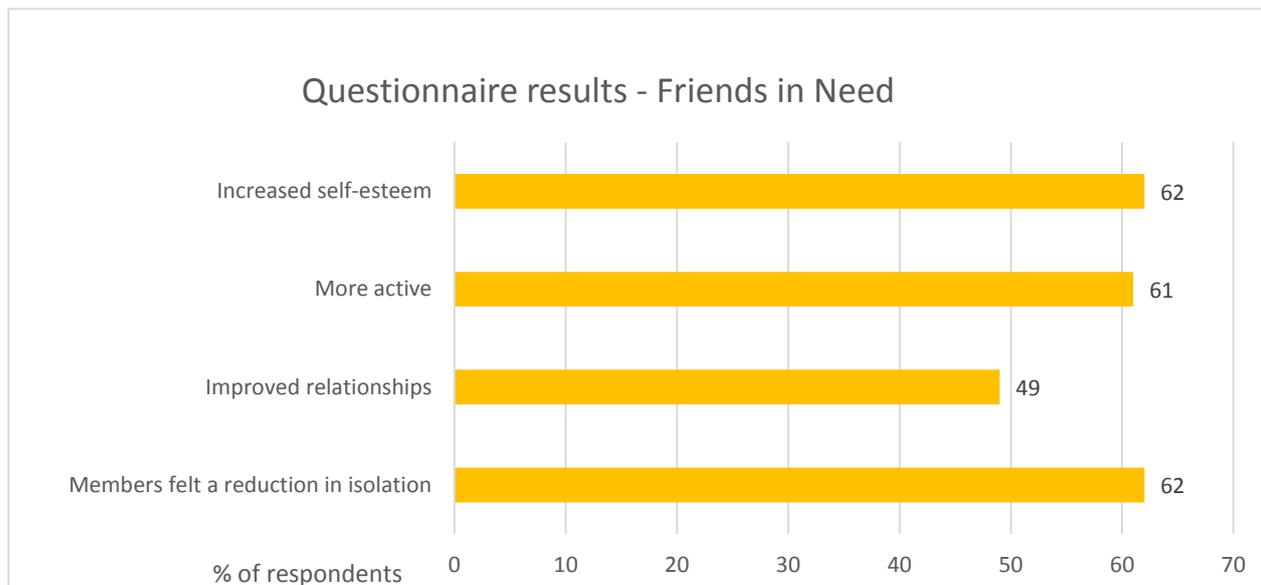
Friends in Need in Berkshire is a flagship programme for peer support run by Buckinghamshire Mind. It has a substantial peer support network, run by its peer volunteers and co-ordinated by one member of staff. On average, the FiN network offers six to eight events per week, with attendance of 10 -12 members per event. There is at least one evening event per week. As a successful and functioning peer support organisation, Berkshire FiN provides an excellent example of how such a group should be set-up and run.

In late 2016, Buckinghamshire Mind conducted a performance questionnaire to measure the wellbeing outcomes of the group.

It was found that attending the group provides the following:

- Socialisation, structure and support
- A place to meet like-minded people
- Convenient meeting times for those who work
- A practical 'lifeline'

In addition, members reported improved well-being indicators as outlined below: -



### Key things to consider when setting up a peer support group

#### What do people want from Peer Support?

- ✓ Emotional Support
- ✓ Reduced stigma
- ✓ Small meaningful groups
- ✓ Social network and friendship
- ✓ Structure and purpose
- ✓ Encouragement from positive role-models
- ✓ To learn new coping skills
- ✓ Empowerment
- ✓ To be heard

**1. Links with other groups and national organisations.** Forging links with other local groups helps to share learning and good practice. Importantly, the national organisation can support local groups by distributing learning material and resources. For example, High Wycombe Bipolar peer support groups are linked in to the National Bipolar UK network.

#### **2. Boundaries, safety, and structure**

Difficulties can arise when clear boundaries are not set. Potentially, this could lead to some group members feeling unsafe and insecure. Therefore, every group should have clear guidelines (drawn by the group) which should be reviewed at least every three months.

