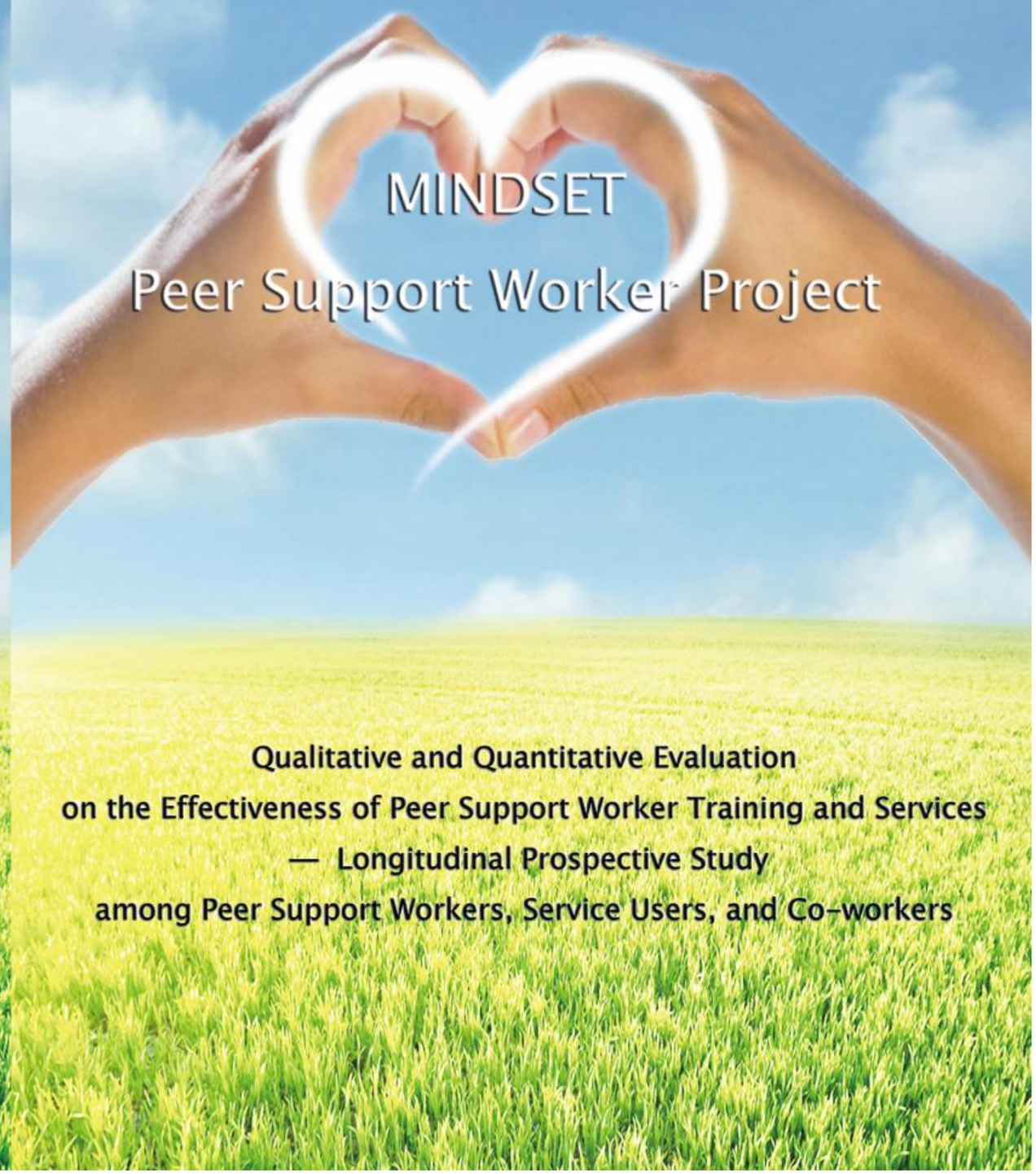
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# MINDSET

# Peer Support Worker Project

## Qualitative and Quantitative Evaluation on the Effectiveness of Peer Support Worker Training and Services — Longitudinal Prospective Study among Peer Support Workers, Service Users, and Co-workers

This report was prepared by Prof. Winnie W. S. Mak and Prof. Samson S. K. Tse.
Some of the contents in this report were abstracted from
the authors' publications or presentations in conferences.

# FORWARD

**DARE TO DREAM**

On behalf of the Steering Committee of MINDSET Peer Support Workers (PSW) Project, I am delighted to prepare the Forward for this Research Report to celebrate the successful accomplishment of the project. In recapturing the major milestones of the project in the last 3 odd years, I still remembered that we, the 4 partnering NGOs, started to dream and incubate the idea of introducing the concept of PSW to Hong Kong. With no local knowledge and experiences availed, we adventured with our belief, passion and commitment that the unique lived experiences possessed by PSW are irreplaceable by service providers.

We thanked MINDSET who shared our aspiration and vision by funding this project, to train and hire people in recovery of mental illness as our colleagues. Recognizing the effectiveness and benefits of the project, the completion of this 3-year project is sustained by the launch of a bigger PSW initiative funded by the Social Welfare Department in cultivating a new workforce in the mental health sector in Hong Kong.

To the 4 partnering NGOs, the project was more than developing a job-training curriculum or hiring of PSWs in an organization, it is basically …

- a testimony of our core values and belief in resilience, strengths, resources etc. that peers possessed;
- a demonstration of the valued social roles that people in recovery of mental illness can contribute to the community;
- an opportunity to participate and inspire our community mental health services to transform to recovery-oriented care and support.

We show our heartfelt gratitude to the following groups for their support in realizing this dream:

MINDSET - for the tangible and intangible support, advice and guidance throughout these years. The project demonstrates how public-private partnership has worked together in such an innovative, pragmatic and passionate way.

Advisors - for all the peer or non-peer related "experts by experience" sharing.

Peers - without you on board, our dreams will never come true. Thank you for your courage, generosity and shared journey.

Most importantly, special thanks to Winnie, Samson and your teams – Your researches which focused on evaluating the effectiveness of PSW training program, the effects of peer support services on service users' outcomes and service delivery cross different service units and organizations helped us better understand how to translate knowledge into practice wisdom. These findings demonstrated the effectiveness of our work and the importance to sustain the achievements gained.

Ms Sania Yau, JP

Convener of MINDSET Peer Support Worker Project Committee



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# EXECUTIVE SUMMARY

## RECOMMENDATIONS: IMPLEMENTATION AND IMPROVEMENT

1. Establish peer support service as an integral part of mental health services supported by the government's long-term funding commitment.
2. Adopt a culturally responsive, standardized training curriculum to grow the newly introduced peer support worker (PSW) workforce in Hong Kong.
3. Provide timely support for PSWs while they are undergoing a transition period in their new working environment.

## KEY FINDINGS

- PSW training had positive effects on trainees' personal recovery (specifically on confidence and hope), self-esteem and interconnectedness. There was also an improvement in PSWs' recovery (specifically on confidence and hope) through providing services and sharing personal experience during employment period. However, PSWs' level of satisfaction towards the job (specifically on their pay, job advancement and security) significantly decreased over time. There was a reciprocal relationship between how PSWs feel about their job and their personal recovery and their ability to cope with stress. Qualitative comments highlighted that the benefits of training such as better illness-management skills and communication skills. Several unintended consequences of receiving PSW training were stress associated with the study of the program and the re-storying of one's recovery experience. Trainee interviewees also identified specific factors (e.g., multiple teaching methods, additional coaching and support rendered by the mentors) that facilitated their learning as well.
- The effect of PSW reflected a significant improvement in their regular service users' overall recovery (especially on confidence and hope, and their reliance on others) which could be predicted by PSWs' recovery attributes. Interview data revealed regular service users were impressed by the PSWs' recovery journey in real life, positive outlook about life, role modeling, approachability and availability, and ability to manage the medications. Several users raised the questions about the PSWs' roles, lack of knowledge of local community resources.
- PSWs were able to provide unique services which were different from existing services and were beneficial to service users, even though PSWs faced some challenges including lack of family support, service users had not understood their roles, and some staff members did not trust their abilities and did not give them the due recognition.
- The PSWs' one-off sharing sessions were found to be effective in reducing public stigma and increasing acceptance of people in recovery of mental illness.
- Co-workers and supervisors showed satisfaction towards PSWs' capability in terms of their knowledge about the services, work quality and attitude, interpersonal relationship and overall performance. Qualitative data added that: (1) Supervisors were uncertain about the

duties a PSW may undertake in their organization in the initial phase; (2) Supervisors began to recognize PSWs' unique contribution to the service and their initial concerns (e.g., PSWs' stress level and mental status) also subsided as the services unfolded.

- Finally, the qualitative study provided a wealth of data to inform a SWOT (Strengths, weakness, opportunities and threats) analysis concerning the PSWs' views about their roles and job prospects in Hong Kong.

---

## Study background and aims

The peer support perspective in mental health originally emerged in the United States in 1920s and was revisited after the consumer movement that emphasized mental illnesses to be understood through those directly affected by them. Peer support workers (PSWs) are individuals in recovery of mental illness with positive self-identification and the use of lived experience to support others' mental health recovery. The present project was sponsored by MINDSET, the Jardine Matheson Group's philanthropic initiative, and it aimed to enhance mental health service delivery by implementing a 3-year Peer Support Worker (PSW) Project in Hong Kong through collaboration with four mental health agencies, namely in alphabetical order, Baptist Oi Kwan Social Service, Caritas Hong Kong, New Life Psychiatric Rehabilitation Association, and The Mental Health Association of Hong Kong. The present evaluation research was conducted by the two researchers from The Chinese University of Hong Kong and The University of Hong Kong. The aims of the study were to evaluate the effectiveness of the PSW training program, the effects of the training on trainees' personal growth and recovery, and the effects of peer support services on service users' outcomes and service delivery in varied service units and organizations.

## Project structure

Over the three-year project period (Oct 2012 – Sept 2015), there were 249 applicants for the three batches of training courses, and 56 out of 60 trainees completed the training successfully (36-hour basic training, 12-hour skills training and 52-hour practicum). Trainees were employed as PSWs in full-time or part-time posts in community centers, halfway house, sheltered workshop and health promotion/ prevention program of the four partnering agencies.

## Design of the present study

The present study adopted a mixed-method approach of quantitative and qualitative research to examine the outcome and process of peer support services over time (i.e., before training, after basic training and follow up). Furthermore, this project embraced the principle of partnership, which is about fostering strong alliance among researchers, agency staff members, and research participants-PSWs, peer support colleagues, and service users.

## Study methodology

The execution of the research focusing on the PSWs was divided into two phases of evaluation, Training and Employment, and adopted both quantitative and qualitative approaches.



### *Data collection, phase one: Evaluation of training*

Quantitative study: Sixty trainees' personal recovery (i.e., mental health, hope, autonomy, self-stigma, stigma resistance, self-esteem, recovery) and their readiness to take on the roles as PSWs (systemic empowerment, efficacy as PSW) were measured at various times. Multilevel mixed-effects linear regression was conducted to assess the trainees' changes in the periods of before training, completion of basic training and advanced training.

Qualitative study: Individual interviews were held to explore in depth and transition experiences of the trainees. The interviews were semi-structured with open-ended questions and were conducted by the research assistant in Cantonese. The sessions were audio recorded and the recordings were transcribed verbatim, for subsequent analysis and interpretation.

### *Data collection, phase two: Evaluation of employment*

Quantitative study: The effects of employment on 32 PSWs were assessed in terms of recovery, well-being, and job related variables, their service users' recovery, and their co-workers and supervisors' perception on their work. A continuous variable, multilevel mixed-effects linear regression was conducted to assess those changes every three months. Data were also collected about the effects of PSWs' sharing of their recovery journey in the one-off sessions on attendees.

Qualitative study: Individual interviews using narrative enquiry were undertaken to explore the specific transition experience of the "selected" PSWs triangulated by data collected from PSWs' supervisor/coach, colleagues and their service users. Data analysis was performed by using a general inductive and case study approach and integrating the feedback from the members of the Steering Group on the main themes of research findings.

## Strengths and limitations of the study

The present study evaluated the experiences of implementing peer support services from the multiple perspectives of the non-peer professional staff, service users and PSWs over a year. However, it still has some limitations: (1) more female than male participants across the category of PSWs, service users and non-peer professional staff; (2) service users had difficulties in describing their experience in the qualitative study; (3) a relatively short duration, seven months, over the employment period; and (4) the findings related to family support were based only on PSWs' accounts.

## Conclusions

The findings highlighted the challenges in implementing a peer support program, as well as how the problems were tackled overtime in a Hong Kong context from the initial uncertainty about the roles of PSWs in mental health services to the realization of PSWs' potential in supporting service users' recovery and making impacts to the workplace in some cases.

# BACKGROUND

## Introduction

The practice of peer support in mental health can be traced back to 1920s Baltimore in the United States. Harry Stack Sullivan actively recruited young people who had recovered from schizophrenia to be his assistants at an inpatient clinic for people affected by schizophrenia (Perry, 1982). Subsequently, a few others also followed in his footsteps in using peers as support workers or mentors to those facing similar struggles (e.g., Edelson, 1964; Jones, 1953). In recent decades, mental health practitioners and researchers alike revisited the peer support perspective, particularly after the consumer movement in mental health (Campbell, 2005; Ward et al., 2010). This movement emphasizes that mental illnesses must be understood through the perspectives of those directly affected by them and seeks to achieve social justice through understanding the social alienation, oppression, and needs of those affected by mental illness (Boutillier et al., 2011; Curtis, 2000; Doughty & Tse, 2011).

Peer support is based on the recovery values of hope, self-determination over one's life, participation in the service, and the use of lived experience knowledge to help others (Deegan, 1992; Tse, Kan, & Siu, 2011). Ng and colleagues (2013, p. 176) add that a "recovery-oriented service cannot be realized without the involvement of service users (in ways that are more than token) in two key areas: professional education and mental health service delivery".

Peer support workers (PSWs) are defined as persons with a mental illness who identify themselves as such and who uses their lived experience to support their peers' mental health recovery. The primary goals of a PSW concern individual's empowerment and recovery (Mead et al., 2001; Rosenberg, 2011). Kam-Fai (pseudonym) who was employed as PSW by the MINDSET project (see subsection "The present project" for details) after his training was asked to describe his job duties. He was one of the five PSWs chosen for a 12-month follow up study (from undergoing training to employment). His words speak clearly about how a PSW contributes to healthcare service (he was interviewed at about the third month of his employment):

> *"Talked about my recovery journey, the side effects of medications… and I also shared in the family support groups as well…sometime I learned to co-lead a group and get to know the group members. About home visits, I went with social worker or another peer. I also rang the members say once every six weeks to support them, to encourage them (鼓勵和關心會員). I participated in the Recovery Working group to provide my perspective as a person with past experience of mental illness (過來人給予意見). At times, individuals who have changed from requiring 'case services' to 'activity services' would be also seen by me".* (psw_20131025m06f).



## Peer support workers

PSWs are individuals in recovery of mental illness who identify themselves positively as such and have a strong desire to help others with similar conditions through their lived experience (Firmin, Luther, Lysaker, & Salyers, 2015; Moran & Russo-Netzer, 2016). They may either hold paid positions or support their peers in an informal capacity. They rely on the knowledge gained through their personal lived experiences of mental illness to share their experiences and engage with their peers. Such expertise cannot be replaced by professional training. Over the past two decades, peer support has been considered a critical means of empowering service users to promote their recovery process (Castelein, Bruggeman, Davidson, & van der Gaag, 2015; Gumber & Stein, 2013). Peer support interventions are classified into three broad types: (1) mutual support/self-help programs, where the support is reciprocal in nature; (2) peer-led/operated services, such as arts center for service users; and (3) peer support services that are organized (independently of, or in conjunction with, the services provided by professionals) within the existing mental health system (Ahmed, Hunter, Mabe, Tucker, & Buckley, 2015).