The group guidelines at 'Mind the Gap' are frequently revisited and group members must sign an agreement before joining the group. It is the role of the facilitator to make sure that these rules are adhered to.

#### **3. Initial Assessment**

Both the AMHT and Oxfordshire Mind advised that the service provider should meet each potential new peer support member to assess their eligibility. The initial assessment establishes where best to place the person or if they are an inappropriate referral. A support worker from the AMHT suggested that almost one in ten of referrals could, in fact, be inappropriate, either because the patient may not be well enough or not able to engage currently with recovery.

#### **4. Size of groups**

Service users said they would like to keep the groups small and meaningful to ensure their voice is heard. It was felt larger groups could be intimidating. This was echoed by the AMHT staff; ideally a group should no more than ten people.

#### **5. Staffing**

Best practice would be to employ one paid member of staff and two fully-trained peer support volunteers per group. Groups fail without someone available to take responsibility for practical and seemingly minor issues such as organising tea and coffee. Each group should have a reliable member of staff who does not need to be at all the meetings but who is available for contact within office hours only.

#### **6. Power balance between the Peer members and Staff**

Groups fail if they resort to direct involvement from outside organisations. Power must be given to the group and a clear distinction made between staff-led structured day services and peer support. Therefore, clear guidelines must be given to those making referrals so they understand what peer support is and what it is not.

#### **7. Shared leadership**

Shared leadership is important to reduce the workload. Best practice from Oxfordshire Mind suggests that each group should have no less than two fully trained peer support volunteers and outside volunteers in addition to the one paid member of staff.

#### **8. Training and supervision**

Training of staff and peer volunteers is important to secure future sustainability. It is essential to develop the skills and personal development of peers.

At Oxfordshire Mind, the peer support roles are more formalised to maintain standard values, skills and knowledge. With formalised training, volunteers are able to fulfil their role with competence. Academics, J. Repper and T. Carter<sup>1</sup> from the University of Nottingham found that the following key topics for training were essential:

- Recovery (and personal recovery planning)
- Peer Support (what it is and how it is distinct)
- Code of conduct, ethical issues, peer relationships and boundaries
- Active listening skills
- Recovery language
- Understanding difference (including different experiences) and diverse cultural, ethnic and religious backgrounds

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<sup>1</sup> Julie Repper and Tim Carter. (2010). Using Personal Experience to Support Others with Similar Difficulties. *Together and University of Nottingham*.

Best practice provides support and supervision for all staff including volunteers, enabling the peer worker to sustain their role. Supervision should provide support, problem-solving assistance, troubleshooting and help to negotiate the ambiguities and complexities of the role.

Other supportive features, as practiced by Oxfordshire Mind, include micro-group training days which address day-to-day emotional challenges associated with group work.

### 9. Create an atmosphere of sharing and non-judgement

It is important to create a space which is non-judgemental. In order to create a welcoming environment, the staff and the group must show openness and self-disclosure, acceptance and empathy.

### 10. Referrals

Groups fail when professionals have no faith in the groups and stop referring. Ensuring the correct criteria for the group is imperative to reduce inappropriate referrals. A clinical lead at the Aylesbury Vale CCG recommended a 'case study' of a typical person who could be referred to such a service.

### 11. Criteria for referrals

It has been recommended by the AMHT, Healthy Minds, and GPs that the service provider must give them clear criteria for referrals. The following list was compiled as a result of meetings with medical healthcare professionals.