Research on the effectiveness of peer-delivered services has been growing, but the evidence for their impact mostly comes from Western countries, including Canada, the US, the UK, Australia, and New Zealand (Chinman et al., 2014; Coniglio, Hancock, & Ellis, 2012; Gillard, Edwards, Gibson, Owen, & Wright, 2013; Landers & Zhou, 2011; Lloyd-Evans et al., 2014; Pfeiffer, Heisler, Piette, Rogers, & Valenstein, 2011; Walker & Bryant, 2013). In general, peer support services are effective in raising service users' levels of hope, empowerment, quality of life, engaging people into wider health services. For the PSWs themselves, too, there are benefits: they gain a sense of hope and acquire skills useful for their own situations (Ahmed et al., 2015; Castelein et al., 2015; for details see two recent reviews Chinman et al., 2014 and Lloyd-Evans et al., 2014). In a seminal paper, Davidson and colleagues (2012) expressed their view that the uniqueness of peer support services lay in the fact that they instill hope through positive self-disclosure and the role modeling of self-management; and that they allow relationships to be formed between PSWs and service users, relationships characterized by trust, acceptance, understanding, and empathy paired with "conditional regard". Furthermore, the authors posed important research questions (in the so-called "third generation of studies") that the present study seeks to address: do interventions provided by peers differ in any significant way from similar interventions provided by non-peers; what are the essential ingredients of effective peer support; and what outcomes can such support produce? (Adapted from Davidson et al., 2012, p. 124).

## Core principles of peer support: What separate peer support from regular services in mental healthcare?

Dr. Julie Repper (Director of ImROC [Implementing Recovery through Organisational Changes, http://www.imroc.org/ ]) examined nine defining characteristics of peer support in her keynote

speech in the Symposium titled "Peer Support Service- The Power of Collaboration" (27-28 June 2016, Hong Kong Sciences Park, Shatin, Hong Kong)[1] :

1. *Mutuality*: It is about sharing of similar experiences and emotions, often mixed- joy, satisfying, fear, guilt, feeling overwhelmed, and sharing of coping strategies (with personal experience). It has to be done with care and PSW has to judge what and how to say it, when and to whom.
2. *Recovery focused*: Every interaction between PSW and service user is to inspire hope, enable person to regain control, and facilitate access to community opportunities to achieve set goals.
3. *Community facing*: PSW continues to develop his/her knowledge about the local community and assist users to regain roles and relationships within the users' communities/ neighborhood.
4. *Reciprocity*: It is about working together to develop new solutions and learning from each other within the supportive relationship although the PSW is generally ahead in his/her recovery journey.
5. *Strengths based*: PSW focuses on strengths, resilience, and skills. PSW builds skills in recognizing strengths and assets that might not be acknowledged by the service user.
6. *Safety*: It covers emotional, social, and psychological safety that is important to PSWs and service users. A sound code of conduct is required and this needs to be understood by PSWs.
7. *Non-directive*: Intentional peer support is not about telling people what to do. Through a supportive relationship, service user finds his/her own solutions. Repper wrote: "Being non-prescriptive is incredibly difficult and needs to be addressed regularly in supervision" (slide 19).
8. *Person-centered*: Every person is different. PSWs should not assume they understand users solely with reference to their own experience. All support has to be tailor-made/ individualized.
9. *Progressive*: Unlike being a friend, PSW takes up a professional role. Both PSW and service user may need to set a time limit for peer support so everyone is "aware of the need to move forward and work towards goals outside the service and beyond peer support" (slide 21).

It is imperative to identify major characteristics of peer support. It improves our ability to articulate what is peer support and what is not. It helps to ensure we are referring to the same thing while we talk about "peer support". The remaining questions are: Are some characteristics more defined than others (i.e., carry heavier weighting)? How do we make use of the core features of peer support to develop a fidelity measure which can help determine the integrity of practices? Furthermore, Walker and Bryant (2013) conducted a critical review that examined 27 published qualitative or mixed-method studies on peer support in mental health services for adults in Australia, Canada, the UK, and the US. The findings highlighted the fact that in addition to defining the characteristics of PSW, the quality of the training and supervision, the rates of pay, working relationships with peer or non-peer co-workers, having a career pathway were important factors in the success of peer support programs in the mental health context.

[1] The following material was adapted from Dr. Repper's PowerPoint presented in the Peer Support Service Symposium (27th June 2016, Hong Kong)



## The present project

Peer support is not an entirely new concept or practice in Hong Kong. The notion of peer support can be traced back to the self-help organizations or groups established back to the 80s. In recent years before the present project, few hospitals and non-governmental organizations have employed a few number of PSWs in their units to provide support to the service users (e.g., Tse & Ng, 2014). To enhance mental health service delivery through collaborative involvement with people in recovery of mental illness, four mental health agencies ventured to pioneer the 3-year Peer Support Worker (PSW) Project in Hong Kong[2].

- Baptist Oi Kwan Social Service
- Caritas Hong Kong
- New Life Psychiatric Rehabilitation Association
- The Mental Health Association of Hong Kong

## Objectives

The project was sponsored by MINDSET, the Jardine Matheson Group's philanthropic initiative intending to make a difference in the area of mental health. The objectives are to (slide 5)[3]:

1. Enhance mental health service delivery through collaborative involvement with people living with mental illness;
2. Train individuals with mental illness as Peer Support Workers so as to use their lived experience to support peers during recovery;
3. Recognize the importance of lived experience and the benefits of peer support by offering employment opportunities to these individuals.

## Structure and key components

The following figure highlights the program structure.

[2] The following material was adapted from a keynote presented by Ms. Sania Yau, Chief Executive Officer of the New Life Psychiatric Rehabilitation Association and the Chairperson of the Mindset Project Advisory Committee in the Peer Support Service Symposium on 27th June 2016.

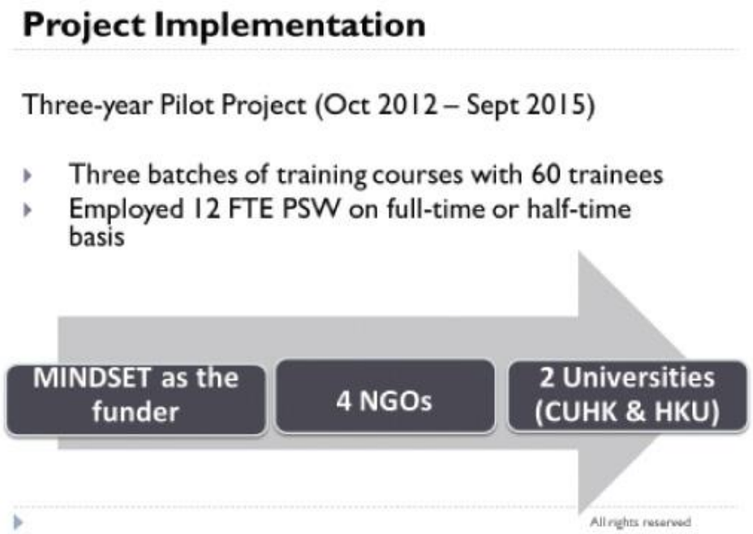



**Figure 1.** Overall project structure- the key stakeholders and components

The PSW training consists of various components (Figure 2).

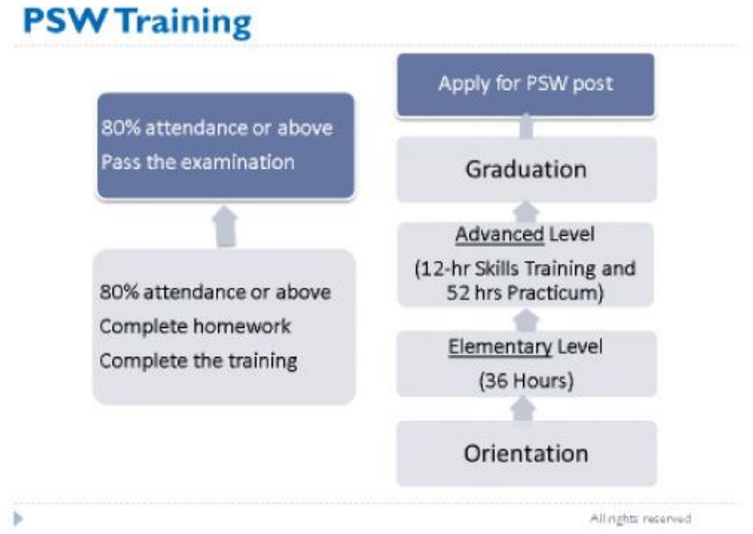



**Figure 2.** Key components of the PSW training program

## Curriculum

We summarized the details of the curriculum in Table 1.



**Table 1.** Details of the elementary and advanced level of training

| **Elementary level** (36 hours) | | **Advanced level** (64 hours) | | |
|---|---|---|---|---|
| | | | Job-related skills training (12 hours) | Practicum (52 hours) |
| 1 | Course overview & recovery concepts | 1 | Orientation<br><br>PSW: responsibilities & managing boundary issues | Four sites: Integrated Community Centre for Mental Wellness (ICCMW), halfway house, sheltered workshop & long stay care home |
| 2 | Introduction to mental health & mental illness | 2 | Group facilitation skills & individual intervention plan | Each PSW trainee was matched with an on-site social worker |
| 3 | Recovery & peer support | 3 | Team work | The designated social worker also acted as an assessor in evaluating the trainee's performance |
| 4-7 | Wellness Recovery Action Plan@ (WRAP@) for self-care and self-management | 4 | Responding to emergency | |
| 8-9 | Basic skills in building rapport & communication | | | |
| 10-11 | Telling one's recovery story | | | |
| 12 | Accessing community resources<br><br>Visiting self-help group | | | |

## Applicants: Selection criteria, basic profile and employment

The PSW training was open to suitable applicants; the selection criteria were:

- Service users of the four collaborating agencies
- Aged 18 or above with experiences in mental health services
- Form 3 educational level or above
- Self-identify having a lived experience of mental illness
- Good communication and writing skills
- Attending the interview and selection process

Over the three-year project period, 249 individuals with lived experience of mental illness applied for the training posts (Figure 3). Sixty applicants (admission rate= 24.1%) were accepted to the program, with 56 of them completed the training successfully (completion rate= 93.3%).

In terms of employment, 12 full-time equivalent posts were created by the four partnering agencies. Those trainees who had completed the training course and practicum and passed the examination could apply for the posts by going through job interviews and selection process. In total, 32 trainees (out of 56 graduated trainees over the three cohorts, employment rate=57.1%) were employed as PSWs; the numbers of employed trainees from each batch of the program were 17, 10 and 5 respectively. Among those employed[3], 11 (34.3%) were employed full time. Among the PSWs, 21 (65.6%) were employed in ICCMW, followed by 5 (15.6%) in halfway house, 3 (9.4%) in sheltered workshop, 1 in long stay care home, 1 in peer and family peer project and 1 in the WRAP project respectively. Figure 3 summarized the key statistics of the program participants.

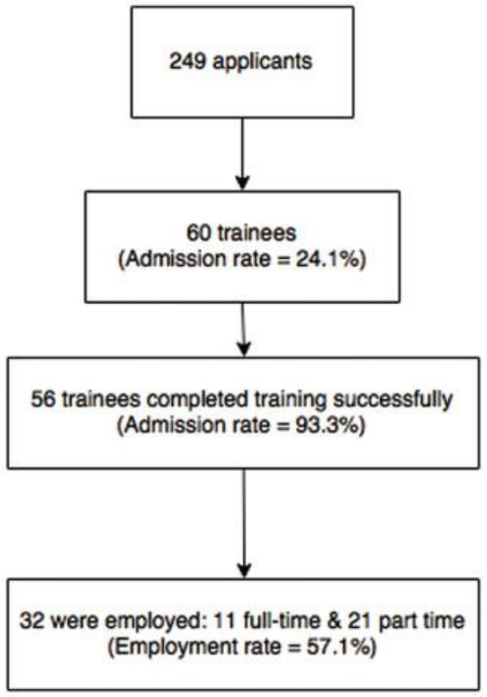



**Figure 3.** Flowchart of the program participants

[3] The employment statistics were collected in November 2015 or before.



# METHODOLOGY

## Overview

Mirroring the spirit of peer support, which is about using the PSWs' mixed spectrum of talents and personal skills, and collaboration between peer workers and regular mental health practitioners, the present research has the two features:

1. Adopting a *mixed method approach* of quantitative and qualitative research to examine the outcome and process of peer support services;
2. Emphasizing *collaboration* among researchers from the two local universities and the four partnership projects of the present project involving service providers and service users.

As peer support worker is a relatively new workforce in Hong Kong mental health service system and the Mindset Peer Support Worker Project is a large-scale effort in (1) formalizing and systematizing training for and (2) employment of people in recovery of mental illness, it is crucial that its effect be empirically evaluated for further refinement of this pioneer program and future adoption of peer support workers in the field.

The research provides empirical evidence and meaningful information on the transition processes, which individuals with personal experience of mental illness undergo when taking up the training in peer support work. This type of evidence is critical to improving the knowledge base among service providers and policy makers in relation to significant issues faced by peer support trainees. It is envisioned that improved understanding of the issues pertinent to these individuals will facilitate more appropriate and effective resources and services; thus resulting in not only improved outcomes for people in recovery from mental illness but also ensuring that PSWs (or trainees) can then make a significant contribution to the mental health system in Hong Kong and ease the pressing demand for a recovery-oriented workforce.

This research was a collaborative effort between Winnie Mak of the Department of Psychology at The Chinese University of Hong Kong and Samson Tse of the Department of Social Work and Social Administration at The University of Hong Kong. We adopted a longitudinal, mixed methods (both quantitative and qualitative), and multiple informant approach to maximize the information that we can glean from the training and employment process.

For this study, a longitudinal qualitative approach was adopted and prospective data were collected to capture the development of PSWs over time. The key feature and strength of this research approach lies in its longitudinal design, which makes change a fundamental focus of the analysis. We chose this method of data collection because the aim was to develop a holistic understanding of the way different factors combine to influence the development of the perceptions and behavior of the individuals concerned; the method chosen is more revealing than one based on retrospective accounts (Thomson, Plumridge, & Holland, 2003). Furthermore, compared to the typical, single "snapshot" data collection methods, the use of serial qualitative interviews allows researchers to better explore the participants' evolving, complex experiences

throughout a research period (Calman, Brunton, & Molassiotis, 2013). In the present study, by using this research approach, the multifaceted processes by which individuals recovered from mental illness and grew into effective PSWs – as well as their lived experience during the different phases spanning their training to paid employment – were captured with considerable depth and richness of detail.

## Ethics approval

Approval for the study was obtained from the Joint Chinese University of Hong Kong-New Territories East Cluster Clinical Research Ethics Committee (CRE-2012.509). After the nature of the study was explained to the participants and they were informed of their right to refuse to participate or to withdraw from the study at any time without needing to provide reasons, the participants gave their written consent to participate in the study.