*"I feel like my peer support group is like the Samaritans and I feel safe",*  
Mind the Gap member

## Peer Support Group Criteria

The person who is subject to referral must:

- Have a mental health problem such as low mood, stress, anxiety or social isolation
- Be referred by a medical professional and assessed for suitability
- Need one-to-one support from someone with similar experiences
- Be well enough to access public transport by themselves or have access to transportation to attend groups
- Be well enough to be in a group environment, with no obligation to speak
- Be well enough to be out in public on their own
- Be able to manage symptoms and their own health care
- Be able to manage their own personal hygiene
- Be experiencing social isolation, lack of structure and/or lack self-esteem
- Not have current substance misuse problems (those in recovery would be accepted)
- Be able to understand the reciprocal nature of peer support

**Key features of peer support** The table below outlines the key features of peer support based on questionnaire findings, Local Minds and The Adult Mental Health team in Buckinghamshire:

<p><b>Activities based on the Five Ways to Well-being</b></p> <ul style="list-style-type: none"> <li>-Connect</li> <li>-Be active</li> <li>-Keep learning</li> <li>-Give</li> <li>-Take Notice</li> </ul>	<p><b>Based on friendship and mutual support</b></p> <ul style="list-style-type: none"> <li>Feeling heard and understood</li> <li>'Like-minded' individuals</li> <li>Increasing social connection</li> <li>Reducing social isolation</li> </ul>
<p><b>Fluid and organically grown</b></p> <ul style="list-style-type: none"> <li>Groups organised according to need, capabilities and interests</li> <li>Flexible in approach to respond to need and want of its members</li> <li>Sub groups respond to niche groups</li> </ul>	<p><b>Away from clinical setting</b></p> <ul style="list-style-type: none"> <li>Service users said they would like more activities in the community to encourage recovery and give a sense of empowerment</li> </ul>
<p><b>Varied Activity schedule</b></p> <ul style="list-style-type: none"> <li>Activities based on the values of the 5-ways to well-being</li> <li>Keep the groups interesting and prevent stagnation</li> </ul>	<p><b>Accessible</b></p> <ul style="list-style-type: none"> <li>To better support service users it is recommended offering early evening and weekend activities when people feel most vulnerable</li> </ul>
<p><b>Embraces Volunteers</b></p> <ul style="list-style-type: none"> <li>Groups should be run by Peer Volunteers to move the group forward</li> <li>Groups must keep attracting new volunteers for sustainability</li> </ul>	<p><b>A Community Hub</b></p> <ul style="list-style-type: none"> <li>Members should feel part of the community</li> <li>Bring like-minded people together to create social cohesion</li> </ul>
<p><b>Supports Recovery</b></p> <ul style="list-style-type: none"> <li>Groups should empower people by giving back control</li> <li>People should be givers of care as well as recipients of care, thus increasing self-esteem</li> </ul>	<p><b>A Common Aim</b></p> <ul style="list-style-type: none"> <li>This might not just be mental health but groups come together for a variety of group activities making the groups more inclusive</li> </ul>
<p><b>Member to Peer</b></p> <ul style="list-style-type: none"> <li>Opportunities to move from group member to peer volunteer</li> <li>These opportunities can assist sustainability</li> <li>Help people transit beyond the group and recover</li> </ul>	<p><b>Measure Success</b></p> <ul style="list-style-type: none"> <li>Recovery tracked through Outcome Star to measure and support progress for the service user towards self-reliance and other goals</li> </ul>

## What does peer support look like?

A sample timetable of what peer support might look like is outlined below: -

# Join us for Peer support

Dates & Times	Meet up	Location	Details
Week 1 10:00am - 11:00am 11:30am - 3:00pm	Yoga Monday So- cial	Health Living Centre Aylesbury	Join us for yoga and so- cial or just the social for tea and chat
Week 1 10:00am - 1:00pm	Monday Social	High Wycombe Library	Meet with like-minded people for friendship and support
Week 1 12:00 - 2:00pm	Holy Trinity Cafe	Walton Street, Aylesbury	Join us for coffee and chat in a safe and friendly environment
Week 1 6:00pm - 8:00 pm	Health Living Centre	Aylesbury	Meet and eat with friends. Learn new cook- ing skills and enjoy a meal at our Monthly Sup- per Club
Week 1 10:00am - 1:30 pm	Art and Crafts	Buckinghamshire Mind, High Wycombe	Join us for arts and crafts, bring your own project. Tea and Coffee provided
Week 1 11:00am - 1:00 pm	Walk	Aylesbury Town Centre	Come for a walk around Aylesbury and stop at a café afterwards
Week 1 5:30pm - 7:30pm	Monthly Supper club	Aylesbury Multi Cultural Centre	Join us for a cooking and eating session. Try out new foods and recipes
Week 2 12:00 - 5:00pm	Monthly Dog Walkers	Wendover woods	Come together to walk with or without a dog, socialise in the café af- terwards
Week 2 6:00pm - 8:00pm	Curry Club	Wetherspoons Aylesbury and High Wycombe	Join us for our monthly curry club at the Weth- erspoons. To eat and catch up with friends
Week 2 10:00am - 2.30 pm	Chat, food, drink	Multi-Cultural Centre, Aylesbury	Lovely community cen- tre in Aylesbury open on Saturdays