## Research aim and questions

The overall aim of the study was to evaluate the effectiveness of the training program in preparing the trainees to become PSWs, the effect of the training on trainees' personal growth and recovery, and the effect of PSWs on service user outcomes and service delivery in varied service units and organizations. The specific research questions were:

1. What is the effect of the training (basic and advanced) on trainees' own recovery (i.e., mental health, hope, autonomy, self-stigma, stigma resistance, self-esteem, recovery) and their readiness to take on the roles as peer support workers (systemic empowerment, efficacy as PSW)?
2. What are the effects of employing peer support workers at both individual (i.e., peer support workers, their service users, co-workers, and supervisors) and organizational levels including any unintended consequences-positive and negative?
3. What are experiences of being the trainees, the individuals who have worked with the trainees as colleagues and supervisors and who have received the services provided by the trainees?

The execution of the research focusing on the PSWs was divided into two phases namely the training and employment.

## Data collection, phase one: Evaluation of training

**Aim:** Phase one assessed the effectiveness of the training program in preparing trainees in serving as peer support workers as well as in improving their own growth and development.

**Methodology:** Both quantitative and qualitative approaches were adopted.

## Quantitative approach

PSWs were invited to complete a questionnaire consisting of the quantitative measures described below along with a basic demographic information (e.g., age, gender, education, income, diagnosis, duration of illness, prior occupation) upon informed consent. Assessment was



conducted at three instances among peer support worker trainees: (1) prior to baseline training, (2) at the end of the baseline training (36-hour course), and (3) after the advanced training (12-hour course + 56 hours of supervised practice) to investigate the effect of basic and advanced segments of training (Table 1).

### *Measures:*

The following measures were used to comprehensively capture changes in trainees' mental health and personal recovery over the course of the training and employment as peer support workers. Table 4 summarized the details of the scales used in this project.

**Mental health.** It is measured using Mental Health Continuum Short Form (MHC-SF) (Lamers et al., 2011) that assesses well-being in three dimensions: emotional well-being (whether they experience positive affect), psychological well-being (whether they have meaning in life), and social well-being (whether they can be integrated and have a sense of belonging in the society).

**Recovery.** Using the Recovery Assessment Scale (Corrigan et al., 2004)), we measured recovery in terms of trainees' personal confidence and hope (e.g., if they like themselves, have hope for the future, and their ability to handle stress); willingness to ask for help; their goals and success orientation (e.g., their desire to succeed and ability to meet their goal); reliance on others (e.g., importance of other people in their recovery journey); and no domination by symptoms (e.g., the extent to which their life focus is no longer their psychiatric symptoms).

**Hope.** It was measured using two scales: State Hope Scale (Snyder, Sympson, Ybasco, Border, Babyak, & Higgins, 1996) and Herth Hope Index (Herth, 1992). For State Hope Scale, we measured trainees' on two components: 1) agency, which refers to a person's belief on his/her capability to start and sustain a behavior in order to reach a certain goal, 2) pathways, which refers to a person's capability to create pathways to attain the certain goal. For Herth Hope Index, we examined hope through 1) temporality and future, which refers to whether they have short and long-term goals, 2) positive readiness and expectancy, which refers to whether they have a sense of direction towards their life, and 3) interconnectedness, which refers to whether they have a sense of mutuality and reciprocity in giving and receiving care and support from others in their life.

**Self-esteem.** The Rosenberg Self-esteem Scale (Rosenberg, 1965) was used to measure the amount of self-worth among the trainees.

**Self-stigma and stigma resistance.** We used Self-stigma Scale (Mak & Cheung, 2010) to measure the extent to which they internalize the stigma of mental illness and Stigma resistance subscale of the Internalized Stigma of Mental Illness Scale (Ritsher et al., 2003) to measure the extent to which they can resist the impact of their lives, establish connection with others, and live a meaningful life despite their identity.

In addition to assessing trainees' mental health and personal recovery, we investigated trainees' perception of their readiness to work as peer support workers using these additional measures:

**Autonomy.** The community activism and autonomy subscale of the Empowerment Scale (Rogers et al., 1997) was used to assess trainees' perceived control over their life, and their perceived powerfulness of community activism.

**System empowerment.** The system subscale of the Youth Empowerment Scale-Mental Health (Walker, Throne, Powers & Gaonkar, 2009) was used to assess trainees' level of empowerment in using their experiences and knowledge to improve the mental health services system.

**Job Activities and Services.** We modified the Job Activities and Services scale (Grant, Reinhart, Wituk, & Meissen, 2012) to assess trainees' confidence in engaging in each job-related activity (e.g., sharing my personal story of recovery with other people in recovery).

### *Analysis:*

Multilevel mixed-effects linear regression was conducted to assess the changes of the above-mentioned components in trainees across time, including before they received any training, upon their completion of the basic training, and upon their completion of advanced training.

## Qualitative approach

The overall aim was to explore the experience of trainees who have undertaken the training in peer support by conducting a series of individual interviews. The specific research question was: What are the meanings and rich description about the range of experience are given to "peer support training" in mental health?

### *Procedures:*

Individual interviews (including both paired [with the consented family members and supervisors/ colleagues] and unpaired) were held to explore, in depth, transition experiences (e.g., one who has been affected by mental illness and gradually takes over the role of peer support worker) of the trainees. To this end, the researchers developed a set of open-end questions designed to guide interviews and discussions related to the primary research questions. The interviews were conducted by the research assistant (RA). The interviews were semi-structured, with open-ended questions. The sessions (with the participants' consent) were audio recorded and transcribed, and supplemented with notes recorded during the meetings.

The duration of each interview was between 30 and 60 minutes; most lasted about 40 minutes. An interview guide (with prompts) was used with the interviewees to elicit more detailed descriptions and deeper reflection on the issues. The PSWs were asked questions about their experiences of transiting from the training to the employment phase, about the perceived effect on their personal recovery, and about their future aspirations. As for the service users, the questions they were asked focused on their experiences of receiving peer support services and how these services affected their recovery. Lastly, the co-workers were asked about their



experiences of working with PSWs, as well as about the perceived barriers to and factors facilitating the implementation of the peer support services program in their centers. All the interviews were conducted in Cantonese, the interviewees' and interviewer's mother tongue; these interviews were audiotaped and the recordings were transcribed verbatim, for subsequent analysis and interpretation. Only the direct quotes cited in the present report were translated into English. In order to protect the confidentiality of the data and anonymity of the participants, codes were assigned to all the recordings and transcripts.

### *Analysis:*

The qualitative data were analysed using a general inductive approach (Thomas, 2003). This frequently used method of qualitative data analysis enabled the identification of themes, clusters and categories; thus resulting in a pool of in-depth and meaningful information.

### *Research rigor:*

The findings of the present study have a high level of trustworthiness: the triangulated data were gathered from multiple sources – namely, the PSWs, the service users, and the PSWs' co-workers in the different mental healthcare settings. In addition, the analyses of the data were performed by two of the researchers independently. Finally, the analysis and interpretation of the data and the overall findings were presented in several sharing sessions attended by professional co-workers and PSWs, including some who were not involved in the present study. Their comments further refined the analysis and enhanced the accuracy of the findings.

## Data collection, phase two: Evaluation of employment

***Aim:*** This phase aimed to assess the effect of employment of peer support workers at individual as well as organization levels.

***Methodology:*** Both quantitative and qualitative approaches were adopted.

## Quantitative approach

The effect of peer support worker was assessed along several dimensions: (1) how the employment affect peer support workers' own mental health and recovery, (2) how peer support workers affect service users' recovery, (3) how co-workers and supervisors perceive the work of peer support workers.

Assessment was conducted throughout the employment period of the 32 employed PSWs as follows: (1) when the trainee starts employment as PSW, (2) once every 3 months or at the end of the employment (whichever period is shorter). An average of 6 regular service users for each PSW were invited to complete the questionnaire every three months. Regular service user is defined as people in recovery who have received service from PSWs for at least three times. In addition to these regular service users, since PSWs also conducted one-session stigma-reduction sharing to the general public and other mental health care providers, participants of these sharing were also invited to complete questionnaire before and after the sharing session for evaluation purposes. Similarly, an average of 12 co-workers and supervisors for each PSW were invited to complete the questionnaire every 3 months.

In addition to the mental health and recovery measures (namely, recovery, state hope, self-esteem, autonomy, and service empowerment) that they have completed during the training period, the PSWs also completed the following measures related to their employment:

### *Measures:*

**Job satisfaction.** The Indiana Job Satisfaction Scale (Resnick & Bond, 2001) was used to assess the extent to which PSWs feel about their job and their level of satisfaction towards various aspects of their job, including satisfaction towards their pay, prospects of advancement and security of the job, their relationship with co-workers, how they feel at the job, and their general job satisfaction. We also measured the extent PSWs feel recognized by their supervisor using the same scale.

**Job activities and services.** To understand the scope of activities and services that PSWs are engaged in, PSWs were asked to rate on a list of activities that they are involved in as a PSW such as sharing personal recovery story and assisting service users in making independent choices.

**Coping.** As peer support work is a new role, PSWs' coping strategies were assessed using the Brief COPE Scale (Carver, 1997), which assesses the following coping strategies in the face of difficulties: active coping, emotional support, use of instrumental support, self-blame, positive reframing, and planning.

***Service Users' Perspective.*** Service users who have received regular peer support services were invited to complete the following measures: recovery, hope including the State Hope Scale and Herth Hope Index, self-stigma and stigma resistance, autonomy, service empowerment as described above. Additionally, they were asked to complete the self-empowerment subscale of the Youth Empowerment Scale (Walker, Thorne, Powers & Ganokar, 2009) to assess the extent to which they can exercise control over their lives. They also completed a scale measuring their attitudes towards peer support work services.

For individuals who have received one-off services (i.e., sharing sessions conducted by PSWs), they were invited to complete another set of questionnaires on their stigmatizing attitudes towards people in recovery (abridged version of Public Stigma Scale, Mak, Chong & Wong, 2014), their evaluation on the sharing session, their attitudes towards PSW service, and the most impressive moment of the sharing session.

***Co-workers and Supervisors' Perspective.*** To investigate the effect of employment of PSWs on other employees in the service unit, co-workers and supervisors of the PSWs were invited to complete a questionnaire every three months assessing the following two domains: 1) attitudes towards peer support service and 2) evaluation of specific PSWs on their job performance.

### *Analysis:*

With time treated as a continuous variable, multilevel mixed-effects linear regression was conducted to assess changes across time among employed PSWs in terms of recovery, well-being and job related variables, as well as among regular service users in terms of their outcomes.



The changes in terms of attitudes towards PSWs and evaluation on their job related aspects by the co-workers and supervisors were also assessed using the same method.

A three-level regression model was employed to examine whether PSWs' perceptions towards their role as a PSW and their job have any effect on their own mental health and recovery.

Paired sample t-tests were used to compare the pre-sharing and post-sharing scores among those who have attended the one-off sharing session. Separate analyses were conducted for two groups of attendees: 1) healthcare providers and people in recovery, and 2) students, volunteers, and the general public.

## Qualitative approach

This phase of qualitative study sought to further understand the phenomena which peer support trainees experience upon commencement of the employment and how various factors contributed to the transition process from training/work placement to employment. The specific research question was: Which factors acted as barriers to and facilitators of the transition with regard to taking on the role of peer support trainees or ultimately the workers in mental health settings?

In this phase, a small group of course teachers (or key personnel involved in the implementation of the training course), supervisors and colleagues who worked with the peer support trainees during placement and lastly users of the peer support were invited to participate in another wave of individual interviews.

### *Participants:*

During the entire qualitative study (phase one and two), we engaged 88 people (peer support workers, service users and co-workers [including supervisors, mentors and non-peer professional colleagues]) in the study and conducted 179 interviews in total (Table 2). In the placement and employment period, some individuals were interviewed more than one time. For example, some peer support workers were interviewed up to three times over the 7-month employment period.

**Table 2.** Summary of the number of research participants and number of interviews involved in the qualitative study (phase one and two combined)

| | **Number of interviews (number of participants)** | | | **Total number of interviews=179** |
|---|---|---|---|---|
| | Training course on peer support services: three months | Placement: two months | Employment: seven months | |
| ***Peer support workers (n=11):*** | 11(11) | 11(11) | 27(9) | 49 |
| ***Service users (n=44)*** | 0 | 15(15) | 44(31) | 59 |
| ***Co-workers (n=33)*** | 0 | 41(25) | 30(17) | 71 |

*Procedures:*

Individual interviews using narrative enquiry were undertaken to explore the specific transition experience of the "selected" peer support trainees/ workers. Themes derived from the Phase one were used to generate a semi structured interview schedule. These interviews were conducted in a candid manner and "case scenario" (i.e., peer support trainee- supervisor/ colleagues- users of the peer support service) was developed as part of the data collection. These interviews were audio recorded and transcribed, and supplemented with notes recorded during the interviews.

*Analysis:*

The qualitative data resulting from interviews were analysed using a general inductive and case study approach. Following analysis, members of the Steering Group were invited to verify and provide feedback on the main themes of research findings and interpretation. This feedback process strengthened the accuracy and validity of the research findings.

# RESULTS

The results obtained from the present study were enormous. For the present report, the researchers concentrated on three essential questions (see the Methodology chapter, subsection Research aim and questions [RQ]):

1. What are the effects of peer support training on the trainees (related to RQs 1 &2)?
2. What are the effects of peer support services to PSWs themselves and their service users (RQs 1 &2)?
3. What are the views of PSWs towards their role and job prospects (RQ 3)?

We present the quantitative and qualitative findings side by side. While the quantitative data describe the central tendency and test the level of statistical significance, the qualitative narratives provide the context to interpret the statistical pattern of the data and capture the few unique, less-common voices.

## Results 1: Effects of training on trainees and other relevant parties

### 1.1 Participants for quantitative evaluation

We recruited 60 PSW trainees across three batches of training; 60 of them completed basic training and 56 completed advanced training. Among these 60 trainees, 75% (n = 45) are female. The mean age of the trainees is 40.68 (SD = 10.19). 23.3% of them have a college or university education, 10% college preparatory school (Form 6-7), 55% senior high school education (Form 4-5) and 11.7% junior high school (Form 1-3). Their psychiatric diagnoses include 35% schizophrenia, 33.3% major depression, 20% bipolar disorder and 11.7% others, with a mean 11.44 years of duration (SD = 8.41). Please refer to Table 3 for breakdown of their demographics.



**Table 3.** Demographics of PSW trainees (N=60)

| | **PSW Trainee** N (%) |
|---|---|
| **Gender** | |
| Male | 15 (25%) |
| Female | 45 (75%) |
| **Age** (Mean age=40.7 years old; SD=10.19) | |
| 21-30 | 10 (16.7%) |
| 31-40 | 20 (33.3%) |
| 41-50 | 15 (25%) |
| 51-60 | 15 (25%) |
| **Marital Status** | |
| Unmarried | 32 (53.3%) |
| Married | 17 (28.3%) |
| Divorced | 9 (15%) |
| Widowed | 2 (3.3%) |
| Missing | - |
| **Education Level** | |
| Lower Secondary (Form 1-3) | 7 (11.7%) |
| Upper Secondary (Form 4-5) | 33 (55%) |
| College Preparatory School (Form 6-7) | 6 (10%) |
| College and University | 14 (23.3%) |
| **Occupation (Prior to being peer support worker)** | |
| Unemployed | 17 (28.3%) |
| Daily training | 4 (6.7%) |
| Activity center | 3 (5%) |
| Workshop | 1 (1.7%) |
| Career Assistance | 7 (11.7%) |
| Open employment | 11 (18.3%) |
| Others | 16 (26.7%) |
| Missing | 1 (1.7%) |
| **Monthly Income (Prior to being peer support worker)** | |
| <$500 | 6 (10%) |
| $501-1000 | 4 (6.7%) |
| $1001-2000 | 10 (16.7%) |
| $2001-3000 | 6 (10%) |
| $3001-4000 | 8 (13.3%) |
| $4001-5000 | 10 (16.7%) |
| $5001-6000 | 4 (6.7%) |

| | |
|---|---|
| $6001-7000 | 1 (1.7%) |
| $7001-8000 | 6 (10%) |
| $9001-10000 | 1 (1.7%) |
| >$10000 | 2 (3.3%) |
| Missing | 2 (3.3%) |
| **Diagnoses** (Mean years of illness =11.4 years; SD=8.41) | |
| Schizophrenia | 21 (35%) |
| Major depressive disorder | 20 (33%) |
| Bipolar disorder | 12 (20%) |
| Others | 7 (12%) |

181 regular service users completed questionnaires at least once. Among them, 70.7% were female (n=128). The mean age of the participants was 45.26 (SD=11.83). As to their education, 40.3% of the participants obtained up to upper secondary school education (Form 4-5), 23.8% with lower secondary school education (Form 1-3), 12.7% completed elementary school, 9.9% with college and university education, 8.8% received up to college preparatory (Form 6-7), and 2.2% never received any education. In addition, 660 individuals who attended the one-off sharing session were asked to complete a different set of questionnaires prior to PSW sharing and immediately after the sharing. A total of 142 people in recovery, 115 healthcare providers, 106 students, 53 volunteers, and 214 general adults completed these questionnaires prior to and immediately after the sharing session. Moreover, 417 co-workers and supervisors completed questionnaire at least once. The supervisors and co-workers have a mean age of 32.7 (SD=7.56) with 67.9% of them being female (n=283). 61.4% of the supervisors and co-workers were social workers, 6.7% were nurses, 4.6% were occupational therapists, and 14.1% in other fields. Table 4 summarized the details of the scales used in this project.

**Table 4.** Summary on details of the scales used

| **Scale** | **Number of Items** | **Reliability (Cronbach's alpha)** |
|---|---|---|
| **Peer Support Workers' Outcomes during Training** | | |
| Recovery Assessment Scale | 24 | .95 |
| State Hope Scale | 6 | .89 |
| Rosenberg Self-esteem Scale | 10 | .89 |
| Self-stigma Scale | 9 | .93 |
| Stigma Resistance Subscale | 5 | .79 |
| Youth Empowerment Scale – System | 7 | .81 |
| Confidence in taking up the PSW Job Activity and Services | 14 | ..97 |
| Empowerment Scale – Community activism and autonomy subscale | 6 | .77 |
| Herth Hope Index | 12 | .92 |
| **Peer Support Workers' Outcomes during Employment** | | . |
| Recovery Assessment Scale | 24 | 90 |
| State Hope Scale | 6 | .81 |
| Rosenberg Self-esteem Scale | 10 | .83 |
| Youth Empowerment Scale – System | 7 | .78 |
| Confidence in taking up the PSW Job Activity | 14 | .92 |
| and Services | 6 | .79 |
| Empowerment Scale – Community activism and autonomy subscale | 22 | .86 |
| Job Satisfaction Scale | 12 | .80 |
| BRIEF COPE Scale | 12 | .90 |
| Herth Hope Index | | |
| **Regular Service Users' Outcome** | | |
| Recovery Assessment Scale | 24 | .95 |
| State Hope Scale | 6 | .90 |
| Rosenberg Self-esteem Scale | 10 | .87 |
| Self-stigma Scale | 9 | .94 |
| Stigma Resistance Subscale | 5 | .79 |
| Youth Empowerment Scale – System | 7 | .93 |
| Youth Empowerment Scale – Self | 6 | .87 |
| Youth Empowerment Scale – Service | 7 | .89 |
| Empowerment Scale – Community activism and autonomy subscale | 6 | .78 |
| Mental Health Continuum Short Form | 14 | .96 |
| Herth Hope Index | 12 | .91 |
| **Co-worker and Supervisors' evaluation** | | |
| Evaluation of PSW | 21 | .984 |

## 1.2 Quantitative evaluation: Evaluation of effects of training on trainees

Personal recovery. Training was found to have a significant effect on peer support trainees' personal recovery, self-confidence, self-esteem and interconnectedness. In general, results showed significant time difference in PSWs' personal recovery ($\chi^2$ (2)=11.39, p≤0.005). After Bonferroni adjustment, post hoc contrast review that there is a significant improvement upon basic training (mean difference=0.1335, z=3.04, p<.01). No significant difference between completion of basic training and advanced training (mean difference = -0.009, z=-0.20, p=1) was found, in other words, the effect was maintained after advanced training. The trend is illustrated in Figure 4.

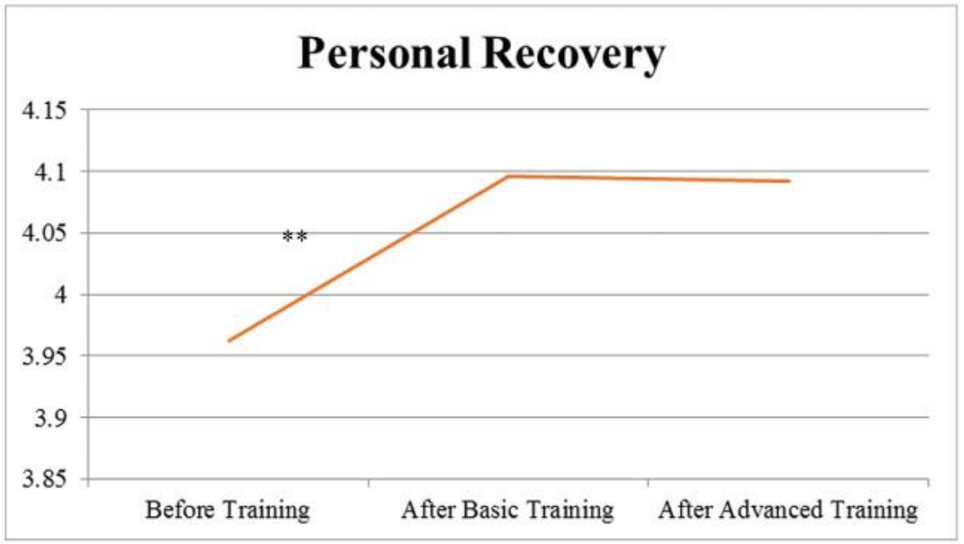



**Figure 4.** Increase in personal recovery among peer support work trainees upon training

Personal confidence and hope. Specifically within five dimensions of personal recovery, results indicated a significant time difference in personal confidence and hope ($\chi^2$ (2)=19.99, p < 0.001). After Bonferroni adjustment, post hoc contrast review that there is a significant improvement upon basic training (mean difference=0.2215, z=3.94, p≤.001). The effect was maintained with no significant difference between completion of basic training and advanced training (mean difference =-0.005, z=-0.09, p=1), as illustrated in Figure 5.

Self-esteem. Besides personal recovery, PSWs also reported significant time difference on self-esteem upon basic training ($\chi^2$ (2)=12.40, p < 0.005). A significant improvement upon basic training was found (mean difference=0.117, z=2.89, p<.05), and the effect was retained upon advanced training (mean difference=0.14, z=0.34, p=1). Result is illustrated in Figure 6.



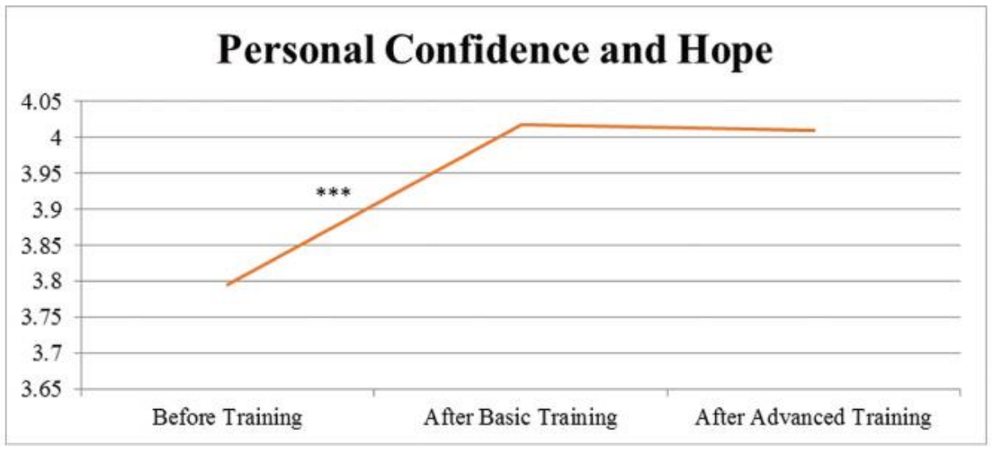



**Figure 5.** Increase in personal confidence and hope among peer support work trainees upon training




**Figure 6.** Increase in self-esteem among peer support work trainees upon training

Interconnectedness. Related to hope, PSWs showed a significant increase in interconnectedness at the end of advanced training compared to their sense of interconnectedness upon completion of basic training (mean difference=0.152, z=2.62, p<.05), indicating that trainees were more likely to feel a sense of affiliation from each other after completing the advanced training. The improvement is shown in Figure 7.

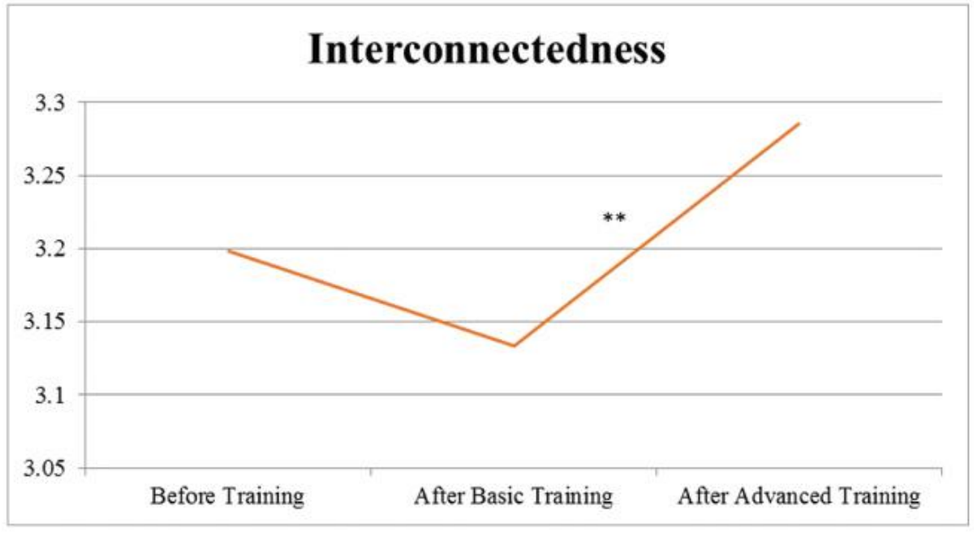



**Figure 7.** Increase in interconnectedness among peer support work trainees upon advanced training

## 1.3 Qualitative evaluation: Evaluation of effects of training on trainees

Under this heading, we captured the benefits experienced by the trainees, any unintended consequences and other relevant themes.

### *Benefits of the training*

- *Learning/ knowledge.* It was about learning specific subjects such as self-help tool (a number of participants mentioned Wellness Recovery Actions Plan), crisis management, importance of peer support (a trainee mentioned peer support is not to replace medical treatment, psw_20130124_c02f). Some interviewees mentioned learning about symptomatic behaviors and the reasons behind the symptoms.
- *Sense of satisfaction.* A typical expression was:

*"(Undergoing the peer support training) will be helping others and also myself."* (psw_20130124_c02f).

- *Growing confidence.* Trainees grew their confidence to socialize and share with others.
- *Communication skills.* In particular, trainees learnt how to interact with service users who were showing symptoms of mental illness.
- *Better illness-management.* After attending the training of peer support, trainees self-reported they were less disturbed by the illness and its fluctuation; they built stronger sense of autonomy and were confident in fostering their wellness.



### *Unintended consequences*

In addition to the above-mentioned benefits of undergoing the peer support training, there were four types of unintended consequences.

First, it was the stress related to study itself.

- There were a lot of work, readings and homework.
- Some trainees experienced insomnia and were nervous about study; some were occupied by study-related matters.
- Trainees described how to turn "stress" to "stronger learning motives" in other words, they acknowledged stress was not always unproductive.
- Another stress was related to late class dismissal which did not leave enough time for sharing and catching up among peer trainees.

Second, the re-storying of recovery experience (and the illness) was rather emotionally taxing.

*"Originally the past was forgotten. I felt sad and unhappy for about a week when recalling the past. I know I should not be like that but nothing I could do. After sharing my recovery story, I felt stronger, moving a step forward, and my mood settled down too."* (psw_20130124_c02f).

- Another trainee described how it brought about the swinging mood.

Third, taking part in peer support training provided some trainees with an opportunity to develop closer relationship with the teachers/mentors.

*"It was very nice to talk with the teacher, felt very pleasant…"* (psw_20130124_c02f)

Fourth, a less common consequence was that a trainee was shocked to learn about the hardships faced by people living with a mental illness. After the training the same trainee explained (psw_20130207_m04f):

> *"I am now less worried about interacting with people affected by mental illness (as I had no prior contact with people with mental illness)."*
>
> *"I was scared, would deny my own illness. Now I won't do that… now I feel it's the (general public) ignorance and misunderstanding, I felt I have the obligation to correct them."*
> 現在只是覺得他們無知，因為誤解，覺得自己有義務糾正對方的誤解。

### *What were the factors facilitating trainees' learning?*

Apparently those who had positive attitude towards the program benefited most from the opportunity. A trainee recalled:

> *"A social worker explained to me, the Project is supported by a big company, there are so much to learn. Regardless if I will be offered an employment, I treat it a learning opportunity, I feel there is such a need in our society."* (PSW_20130124_c02f).

The remaining question was what had facilitated the learning. The factors were summarized as follows:

- Multiple teaching and learning methods: Case studies (stories to explain theories), class exercise, games and experiential learning (e.g., role plays), teachers' modelling, small group discussion and peer supported learning. The diverse teaching methods appears to match the trainees' diverse learning style and readiness.
- Coaching, support and care provided by the teachers/ mentors to the trainees
- The entire learning atmosphere was conducive to learning e.g., teacher's sharing or self-disclosures, students always had opportunity to raise questions.
- Teachers' clear explanations and eagerness to teach/ share. Teaching was not only about passing knowledge and information; it was inspirational

> *"The program is informative and inspiring. It has induced my thinking and I understand that the expression of own opinion should be intelligible to others. I used to bluntly express my view for the sake of expression, now I know how to express my opinion in response to different audience."* (psw_20130207_m04f).
>
> 課程不只是資訊性，好有啟發性，多了自己思考，知道表達是需要別人理解的，以前只是為表達而表達，現在會因為對象不同而表達。

- Being supported financially (i.e., the study grant)
- Having breaks, and supply of water and snacks
- How the curriculum was structured in logical progression; also the curriculum had a good practice-focus.

### *Who else benefited from (or were affected adversely by) the program?*

Relationships with family members were improved, *"family said I am smarter, have positive mindset, less stubborn and more relaxed."* (PSW_20130124_c02f).