## Appendix D: The Way Forward

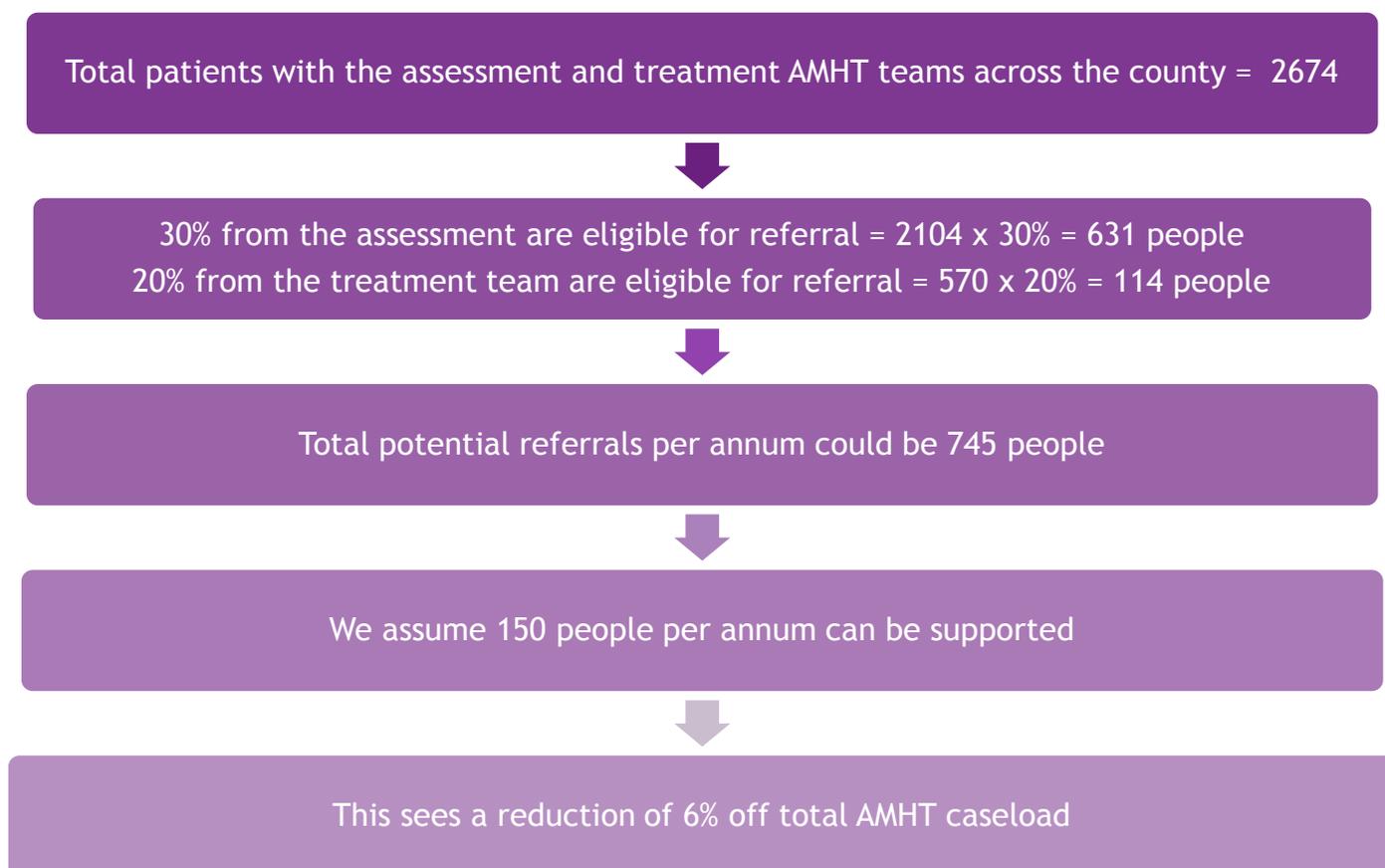
In 2015 (through £3.2m from the Big Lottery Fund), Mind and partners began delivery of a two-year programme 'Side by Side', making peer support more widely available.