Initially family was worrying, later on was supportive to the trainee (psw_20130128_m06f):

> *"My mother was concerned that the salary of PSW is meagre and that I have contribute less to support the family. My families also worried I have to take in negative emotions every day while helping others get rid of theirs. I explained to them with positive thinking and finally they supported my decision."*
>
> 母親覺得做朋輩支援工作員，人工低，畀家用少了。擔心每日要接收負能量，清潔別人心靈，要承受別人的事，會病發。跟他們解釋，正面思想，最後都支持。

## Results 2: Effects of training on service users and other relevant parties

### 2.1 Effects on regular service users

Overall recovery. For service users who have received peer support services regularly, results showed significant increase in overall recovery across 12 months of service ($\beta$=0.034, $z$=2.3, $p < .05$). Illustration of the result is shown in Figure 8.

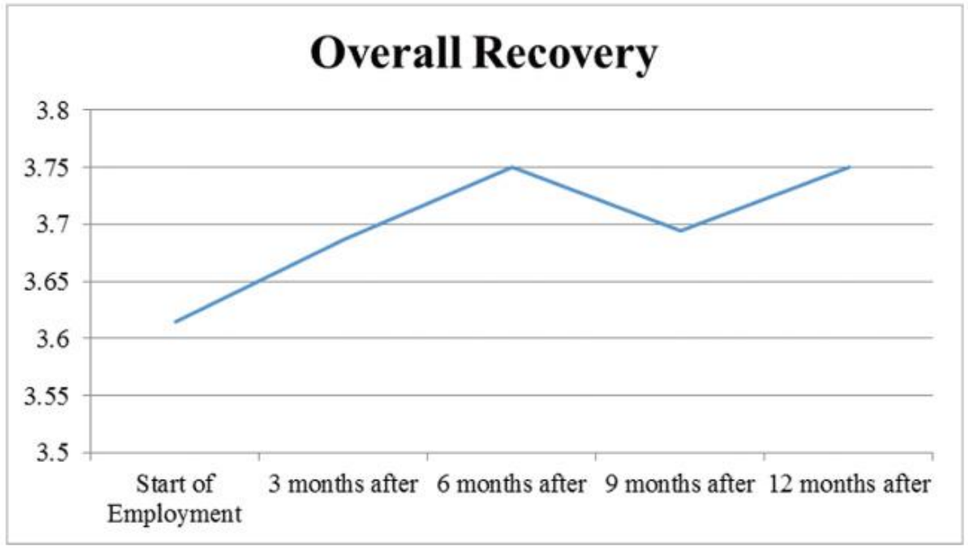



**Figure 8.** Increase in overall recovery in regular service users across period of peer support services

Personal confidence and reliance on others. Specifically, the effect of peer support services was found to be significant on service users' personal confidence ($\beta$=0.37, $z$=2.25, $p < .05$) and reliance on others ($\beta$=0.059, $z$=3.01, $p < .005$), as shown in Figures 9 and 10 respectively.

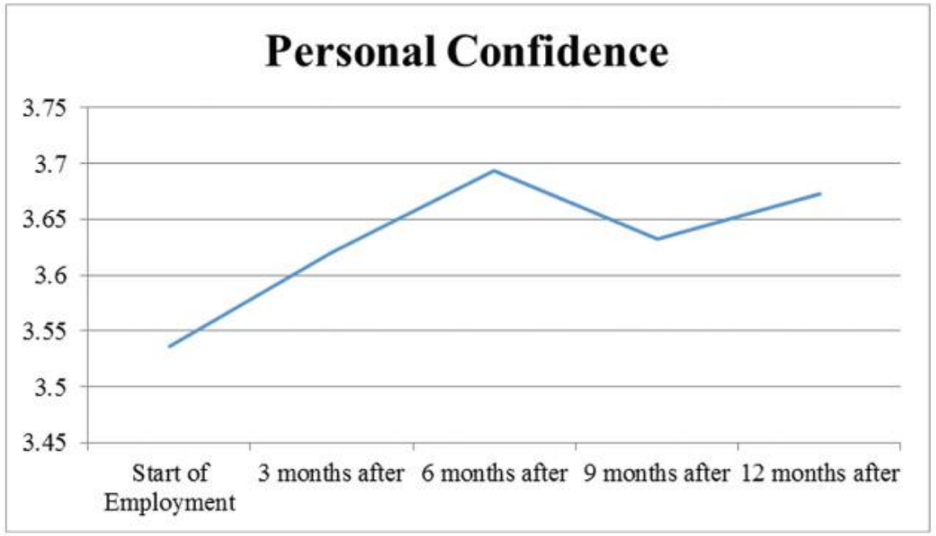



**Figure 9.** Increase in personal confidence in regular service users across period of peer support services

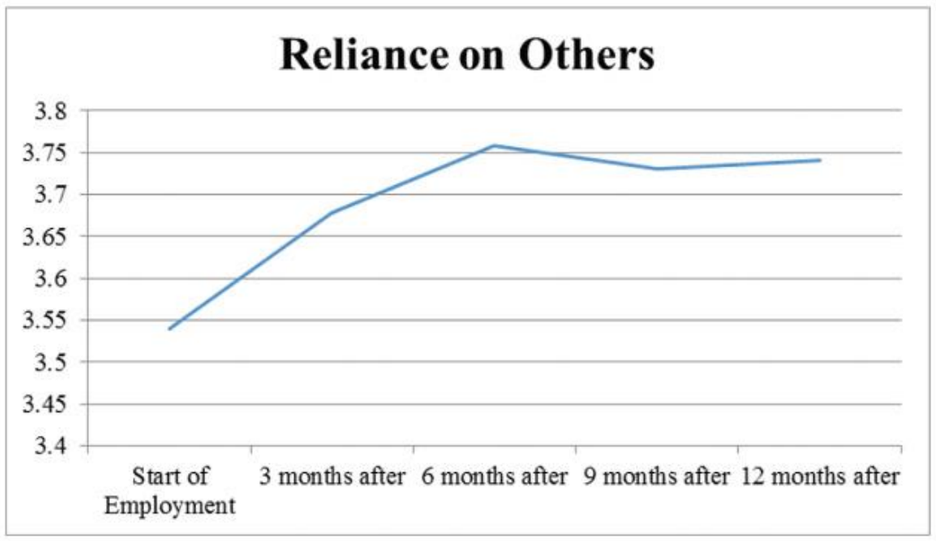



**Figure 10.** Increase in reliance on others in regular service users across period of peer support services

Workers' recovery qualities and service outcomes. No significant changes were found in PSWs' recovery qualities during their period of employment. This indicated that the effects of training were maintained. While PSWs showed a rather constant level of recovery qualities throughout the employment period, results showed that PSWs' recovery qualities upon training could predict the outcomes of their regular service users. The results are summarized in Table 5. Specifically, PSWs' level of hope upon training could predict the level of hope in their regular service users across time ($\beta$=0.14, z=2.62, p< .01). If the PSWs had higher levels of hope at the



end of the training (as defined by one standard deviation or above on hope), the level of hope of their regular service users would increase across 12 months of service.

Similar findings were found in self-esteem. Specifically, PSWs' level of self-esteem upon the end of training predicted the level of self-esteem ($\beta$=0.10, z=2.66, p< .01), empowerment ($\beta$=0.15, z=2.45, p< .05), stigma resistance ($\beta$=0.13, z=2.48, p< .05), hope ($\beta$=0.11, z=3.06, p< .005) and well-being [overall ($\beta$=0.26, z=2.66, p< .01), psychological ($\beta$=0.29, z=2.41, p< .05), and social well-being ($\beta$=0.31, z=2.71, p< .01)] of regular service users across 12 months of service.

In other words, when PSWs had high levels of self-esteem, their respective regular service users would benefit from their service with increase in self-esteem, sense of empowerment, resistance towards stigma, hope, psychological and social well-being as well as overall well-being.

In addition to recovery and self-esteem, similar effects were found on PSWs' job confidence, self-stigma, and stigma resistance. Job confidence of PSWs upon training was found to predict their regular service users' self-esteem ($\beta$=0.05, z=2.74, p< .01) and stigma resistance ($\beta$=0.06, z=2.35, p< .05), meaning that the more confident the PSWs are towards their job, the higher the self-esteem and the ability to resist public stigma among their service users across time.

On the other hand, the level of self-stigma PSWs had at the end training was found to negatively predict the level of hope in their regular service users ($\beta$=-0.05, z=-2.06, p< .05). This indicated that if PSWs had less self-stigma, their corresponding service users would have increasing hope throughout the 12 months of time when they were receiving service from PSWs.

Similarly, stigma resistance of PSWs upon training could predict the level of hope in their corresponding service users ($\beta$=0.09, z=3.11, p< .005), meaning that the more resistant PSWs were towards stigma, their regular service users were found to have increasing level of hope throughout 12 months in receiving peer support service.

**Table 5.** Summary on prediction of peer support worker's recovery quality on service users' outcome

| **Peer Support Workers** | **Regular Service Users** |
|---|---|
| High in _____ upon training | Increase in _____ across 12 months |
| Hope (State Hope) | Hope (State Hope) |
| Self-esteem | Self-esteem<br>Empowerment<br>Empowerment - Self<br>Empowerment - Service |

| | |
|---|---|
| | Stigma resistance<br>Wellbeing<br>Wellbeing - Psychological<br>Wellbeing - Social<br>Hope (Herth Hope) |
| Job Confidence | Self-esteem<br>Stigma resistance |
| Stigma Resistance | Hope (Herth Hope) |
| High in _____ upon training | Decrease in _____ across 12 months |
| Self-Stigma | Hope (Herth Hope) |

## 2.2 Qualitative evaluation: Effects on service users- benefits and unintended consequences

In Table 6, we analyzed and summarized the interviews of service users who received peer support interventions from the second batch of trainees/PSWs.

**Table 6.** Summary of effects on service users, qualitative comments

| Background and contacts with PSW | Benefits | Limitations or unintended consequences | How did the benefits come about? | Would you recommend to other users? |
|---|---|---|---|---|
| sr23, F/40+, group (G) and individual conversations (IC), for about 2 months | Increasing her motivation and actions to socialize with others and be perseverance about what she was doing (to achieve better recovery) | Nil | Did not comment | Yes, users could learn more from PSW |
| sr24, M/20+, IC for about 2 months | He felt he was understood by the PSW (other workers thought he was an annoyance); feeling happier, more smiles and socializing with others | Nil | PSW understood, she listened, and she was active in approaching people | Yes, users would feel happier |
| sr25, F/50+, G & IC | Encouraged her to take it easy, she felt she was understood | Nil | PSW's lived experience, shared thoughts on the experience | Yes, PSW understood and would not misinterpret the meaning of experience |
| sr26, F/30+, G, IC & activities program | Had someone to talk with, felt happier | Nil | PSW's lived experience and sharing (self-disclosure) | Yes, was better to learn from someone living with the illness |
| sr27, F/50+, met 3 times first interview (25/4/2014) | She encouraged PSW, unlike other non-peer workers the communication was always one-way; happier, felt more hopeful | Nil | PSW was active in approaching and sharing with people, role-modelling (PSW recovered and took less medications) | Yes, PSW underwent major transformation in her recovery from being mentally unwell, taking medications, recovering and finishing the peer support training |
| 2nd interview (18/8/2014) | PSW remained her role model, and she could recover from depression like the PSW; she reported improving her relationship with family | • PSW was coping well, although some members did not respond to her favorably; she persisted<br>• Remained hopeful to recover from depression<br>• It was fine to talk about her depression; it did not have to remain a secret | | |
| 3rd interview (20/11/2014) | | • The trust with the PSW was further strengthened<br>• She remained enthusiastic about her job<br>• PSW settled better and looked more relaxed | | |
| sr28, F/40+, IC, met 2-3 times | Felt happier, better sleep and mood, | Nil | PSW did not reprimand me, self-disclosed her experience, her sincerity | Yes, more people could receive the care |
| sr29, M/50+, G | Felt more hopeful, learned how to cope with illness, how to ask questions when meeting with doctor | Was frightened after hearing other members' illness history in the group | Role-modelling (particularly about self-acceptance and not to self-stigmatize) | Yes, more people could learn about the recovery path |
| sr30, M/50+, G, first interview (28/4/2014) | Gained better mood management, and had more info about medications | Nil | PSW understood our needs and PSWs were more available than other professionals | Yes, learned about managing one's medications |
| 2nd interview (8/8/2014) | Better understanding about side-effects of medications | Comments about PSW:<br>• They could "specialize" in their own form of illness e.g., depression, schizophrenia<br>• PSW seemed to be helping a lot of different activities/ programs, instead, they should have a specific focus | | |
| 3rd interview (1/11/2014) | | • He went to another agency, did not see PSW often<br>• He had to rely on himself | | |

| | | | | |
|---|---|---|---|---|
| sr31, F/50+, IC met 5 times | PSW helped her to seek information, encouraged her to manage negative mood, more socially active | Not much change, my negative mood was too deep-rooted | PSW's eagerness to help, felt PSW like an old friend because PSW seemed to know everything | Yes, PSW had deep-level communication with users, helped them to open their heart |
| sr32, F/40+, IC | PSW helped her to problem solve, managed emotions, stopped ill-treated my daughter, was taking her medications, less headache, tried different ways to get well e.g., diet, exercise | Nil | PSW did not look down upon me (unlike other staff), was patient, was active in approaching people, pleasant personality and very moving sharing | Yes, many people wanted to recover |
| sr33, M/60+, G, IC | Did not mention any specific benefits | Nil | PSW was confident and determination, he was eager to help, showed active out-reach and respect to members, was a friend, felt the warmth | Yes, PSW was eager to help and socialize with people |
| sr34, F/40+, IC briefly first interview (18/8/2014) | Did not mention any specific benefits | Nil | The PSW was honest, brave and sincere about her work; PSW accepted her | Yes, could be a help to people in recovery |
| 2nd interview (20/11/2014) | | • PSW continued to support the service user emotionally<br>• The service user was more open to people | | |
| sr35, F/60+, G for 3-4 months | Did not mention any specific benefits | Nil | Approachable and friendly | Yes, could help |
| sr36, F/50+, G for two months | Stayed away from hospital, less stubborn, had someone to talk with, felt different after talking with PSW | Nil | "His words were more convincing, PSW had good character, I was less guarded towards him, had a less distance with me" | Yes, PSW had a paid job; people received help from PSW, win-win |
| sr37, M/20+, IC met for over 10 times, first interview (11/9/2014) | He was less anxious, more relaxed, less guarded about people | Nil | "PSW was very patient, had good character, provided me with alternative views, kept my material confidential, the relationship with PSW was a kind of Yuen Feng, PSW understood" | Yes, PSW had lived experience |



| | | | | |
|---|---|---|---|---|
| 2nd interview (27/7/2014) | | • The trust with the PSW was further strengthened<br>• Remained less guard towards PSW compared with other staff members<br>• Felt more relaxed and the muscle was less up-tight<br>• PSW understood, because of similar age and background | | |
| 3rd interview (2/4/2015) | | • The friendship theme remained vivid<br>• Saw social worker or clinical psychologist for specialized topic e.g., positive psychology | | |
| sr38, M/40+, IC met over 20 times, first interview (11/9/2014) | More positive, emotionally calm, less stressed, reduced the burden and loneliness in hostel | Nil | "PSW was kind and gentle, genuine, had good communication skills, and eager to help, supported me to participate in sport activities" | "Yes, PSW was already very outgoing to approach people; (the PSW) needn't my recommendation)" |
| 2nd interview (27/7/2014) | | • Friendship grew stronger<br>• PSW did not instruct him what to do, but to comfort him<br>• Helped him to transit and find a new job<br>• PSW would help a person actively beyond the presenting problems | | |
| 3rd interview (24/3/2015) | | • "Compared to other professionals, I could talk with PSW more freely, more like a friend"<br>• PSW had to remain neutral; and PSW did not intervene | | |
| sr39, F/60+, IC and home visits for 2 months | Happier, helped her to problem solve, less headache and better relationship with husband | Nil | "PSW participated and shared activities with us together, reached the working class; PSW was respectful and greeted members actively, provided a role-modelling" | Yes, PSW helped to problem solve and explain the illness and recovery |
| sr40, F/50+, IC for 3-4 months | Reminded her about medication | Nil | "PSW was very kind, sociable, did not instruct me what to do, accompanied me to go to the market, PSW was very approachable" | Yes |
| sr41, M/30+, IC Met once a | Felt happier, better mood | Nil | PSW-service user the interaction was two-way, | Yes, had someone to talk to, reduced |

| | | | | |
|---|---|---|---|---|
| month for few months | | | bi-directional, did not present himself as a professional | hospital admission |
| sr42, M/50+ | Did not mention any specific benefits | PSW was forgetful, "it was a waste of time, she asked some questions repeatedly" | Nil | Not sure, PSW needed to be of higher quality |
| sr43, F/30+, IC met 7-8 times, first interview (4/12/2014) | Improved understanding of her illness, cut down her smoking, more relaxed, better socialization with people | Nil | PSW was approachable, eager to help, not calculate, shared about his own experience | Yes, had pleasant conversations with PSW |
| 2nd interview (24/3/2015) | | • "PSW continued to care about me and greeted me actively"<br>• Remained less guard towards PSW | | |
| sr44, M/60+, G, IC for about 1 year | Felt more hopeful after hearing the PSW's recovery story | Nil | PSW had personal experience of dealing with the illness, she could do it, "walk the talk", shared good practical tips | Yes, PSW helped people |
| sr45, F/30+, IC for about a year, met once a week | Felt happier | Nil | "PSW cared about me like a friend, had very pleasant manner, would understand the matter from your perspective, listened attentively (to some details), felt less distant with PSW, normalized the conversation about each other's recovery journey (or illness), had a positive world view" | Did not reply |
| sr46, M/30+, G, IC, met 1-2 times per week | Did not mention any specific benefits | Nil | Very thin narrative | Yes, with specific reason |
| sr47, F/30+, G, for 1 year | Improved understanding of illness, help problem solve | Did not solve real, practical problem e.g., finding paid employment | PSW self-disclosed illness history and recovery process, was able to answer questions raised by members | Yes, helped to improve the understanding of the illness |
| sr48, F/30+, G, IC, for about 5 months | Did not mention any specific benefits | "PSW did not know the local facilities or services available, I was asked to find them out myself" | PSW talked about her own depression, talked about practical matters e.g., housing, relationship issues, PSW was honest, and putting no pressure on me, did not hold higher status | Yes, not a lot of people know about PSW |
| sr49, F/30+, G for about 6 months | Did not mention any specific benefits | PSW did not share much about herself, "felt strange", felt unsure what PSW could help; did not have much positive experience with PSW | The service user did not describe much about her experience of receiving support from PSW | Not sure |
| sr50, F/40+, G, IC | Had less negative material, more relaxed | Nil | PSW was honest in sharing her unpleasant experience, had lived experience of illness, had very pleasant manner, enjoyed having the conversations with PSW | Yes, PSW helped to foster better mental health including physical and spiritual aspect |
| sr51, M/50+, IC, met for about 10 months | Felt more relaxed, less stubborn, more flexible world view | Suggested to have few more PSWs in one setting; PSW needed to advance their roles, should not stay at the level of just having causal conversations | PSW was a role model, offered a contact point, was available | Yes, PSW was a good service |

## 2.3 Effects on attendees of one-off sharing session

For individuals who attended one-off sharing conducted by PSWs, results showed that stigma towards people in recovery were significantly lower among healthcare providers and people in recovery after attending the sharing session ($M$=2.96, $SD$=1.12) when compared to that before the sharing session ($M$=3.03, $SD$=1.04); $t(364)$=-2.15, $p<.05$. Similar result was also found in students, volunteers, and the general public when comparing their level of stigma towards people in recovery after the sharing ($M$=2.77, $SD$=.86) than before the sharing ($M$=3.07, $SD$=.89); $t(196)$=-6.50, $p<.001$. Moreover, students, volunteers, and general public also showed a significant improvement in their acceptance of people in recovery after attending the one-off sharing ($M$=4.99, $SD$=.58) when compared to that before the sharing ($M$=4.81, $SD$=.66); $t(196)$=4.76, $p<.001$. This indicated that one-off sharing can increase public's acceptance and

reduce stigma towards people in recovery. Results are graphically illustrated in Figures 11 and 12 respectively.

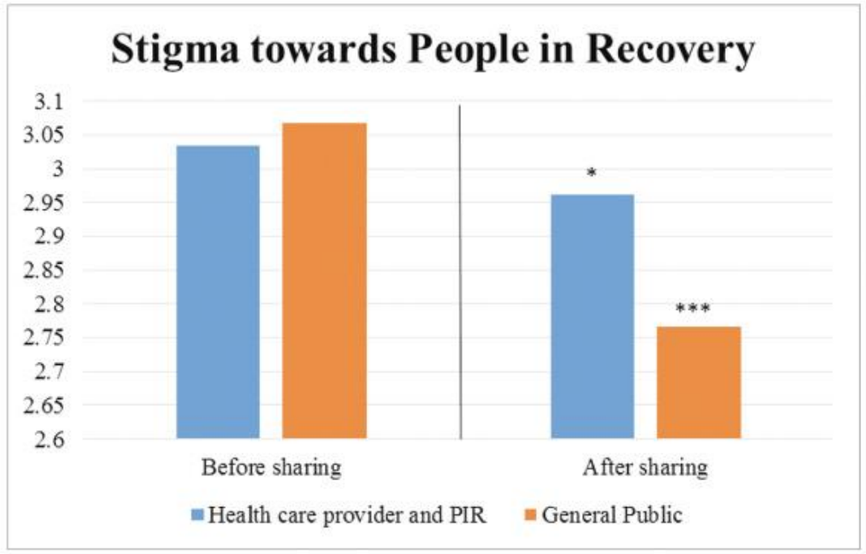



**Figure 11.** Significant reduction in stigma towards people in recovery in both groups

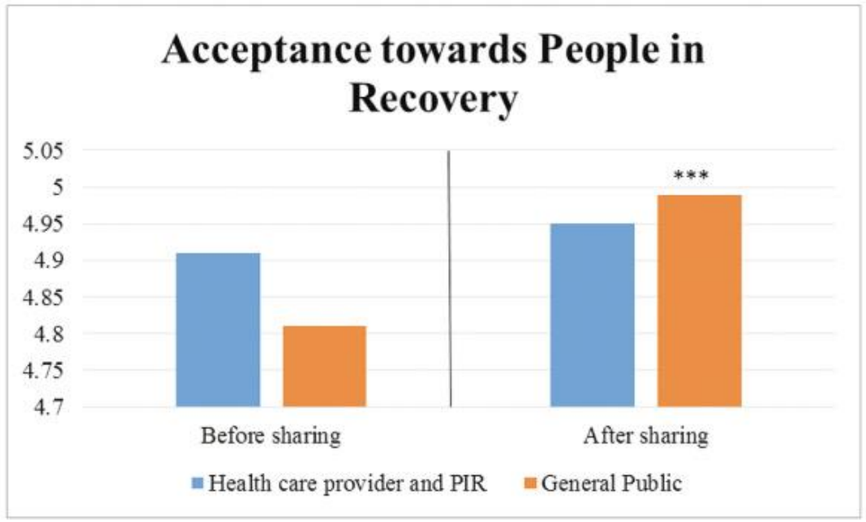



**Figure 12.** Significant increase in acceptance towards people in recovery in general public, students and volunteers

Based on the qualitative feedback obtained from these one-off sharing sessions, attendees expressed their "*wish to listen to more recovery stories*". They also reported the sharing can, "*help me to develop positive views towards people in recovery*" and "*exposes me to the experiences and feelings of people in recovery*". These qualitative feedback along with the reduction in public stigma and improvement in acceptance scores indicated that one-off sharing sessions could facilitate the public to focus on the recovery journey of the people with mental illness over merely focusing on the disorder itself.



## 2.4 Effects on co-workers and supervisors' evaluation on peer support workers

Results showed that the overall evaluation on PSWs given by their co-workers significantly increase across 12 months of service ( $\beta$=0.077, z=4.92, p< .001). Specially, all aspects of the evaluation including understanding of their job ( $\beta$ =0.097, z=5.65, p< .001), their work quality ( $\beta$=0.087, z=5.13, p< .001), their work attitude ($\beta$=0.052, z=2.81, p= .005), interpersonal relationship ( $\beta$ =0.061, z=3.42, p<=.001), and whether they can give comments on the development of peer support service and whether they agree with the organization's values ( $\beta$=.090, z=5.3, p< .001) significantly increased over time. Results indicate that across time of service, the appraisal of PSWs given by their co-workers and supervisors was significantly increasing. Results were summarized graphically in Figure 13.

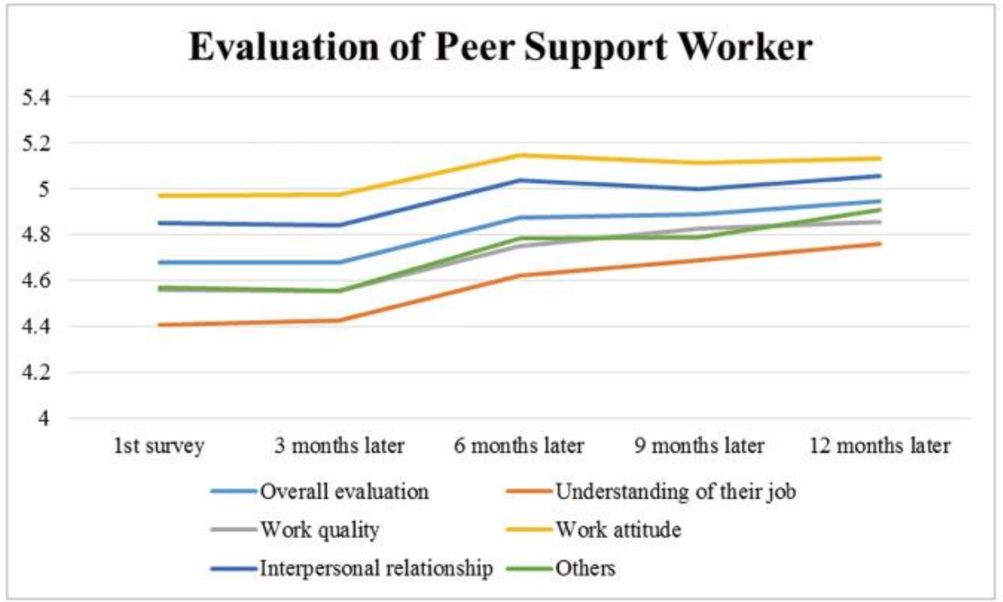



**Figure 13.** Significant increase in evaluation of peer support workers by co-workers and supervisors

## 2.5 Qualitative evaluation: Effects on peer support workers (self-perceived)

By the time the trainees moved on to the employment phase, they identified a range of effects, mostly were benefits of being a peer support practitioner.

- *Positive thinking.* Trainee realized PSW did not have to be a "perfect person", it was fine if he/ she can help others within their capability.

> *"I feel that I have made a lot of progress. I learned how to view things in a positive way. Sometimes I found the services users have the same problem as me in the past, throw tantrum for instance. Being through the same process, I was able to listen to them truly and patiently. I also understand that it is not shameful to be mentally challenged. I am no longer afraid of being found out about my condition. I accept myself being imperfect. It is perfectly fine as long as I can achieve as high as I am able to."* (psw_20140121_c02f).
>
> 覺得自己叻左好多，識諗了。識得正面看問題，從會員身上看到自己過去，如：會發脾氣，自己做到耐心聆聽，過來人可以做到真心對待。覺得有病不是恥辱，以前好驚人知(自己有病)，現在可以接受，不用十全十美，在能力範圍內，發揮到優勢便可以了。

- *Self-acceptance.* Accepting one's background of having mental illness.
- *Sense of satisfaction.* It refers to being self-sufficient, earning money, gaining self-confidence, playing useful roles, and being happy
- *Team work.* More able to work with center -peer professional workers
- *Job achievements.* Sense of achievement in running various groups, conducting home visits (independently by some trainees) activities and participating in recovery-related meetings and staff in-service training; was successful in inviting members to attend the center program ( psw_20140121_c02f ; psw_20140121_m06f)
- *Making positive effects on service users' recovery or coping with stresses.* Referring to a successful scenario: there was a service user who was seen as a difficult group member, PSW helped the user to understand she was not alone in dealing with her daughter's problems, over time, the service user joined a cooking group and expressed her appreciation toward the program (psw_20140121_c02f).
- *A less frequent voice.* A PSW who was interviewed as part of the longitudinal study expressed a less common response that peer support was a very frustrating experience- the agency head did not understand the roles of PSW, she felt paranoid almost reaching the point of mental relapse (e.g., difficulty falling asleep, had nightmares) and she required additional support from PSWs and the coach.

> "I was not treated respectfully in the agency. I did not know how I was viewed (by my supervisor) and I felt being oppressed. I almost thought that I'll be sick again. I couldn't find the meaning (of working here). But eventually I was able to get through the period thanks to the application of WRAP and the support from other PSWs and the coach." (psw_20140214_mo4f).
>
> 受不尊重對待。不知(上司)當我係咩，有被迫害感覺，覺得差點會復發，唔知自己為咩(在這裡工作)？最後是靠WRAP，找朋輩和coach傾計。



## 2.6 Qualitative evaluation: Effects on peer support workers and challenges (perceived by supervisors)

First, the PSWs' positive changes were related to their workplace performance.

- *Work ethos.* Clearer understanding of the job duties and working in nongovernmental organizations e.g., expectations, ways of working, interactions, boundaries.
- *Functioning.* PSW were better prepared for the roles e.g., sharing of recovery journey; PSW were better prepared for potential adverse reactions from audience (e.g., high school students might not pay attention to the recovery talk).
- *Psychological adaptation.* PSW gained confidence and skills in handling activities and home visits; they were more relaxed and able to express his/her view, to speak up more.
- *Role-modeling.* PSWs came from diverse social background and life experiences of which service users could readily identify with.
- *Flexibility.* PSW were flexible to take up additional task and seemingly irrelevant duty e.g., (due to occasional understaffing) PSWs were asked to take up the front desk receptionist role.
- *Better mental health. "PSW at the beginning had sleeping problems, they were easily scared and worrying. But now, the PSW are more energetic, vibrant, independent, on the whole much better."* (supervisor_201401019_s08).
- *Being a team player.* PSWs were willing to contribute to the teamwork and completed the tasks as a team.
- *On-job learning.* Some PSWs showed healthy signs of ongoing on-job learning and eagerness for continuous personal growth.

Second, it was worth noting good outcomes or positive changes were achieved not by default but by design. Supervisors emphasized the important to: 1) have fieldwork/ practicum, a trial period before taking up paid position, 2) have a coach to support PSW whereas supervisor focuses on assignment and work performance (supervisor_20140109_s08; supervisor_20131126_s09)

Third, the challenges faced by the PSWs were best captured as follow:

- The work pressure on PSW, they reported having sleep problems and difficulty taking up the new roles as PSW; thus supervisors have to attend to the PSWs' health status and wellbeing.
- There were more than one PSW in some workplaces where the service users and colleagues might compare their performance and that put additional pressure on PSWs.
- PSWs worked 'too hard' to seek the supervisors' approval.
- PSWs might find it difficult to understand the English used in the meeting.