This programme aims to generate evidence about the effectiveness of peer support and to:

- increase the amount of peer support available;
- build the case for the commissioning of community based peer support and
- promote the value of peer support.

'Side by Side' evaluation and peer support tools will be available from May 2017.

In order to establish a business case to underpin enhanced provision of peer support, we evaluated the literature from leading mental health charities (national Mind, Nesta and Rethink) as well as conducting our own research for Buckinghamshire. This research demonstrated clear demand for peer support with the potential to generate efficiencies by easing of pressure from the NHS mental health providers. The key findings are outlined below: -



### Identifying the challenges

Despite having conducted an evidence-based analysis on the need for peer support in Buckinghamshire, the business costings are still emerging and would require further investigation. It has proven difficult in the timeframe given to establish a clear return on investment business

case. However, it has been demonstrated there is potential to reduce demand on AMHT resources, hence, the recommendations would be to conduct a pilot scheme by the service provider to collect the business case evidence and to consequently monetise the return on investment.

## Strategy moving forward

There is a clear requirement for a voluntary organisation to lead on this important initiative. The two-year plan outlined below provides a blueprint for how this might be achieved; highlighting where energy and resources should be focused in the first instance and what success looks like. All this is dependent on funding.

## Strategy Plan Year 1

### What are the objectives for Year 1?

- **To start new groups in the Aylesbury Vale district** where currently there are none. Given transportation problems, any group needs to be accessible to as many people as possible. Groups need to be within the community i.e. away from the clinical setting. Typical locations could include libraries, village halls and coffee shops. Recommended venues are The Healthy Living Centre and the Multicultural centre in Aylesbury and the Library in the High Wycombe.
- **Expand current provision elsewhere**, ‘Mind the Gap’ in South Bucks would benefit from increased frequency of group meetings. It is noted from current service users that they need more evening activities and weekend groups. However, the cost of venue hire is almost double at the weekend and evenings. Therefore, locations and activities that are low cost or free should be considered.
- **Make activities and groups varied** with a focus on the Five Ways to Well-being model. This includes walking groups, yoga groups, and supper clubs to cater for different levels of abilities, ages and needs.

### How might this be achieved?

- **By ongoing communication with stakeholders.** These include community groups, service users, Adult Mental Health Teams, Improving Access to Psychological Therapies, Clinical Commissioning Groups, General Practitioner’s and Oxford Health NHS Foundation Trust.
- **By focussing on referrals and attracting members.** Referrals should be made from Improving Access to Psychological Therapies after discharge from services, GPs, Prevention Matters, and the Adult Mental Health Team. It is imperative to build close links with those making referrals across the county. This should include making presentations to interested stakeholders on peer support services, clearly defining what the service can provide (and what it cannot provide), its benefits to both service user and stakeholders alike.
- **By focusing on volunteer recruitment** in the first year and going forward thereafter. Recruitment could be marketed through stakeholders own social media campaigns, posters in relevant medical settings, and on relevant volunteer websites. Clear role descriptions should

be outlined, and a robust recruitment process delivered. This should be conducted by the provider in conjunction with Oxford Health NHS Foundation Trust.