- Lack of experience or knowledge about working in office environment (e.g., using computer or other office equipment).
- Lack of experience in running activities program.
- Lack of allocated workspace for PSWs that they did not feel very comfortable with.
- (PSWs) Finding their own talents.

## Result 3: Evaluation of peer support worker's employment experience

### 3.1 Peer support workers' ratings on job related variables

Supervisor's recognition and autonomy. Results indicated an increase in PSWs' perception of supervisor recognition ($\beta$=-0.104, z=1.94, p=.053) and autonomy at work ($\beta$=0.050, z=1.96, p< .05) across 12 months of employment. (Figures 14 and 15)

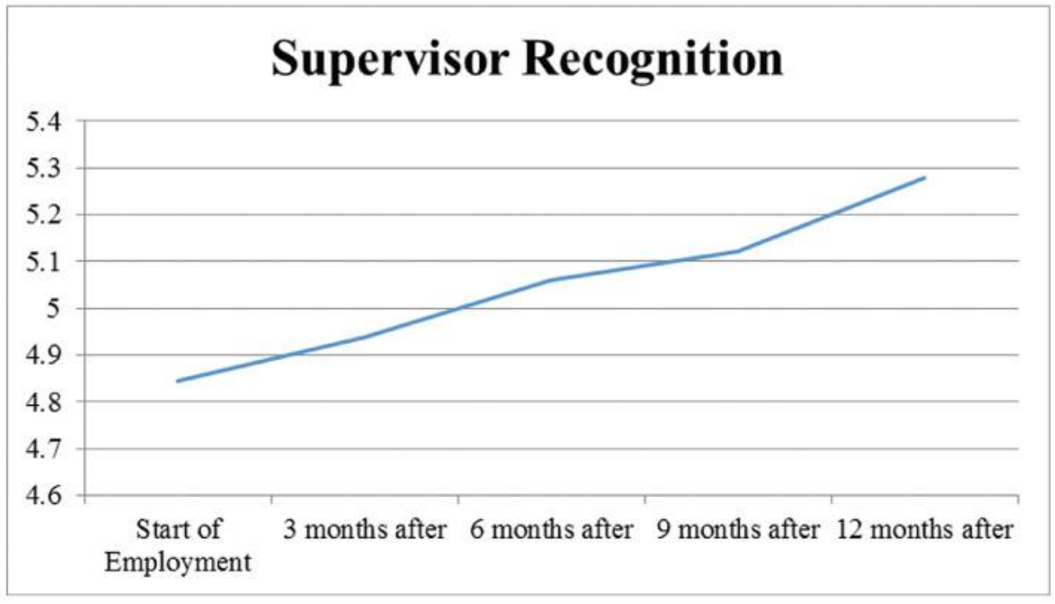



**Figure 14.** Increase in supervisor recognition among peer support workers across employment

Job satisfaction on pay, advancement and security. However, a reverse trend was found in variables related to job satisfaction. Results show a significant decrease in satisfaction on PSWs' level of satisfaction on pay ($\beta$=-0.065, z=-3.95, p< .000), and prospect of advancement and security ($\beta$ =-0.052, z=-2.42, p< .05) of the job across 12 months of employment. (Figures 16 and 17)



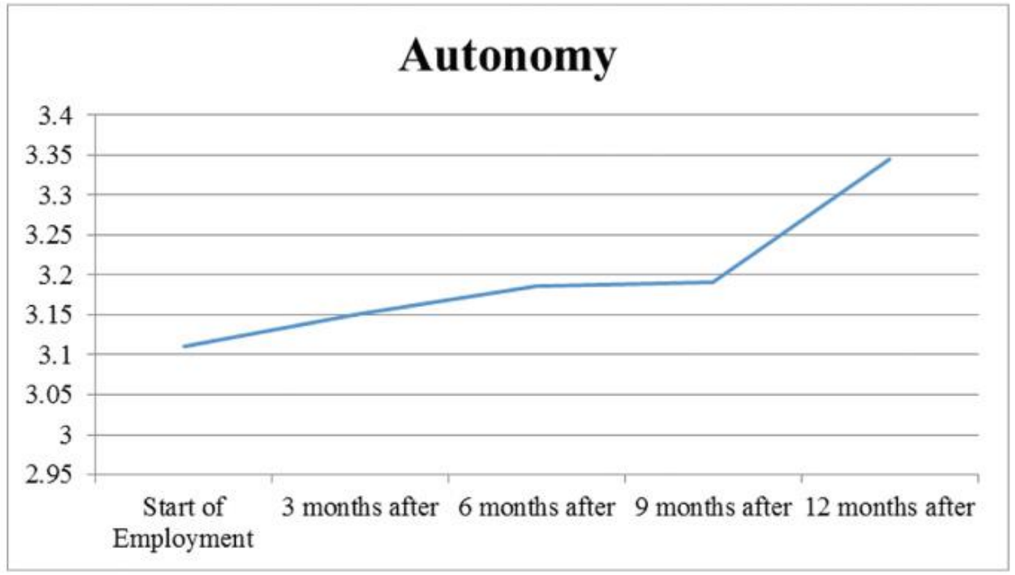



**Figure 15.** Increase autonomy among peer support workers across employment




**Figure 16.** Decrease in satisfaction on pay among peer support workers across employment

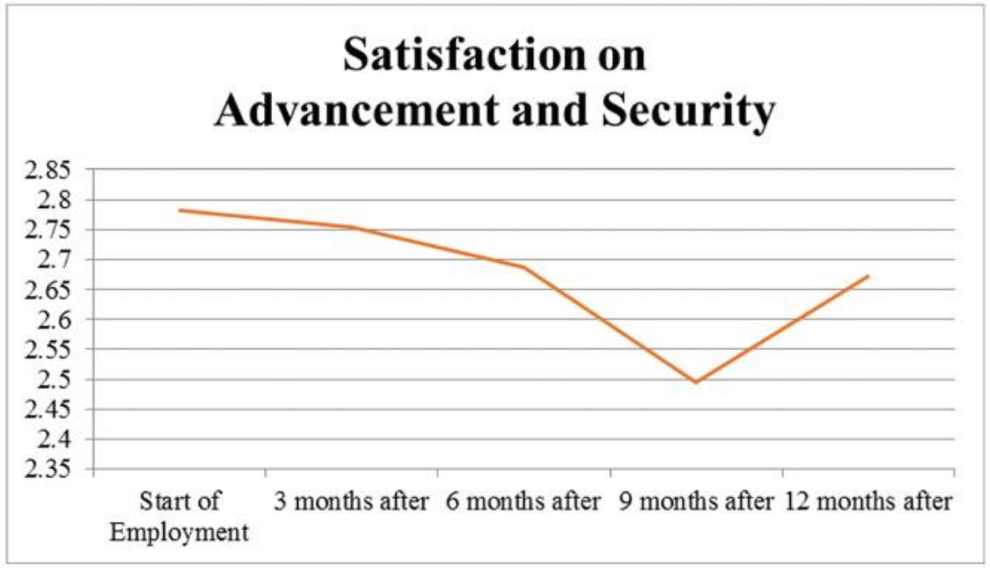



**Figure 17.** Decrease in peer support workers' satisfaction on their prospect of job advancement and security across employment

Effects of employment related variables on recovery. Findings showed that how PSWs feel about their job was predictive of better personal recovery ($\beta$=0.13, z=2.41, p< .05) across their employment period. In other words, PSWs who were more positive about their job across time generally demonstrated better personal recovery across that same period of time. The reverse was also found to be true, PSWs who had better personal recovery across their employment period expressed more positive feelings towards their role as a PSW across time ($\beta$=0.11, z=2.06, p< .05). Thus, how PSWs feel about their role and their recovery have reciprocal effects on each other over the course of employment.

Similar relationships were found in three subscales of personal recovery. Specifically, how PSWs felt about their job positively predicted their willingness to ask for help ($\beta$=0.17, z=2, p< .05), and lower domination by psychiatric symptoms ($\beta$=0.22, z=2.38, p< .05). Conversely, willingness to ask for help and lower domination by symptoms also positively predicted how PSWs feel about their job. Their perceptions about the job also positively predicted personal confidence and hope ($\beta$=0.13, z=2.06, p< .05), and emotional support ($\beta$=0.24, z=2.48, p< .05), hence PSWs who are more positive about their job would also showed more personal confidence, were more hopeful and could more effectively utilize emotional support in terms of coping in adversity. Conversely, level of job advancement and security positively predicted PSWs' overall ability to cope under stress ($\beta$ =0.13, z=2.52, p< .05), meaning that if a PSW could foresee a prospect and have a sense of security in their job, they were more effective in terms of coping under stressed situations. Please refer to Table 7 for a summary table.



**Table 7.** Summary on effects of employment related variables on recovery

| Predictor | Predictive Outcome |
|---|---|
| Positive relationships were found in the following constructs among peer support workers | |
| How PSW felt about their job | Personal Recovery<br>Willingness to ask for help<br>Lower domination by symptoms<br>Personal Confidence<br>Emotional Support |
| Job advancement and security | Overall ability to cope under stress |
| Willingness to ask for help<br>Lower domination by symptoms | How PSW felt about their job |

## 3.2 Qualitative evaluation: Peer support workers' views about their roles and job prospects

When asking about the roles and job prospects, a typical response from PSW is:

> *"I am not worried about future too much as long as I am doing fine at this moment. It is not my concern whether or not I am able to extend my contract. I'll just play it by ear."* (psw_20140121_c02f).
>
> 做一日得一日，不會想得太遠，不想覺得自己太偉大，做好目前就得，不會在意是否續約(知道其他同學會緊張)，順其自然，平常心。

Apart from concerning about his/her own prospect, the same PSW shared her vision:

> *"The community will accept us; we will have more resources and are able to reintegrate into the community."*
>
> 社區人士接受康復者，有機會重返社區，有資源。

PSW supervisor added a suggestion:

> *"Similar to social welfare department, every PSW does a rotational posting to broaden their horizons in different settings such as hostels, workshops."* (supervisor_20131126_s09).

In the following sub-section, we analyzed the data from the participants of second class at employment phase because the second cohort trainees and relevant personnel (e.g., supervisors, co-workers) would have a better understanding about the roles of PSWs and the career prospect compared to the first cohort. The results are analyzed and reported under four themes, namely strengths, weaknesses, opportunities and threats in relation to the roles of PSW and job prospects.

## *Strengths*

- PSWs had fairly structured duties and responsibilities. Majority of the PSWs were able to describe their daily routine and what the job entailed (e.g., running group programs [often activities based, inside or outside the center, independently or jointly with non-peer professionals], home visits, promoting recovery concepts, making phone calls to members residing in community, ensuring the service was run smoothly) (e.g., F/PSW/20140717/3rd interview (employment)/M06 and many other PSWs). M/PSW/20150212/5th interview (employment)/M04 had a very comprehensive list of tasks PSWs would perform.
- PSWs accepted their strengths (e.g., strong commitment to the jobs) and their own characteristics (e.g., not very actively socially) and felt accepted by colleagues and service users (e.g., F/PSW/20140717/3rd interview (employment)/M06).

  *"We need to care for the service users, communicate with them while allowing them some personal space. We won't be too pushy but we will always be there if they need us, we will be there. They will finally feel our sincerity. (M/PSW/20150212/5th interview."* (employment)/M04).

  和會員溝通，關心他們，給予空間他們，因為視乎會員想唔想傾，不能好似做sales一般，只能在會員需要時，PSW就在，是真心的，不是假，他們會感受到。
- PSWs were able to work flexibly and deal with unexpected circumstances (e.g., running out of material for activity groups; group members had disputes).
- PSWs grew confidence (e.g., sharing of recovery journey at schools, at hospitals, religious gatherings, application of WRAP) and skills (e.g., more active listening, facilitate sharing among members) in taking up the role as PSW, a pad position at work.

  *"I need to readjust myself to the new role as staff instead of service user…and when I am working with service users I need to learn to detach from their problem otherwise they will become mine. I have to change my mindset and keep reminding myself that the service user and I are coming from different family and background and thus they can't be same as me. But the process really takes time."* (F/PSW/20140910/3rd interview (employment)/C02).

  要調節自己，是職員，不是會員…面對會員要學習抽離，抽離不到便會代入了，要思想轉變，要知道不關自己的事，有時是慢了，要自己了解到會員不能和自己一樣，要了解會員的家庭和背景。
- PSWs valued the trusting relationships with service users and witnessed the users are doing better; also how peer support made positive effects on other people and themselves.

  *"I communicated with the service users and after undergoing the process of sharing and learning together, I did see their change. The achievement at work made me feel content and improve my emotion. There is nothing makes me feel unfit for this job."* F/PSW/20140910/3rd interview (employment)/C02).

  和會員之間的溝通，在經歷分享和學習，看到會員改變，幫到別人。是工作上的成果，情緒上有得著和改變，沒有元素令自己覺得不適合這份工。

  *"I conducted four home visits and I did bring service users to the center (instead of recluse at home). They received counselling and found job afterwards. When I am at work, I feel really happy to be able to help others in a substantial way.* (M/PSW/20140722/3rd interview (employment)/M04).

  家訪，去了4次，真係可以帶到會員(躲在家中)到中心，輔導，之後找工作，現在工作中，感到幫到人的開心感覺，好實質的。

  "I really want to have a job and I did try my best. I came to this center as a service user and I understand how to handle their emotion. Now I feel so great when my work really helped them and I also received their compliment. The role as peer support worker is so fulfilling." (M/PSW/20141017/4th interview (employment)/M04).

  一心只是想做工，盡量做，以一個會員身份帶來這個中心，處理這裡會員的感受。現在感到真正幫到會員，感覺好好，會員有讚賞，真係做到，幫到人，同路人的感覺。
- PSWs accumulated positive experience over time witnessed by supervisors and coaches.

  *"With the experience gained in the first class, we encountered less adjustment issues in the second class. We were more experienced in deploying social workers and we started to use WRAP and share the past experience. In the first class, PSWs has spent three months to get used to the job, while in second class it only takes PSWs one month."* (F/Coach/20150210/4th interview (employment)/Ch03).

  第二屆的成功，因為有第一屆的經驗，少了面對第一屆的適應問題，第一屆PSW要3個月適應，計劃社工也有經驗了，有用WRAP，分享之前經驗，加上工作關係，第二屆PSW一個月便適應了。

  *"I can see she is more relaxed. Although the workload increased a lot, she always came to work with smile. I think she handled the emotion quite well; and she is no longer depressed. When she encountered some cases with more serious condition, she would consult me and learn how to listen to the service user. I believe she has adapted to the work and is quite devoted."* (F/coach/20150317/4th interview (employment)/ch07).

  輕鬆了，雖然工作繁重左好多，但都係開心，見她是笑住返工。情緒幾好，處理得好好，不會情緒低落。好開心，好有滿足感。聽到會員的一些較差的情況，她會問，教她聆聽，她適應了，開心和投入。

  *"I can see great reflexivity in PSW. He would consult co-workers for their opinions and was willing to accept them. As a result he is improving consistently."* (F/Supervisor/20140724/3rd interview (Employment)/S11).