- **By ensuring that more specialised peer support volunteers enrol** via referral from AMHT, Buckinghamshire Mind, Wycombe Mind or more specialised groups. These volunteers should, ideally, have lived experience.
- **By managing the groups and administration** so that two part-time staff (North and South) adequately market this new project.
- **By working closely with the Service User Councils** at the Valley Centre and Whiteleaf by starting a peer support group off-site away from the clinical setting.
- **By ensuring that Information and Options Workers from Buckinghamshire Mind are instrumental** in the early stages of getting a successful group started. They should work closely with AMHT to make appropriate referrals according to set criteria.
- **By working with the CCG to market the new groups through their news bulletins.** These bulletins reach all the GPs in Buckinghamshire. It is vital to ensure that this is revisited and acted upon.
- **By gathering feedback from stakeholders and service users** on provision of service on a quarterly basis to ensure that objectives are being met.

#### Goals to be achieved by year 1 (Dependent on funding)

- **To have established successful weekly peer support groups in Aylesbury.** It should have regular attendance and a varied schedule.
- **At the end of year 1, groups will be established.** There should be a minimum of three sessions per week and one monthly session per location. Please see sample schedule in Appendix C.
- **Dependent on funding, a new group is to be set up in Buckingham** where current provision is lacking.

#### Strategy plan Year 2

##### What are the objectives for Year 2?

- **Maintain links with stakeholders, holding an end of year review** which would identify any difficulties and set out strategies to address them.
- **Sustain numbers across groups by staying engaged** with members and stakeholders through open communications.
- **To increase numbers** being referred to the groups and expand the range of activities.
- **Focus on North rural Bucks to serve need** where appropriate by responding to demand and referral rate.
- **Review groups** to ensure that standards are maintained and needs are met.

## How will this be achieved?

- **By keeping close links with the AMHT and IAPT** thus reflecting the voice of the patient and provide a service according to need. The service provider should be flexible in approach and open to change.
- **By establishing links to Buckinghamshire Recovery College and Bucks County Council Adult Learning** team to reach out to those stigmatised by mental health, especially those from ethnic backgrounds.
- **Increase peer support volunteers** through the groups themselves and encourage new peer support volunteers with continued marketing programmes as set out in year 1.
- **If numbers are inconsistent, continue in a modest way**, perhaps changing venue. Increase communications with stakeholders. It is important to concentrate on the needs of those who continue to attend.

### Longer Term Goals

As the project expands there will be an opportunity to create more niche groups to serve those more marginalised communities. This will reduce social isolation and increase integration into the community. Examples include:

- LGBT groups
- Asian Ladies groups and other ethnic minority groups
- PMS groups for those suffering from mental health difficulties
- Post-natal and young mother groups
- Specialised men's activities groups

## Costings Breakdown

<u>Proposed income (per annum)</u>	
Grant / service contract	£40,000
Contributions from members towards refreshments where required	£16,100
Fundraising estimated *	£4,000
<b>TOTAL</b>	<b>£60,100</b>
<u>Expenditure (per annum)</u>	
Staff wages	£30,000
Staff expenses	£1,600
Training/DBS volunteers	£1,200
Expense volunteers	£2,400
Management overhead	£6,000
Marketing and Communications	£830
Tea and coffee	£11,270
Venue hire	£4,600
Activities	£2,200
<b>TOTAL</b>	<b>£60,100</b>

### Assumptions

Weekly sessions **5**, Monthly sessions **6**, total yearly sessions **322**

No. of members	150
Average attendance	50%
Part time employees (4 days' p/w)	2
Salary	£24,000 pro rata
Volunteers	20

\* Fundraising would be facilitated by members and those close to them. This figure of £4000 is an estimate.

In summary, the cost per person would be grant divided by number of people served = **£266** per person per annum.

## Appendix E: Methodology

### The national picture of peer support

The foundations of this report were built on the bodies of work from national mental health charities Mind, Nesta and Rethink. In 2016 and 2013 respectively, Mind produced '*Making Sense of Peer Support*' and '*Mental health peer support in England: piecing together the jigsaw*'. These documents sought to: map current peer support programmes nationally, understand the different ways in which peer support operates, explore how self-help groups are described and offered to people with mental health problems and discover the experience and needs of existing peer support groups.

This Healthwatch and Buckinghamshire Mind report has sought to build on this research by focusing on the local operational context. The aim has been to support the delivery of peer support groups across the county and help to make them a visible reality to meet the proven need.

In addition to the over-arching recommendations found in the executive summary there are five separate Appendices. These are each designed to be a stand-alone document in order to support any voluntary sector to organise and implement a peer support programme. In addition to this one they cover: Current Provision, Need, Best Practice and The Way Forward.

Our

### approach

We approached the methodology in a field-based manner to maximise learning on provision and need which is entirely tailored to the local area. By reaching out to our network of stakeholders across the county we were able to establish a clear action plan designed to take the recommendations forward.

Contributing stakeholders and other professionals include:

- Adult Mental Health Team (AMHT), our main collaborator for both current provision and need
- National Mind for best practice and current literature
- Oxfordshire, Northampton, Bromley, Coventry and Warwick local Mind to learn from their current peer support programmes
- NHS Clinical Commissioner
- Bucks Mind Counsellors
- The Buckinghamshire Recovery College
- Prevention Matters
- Support Time Recovery Workers based at the Valley Centre in High Wycombe

The incorporation of the service user voice was also very important to us. As a result, we reached out and spoke to service users who already access peer support services along with potential members.

## Qualitative research included:

1. **‘Mind the Gap’** - We carried out face-to-face interviews with 37 group members.
2. **Buckinghamshire Mind Befriending Service**- Buckinghamshire Mind staff carried out interviews with potential members for the befriending service and those who were coming to the end of the one-year partnership. These interviews increased our awareness of need.
3. **Pop-in Café** - A small study of eight people was conducted by Support Time Recovery Workers (of the Adult Mental Health Team) with members from the Pop-in Cafe, which is a current Adult Mental Health service in High Wycombe. The study resulted in an understanding of need and best practice.
4. **Local Minds** - We established best practice by working closely with colleagues of Buckinghamshire Mind. We also met and spoke to other local Minds who currently run peer support programmes in Oxford and Northampton. The peer support co-ordinators from these counties were interviewed at length.
5. **Adult Mental Health Teams** - Meetings were held with the clinical team leads from both North and South AMHT to establish need from their current caseloads.
6. **Clinical Commissioning Group** -. We met with the Clinical Lead for Long Term conditions for Chiltern CCG and Aylesbury Vale CCG (Clinical Commissioning Group) to discuss referrals and importantly the criteria for peer support as well as the Mental Health Commissioner for Chiltern CCG and AVCCG

*“The support group you set up on the Wednesday has been so valuable. It has given me the opportunity to express any issues and talk through any problems. It gives me the chance to meet other people who are experiencing the same or similar as me and to find support. One of the things I find so very valuable is that I can bring my children with me and they are looked after in the crèche.” (Anon, Marlow Women’s Group)*

## Quantitative research included:

1. A questionnaire was conducted through the Buckinghamshire Mind website, Twitter, and Facebook platforms. Hard copies were distributed to people who are currently on the waiting list for the Befriending Service (Buckinghamshire Mind’s mentoring scheme) and/or attending our education and training programme. Other questionnaires were held “face-to-face” with services users. There were 44 respondents to the questionnaire.

## Specific challenges and learning

1. Whilst establishing the need for peer support was straightforward, it was not possible, within the timeframe of this project, to really delve into the specifics of a clear costed business case. Although the national evidence base is building the local evidence base, it is not there at present to understand the longer-term financial impact of peer support. Clearly, commissioners investing in an initial pilot project would help to establish this evidence base for the future.

2. In conducting this research project, it became obvious that the support of the Buckinghamshire Mind well-being workers was vital in helping current service users to engage with the questionnaires and share their views more widely.
3. It should be noted that Buckinghamshire Mind was ideally placed to establish contacts with network colleagues at both national Mind and other local Minds to gain a real insight into current best practice.

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