  PSW好高的自我反思能力，會問返同事意見，他亦好願意接受，所以愈做愈好。

## *Weaknesses*

- Supervisors and/or mentors were busy and not available; one suggestion was to have a 30-minute supervision per week (the reality was one supervision per every 3-week F/PSW/20140717/3rd interview (employment)/M06).
- PSWs had difficulty to stay mentally well; some report they experienced a range of bodily discomforts e.g., headache, nausea, abdominal pain; and being forgetful (that might be due to side effect of medications) at times.
- PSWs felt the pressure and there were also general stresses at work.
- PSWs did not mix well with colleagues:

*"I don't get along with my colleagues. They don't seem to be fond of me. I feel like an outsider excluded from their social circle."* (F/PSW/20141021/4th interview (employment)/M06).

害怕和同事相處，同事不喜歡我，格格不入，入不到他們的圈子。

- Offices in some centers were overcrowded (PSWs often do not have their workspace) and there is limited number of equipment (e.g., desk top computer) available to staff members (F/PSW/20141021/4th interview (employment)/M06; F/PSW/20140910/3rd interview (employment)/C02).
- Reported being a PSW had adverse effects on family member:

  *"I feel tired and have to go to bed early because I need to get up early in the morning. During my off days I need to take a nap for about two to three hours in the afternoon. At home I feel irritable and lose my temper easily due to stress. My husband will listen to my complaints quietly. He is a man of good disposition and will only talk to me after I have calmed down.* (F/PSW/20141021/4th interview." (employment)/M06).

  很眼瞓，要早點睡，因為早上要起床。一放假，會很累，要午睡2-3小時。回到家，會容易發脾氣，因為有壓力、易忮。丈夫會不作聲聽我抱怨，他是很好脾氣的人，最多是事後再和我講返。

## *Opportunities*

- PSWs gained the colleagues' recognition of their roles and contributions.

  *"This is a great program. The PSW can serve as a bridge and practice their skills learned from the course. Each of them brings their unique personality to the program and, as long as they fully comprehend their roles and are being given the time and opportunities to integrate into the team, they could contribute to the centre as well as helping other members. (F/coach/20140722/3rd interview."* (Employment)/ch08).

  這計劃好好，PSW可以作為橋樑，PSW讀完課程後，可以運用到，PSW亦可以有自己性格，好好PSW完全掌握到自己的角色，運用到。其他地迫需要磨合，重整，只要畀機會，PSW就做到。PSW需要知道自己的角色，要時間磨合，還有其他同事要配合，做到合作，幫到中心，幫到會員，PSW 兼顧到、運用到，否則會浪費。

  *"They could help with case transferals, especially cases that involve clients lacking communication skills or not meeting the SW regularly. PSW can work with SW, meeting the client individually and acting as an entry point for interventions. If the client refuses services, the worker can conduct home-visits with the PSW, who could help to establish rapport with the client."* (F/coach/20140730/3rd interview (Employment)/ch05).

  有助SW轉介個案，通常是一些缺乏溝通技巧的個案，而不常見SW， PSW可以和SW夾，隔住見個案，可以幫到SW，PSW可以作為介入點，eg. 個案拒絕家訪或服務，可與PSW一齊做家訪，有助和個案建立關係。

  *"She knows her role in ICCMW, in which her responsibilities are, for instance, running groups and conducting WRAP instead of holding interest classes. This is real peer work. She also works at the Main Office, teaching an external course as well as attending*



*agency meetings. Her condition is very good right from the start, and with more peer work she is able to consolidate her role in the agency."* (F/Coach/20150210/4th interview (employment)/Ch03).

好知道自己在ICCMW的定位，如：開組、做WRAP、同路人小組、不是興趣班。真係peer work，她還有在總部教書，教external course，還會出席機構會議。她最初已經狀態好好，好多peer work，自己找到自己定位。

*"PSW is a very good program that is worth promoting. The members listen more to the PSWs, who give them hope and show them that people can recover and can transform their experiences into worthwhile work to help others."* (F/Supervisor/20140724/3rd interview (Employment)/S11).

PSW很好，值得推展，會員會聽多些他們的說話，PSW給予會員一個希望，可以康復到，還可以把經歷成為工作，幫到其他人。

*"The huge influence of PSW is unexpected. The members remember them fondly. The attendance rate of groups run by PSW is very high, and we as professionals should take a hard look at ourselves. PSW are influential on members because of what they have gone through, and this is a role that staff are incapable of filling. PSW can be pro-active, observant and attentive to details."* (F/CW/20140508/End placement/CW11).

估不到PSW的影響力咁大，會員會記得他們。PSW小組的出席率很高，其實職員要檢討。PSW可以影響到會員，PSW要自己過渡到(自己所經歷的)，才能觸動到其他人，這是職員做唔到的角色。PSW可以做到主動，觀察到和細心。

- PSWs learned that the NGOs was committed to the ongoing provision of peer services regardless if government funding would continue. That was reassuring to PSWs (F/PSW/20141021/4th interview (employment)/M06)
- PSWs were keen to stay working in the field; it was a desirable paid position.

  *"I hope this could be a long-term post because it is the right job for me in terms of my life experiences, personality and many other aspects. Without this job I don't know what I could do for a living, perhaps handing out leaflets on the streets again? My family have financial needs and with this job I hope my husband doesn't need to work so hard."* (F/PSW/20150113/5th interview (employment)/M06).

  職位可以長做長有，因為都覺得自己適合做這職位，人生經歷、性格、各方面都適合。如果沒有這職位，不知可以做什麼，可能要做返派傳單。自己有家庭需要，有這份工，不想丈夫太辛苦。

- PSWs had a general optimistic view about their job and how it fitted in the existing workforce and workplace structure.

  *"PSW has its value in terms of its job nature or specific role in an agency. It is not about salary; we learn from our supervisors that the role of PSW is different from that of PW. It is a very uplifting experience to utilize and promote our own strengths. PSW should also attend to administrative duties, which could help us to understand and integrate into the culture of an agency."* (F/PSW/20150108/4th interview (employment)/C02).

工作上或職位上，PSW的存在價值，不是人工的問題，由督導中得知，PSW是和活動助理不同，角色上不同，只是如何發揮PSW強項，如何推介自己，聽到後很鼓舞，推動了自己定位，都覺得PSW是需要做行政工作的，可以有助了解和融入中心文化。

- PSWs were very keen to promote the peer support interventions and to carry on the work.

  *"Now I have set myself a clear life direction (which is to promote PSW). My experiences and reflections as a PSW are quite wonderful. I hope people could try their best and carry the torch while being realistic. You never know without trying, and this is what I have learned on my journey from illness to recovery."* (M/PSW/20140722/3rd interview (employment)/M04).
  現在正式有了人生方向，清晰的方向 (就是推廣PSW)。PSW的體驗和反思幾好，盡力而為，不強求，希望有人做到，有人承傳落去。不強求，但可以去試，唔試就永遠唔知，是由自己病到復元的啟發。

  *"I want to help with organizing a PSW group in which people could support and discuss with each other. It could be an official platform to develop PSW and continue with our work. It is that now as PSW I have an official title to approach other agencies."* (M/PSW/20150212/5th interview (employment)/M04).
  幫手組織一個PSW小組(工作以外想做的事)，大家互相支援，互相交流，討論PSW的事，一個正規組織，發展PSW，就算之後不做PSW也會做的事，只是現在做PSW，就有一個身份，有個名義去做，可以接觸到其他機構。

- PSWs had a vision of reducing discrimination and stigma associated with mental illness.

  *"I hope to do more education and promotional work so that people could learn more about mental health issues. For example, whenever there are media reports about murder or assault cases involving people with mental disorder, the public are worried. This is when we need someone to stand up and speak out, telling people that these are exceptional cases to balance the argument. Otherwise there will be discrimination and misunderstanding against persons with mental illness. For example, academics can help to analyze the situation, explaining to people that with appropriate treatment persons with mental illness are not harmful to society."* (M/PSW/20140722/3rd interview (employment)/M04).
  想做教育，推廣方面。讓人認識精神復康，如：報紙上報導精神病患者殺人傷人，令人恐懼精神病患者，要有復康精神的人出來發言，話係個別事件，如果沒有人平衡返論點，精神病患者會被歧視和誤解，如有教授可以分析返，因為沒有接受治療才會這樣，有治療就不會。

- PSWs embraced the idea of peer support for people with diverse needs and disabilities.

  *"I want to go a step further, such as organizing a self-help group. Now we have a fellowship, yet it is affiliated with four NGOs. I want PSWs to have a group of our own, to have our own agency that serve all patients in addition to persons with mental illness."* (M/PSW/20141017/4th interview (employment)/M04).
  自己想做得更多，如：想開自助組織，現在有同學會，但是和4間機構有關的，想PSW自己開一個，不是和4間機構一齊的，自己開一間NGO，有關PSW，任何病都可以去做，不止是精神科。

- PSWs raised up to be the mentor or teacher for newly recruited PSW trainees.

  *"Suddenly I become a tutor, and I hope it is not beyond by ability to do so. Luckily I am not alone in this otherwise it would be scary. Changes are minimal, although the job, as*



*with all types of work, does affect my sleep quality. I could handle that, and my bottom line is not to bring work, such as administrative work, home. So far I can keep to that principle, and let's see if I can keep doing so." (M/PSW/20150212/5th interview (employment)/M04).*
突然要做導師，希望在自己能力範圍內，好彩不是自己一個，否則嚇死。其他變化不大，工作有少少影響睡眠，自己可以應付，任何工作都會，所以現在堅持在家不做工作，都keep到，未來不知是否keep到，如：文書工作。

- PSW had received enough support.

  *"It is foreseeable that PSWs will come across many challenges, and they have received sufficient support (during work hours). Also the several NGOs involved in the program have arrange activities such as arts therapy workshops for PSWs."* (F/coach/20140910/3rd interview (Employment)/ch07).
  可見PSW會面對好多挑戰，他們的支援都足夠 (工作時間內的)，另外，亦見計劃中的幾間機構有安排藝術治療工作坊之類的小組給PSW。

  *"To continue supporting PSWs, on both professional and emotional level, are very important to them. For instance, discussing with them before work and conducting review afterwards. PSWs also have colleagues to talk to, and this could help to alleviate their pressure. Yet when a colleague becomes increasingly independent, he or she will naturally offer less support. It is better to have someone to talk to, I mean during group supervision."* (F/Supervisor/20150212/4th interview (employment)/S11).
  繼續支持PSW，在工作上、情緒上的支援對他們好重要。如：安排工作前會和PSW傾下，之後會做review。PSW亦有其他同事可以傾，可以緩解壓力。當一個同事愈來愈獨立時，支援自然會少了，有其他人傾下會好一點，指在小組督導。

### *Threats*

- In medium and long term, PSWs were unsure if they fitted in the workplace and there were many different colleagues (different personalities, work style and expectations) to deal with (F/PSW/20141021/4th interview (employment)/M06).

  *"The hardest part is not work, although stress usually comes along with work. The hardest part is getting along with colleagues, and this is something that upsets me. I have always felt like that, perhaps because I am a quiet introvert who knows little about the world and have very few things to say."* (F/PSW/20150113/5th interview (employment)/M06).
  做野最難不是工作，雖然工作都會有壓力，但最難是和同事相處，會令自己不開心，以前一直都有這樣的感覺，可能因為本身性格內向，識的東西又不多，少話題，個人會較靜。

- PSWs were unsure if they could maintain their mental wellness to sustain the job in long run; few participants also mentioned the physical health might be the concern as well e.g., knee pain possibly due to aging (M/PSW/20141017/4th interview (employment)/M04).

  Deteriorations were noted over time in some cases in terms of interactions with colleagues and adaptability at workplace (F/coach/20140730/3rd interview (Employment)/ch05).

- PSWs took up many supportive roles and tasks, and could become unfocused about the role as PSW.
- PSWs felt they were not adequately supported e.g., asking PSW (woman) to pay home visit alone with limited support; PSWs had to support users across neighborhood/ communities (thus PSWs had to find new community resources constantly).
- PSWs had little idea about the future of peer support services.

  *"Let's see how I would like to proceed further with all these experiences. The program will terminate after a year and what's next? My hope is that the job can be a long-term and stable one. There's a gap between my expectation and reality. Even as a volunteer I don't have I will have as much motivation as PSW."* (M/PSW/20140722/3rd interview (employment)/M04).

  日後睇下吸收了的經驗，和自己想點推行。計劃一年後就完，之後會點？ 希望是長遠和穩定，現在對展望有落差，就算做義工，推動力未必有咁好。

  *"It will be taxing for the unit and caregivers if every center has a PSW following the popularization of the program. The workload will be heavier and I need to assign a staff to take care of the PSW (albeit it is morally a good thing to do). In reality the key issue is not being fair to other colleagues due to different pay for the same job. Also where's the income for PSW come from? The unit, or the project?"* (M/Supervisor/20140801/3rd interview (employment)/S10).

  如果PSW普及化，每個單位有PSW，對單位和照顧者(即centre IC / supervisor)會吃力，因為工作量增加，要找專人照顧PSW (雖然道義上是做善事)，但現實中的問題是，對其他同事是不公平的，同酬不同工，PSW的人工來源又是從哪裡來？單位？Project？

- PSWs had limited qualifications and language skills (English and Chinese).

  *"Due to limited education, my career development is less than ideal. For example, paper work is a challenge and I couldn't get a good grasp of knowledge from books. Also many publications about recovery are in English, which I couldn't read."* (M/PSW/20141017/4th interview (employment)/M04).

  學歷不足夠，自己的(工作)發展差點，如：文書工作，書籍吸收不好，如：有關復元概念的書是英文，看不懂。

- PSWs were exhausted by dealing with challenging service users most of the time.

  "The relationship with PSW is increasing cordial and close. I just worry about the PSW shouldering too much work. For example, some members who are difficult to work with get along well with the PSW, who will take the initiative to approach them. This is his strength and forte." (F/coach/20150212/4th interview (employment)/ch08).

  愈來愈融洽，熟絡，只是擔心PSW會承擔了太多工作，例如：一些特別會員（較難相處的），PSW可以和他們相處到，PSW會主動去嘗試接待，這是他的優勢和長處。

- A paradox: Those PSWs who were doing well might not stay in the field as a peer supporter.

  *"The PSW increasingly grows into the role and in the long run he wants to become a social worker or healthcare worker, to be a normal person and normal staff rather than PSW. PSW is just a transitory role."* (M/Supervisor/20150115/4th interview (employment)/S10).



PSW愈來愈做得好，可以做到PSW，長遠他是想做社工或保健員的，做一個正常人，一個普通的Staff，不是PSW，PSW只是一個過渡。

# DISCUSSION

## Evaluations and effects

The aims of the quantitative evaluation are to: (1) evaluate the effect of PSW training on people in recovery, (2) evaluate the views of co-workers and supervisors on peer support work, (3) evaluate the effect of peer support work employment on the mental health and recovery of PSWs themselves, and (4) evaluate the effect of peer support work on regular and one-off service users.

Findings of the quantitative evaluation showed that the PSW training can effectively improve on trainees' personal recovery, specifically on their sense of personal confidence and hope. Trainees also showed improvement on their self-esteem and interconnectedness, which are essential not only to their mental health but also their efficacy to work as a PSW and building of their social support network that is instrumental in maintaining their bonding and a sense of support among PSWs. This is particularly important in light of the fact that PSW is a new work force within the four non-governmental organizations as well as the mental health services system as a whole. Trainees need to be trained on essential skills necessary for the role, feel supported, and have a sense of confidence to embark on this new employment opportunity.

Results on the evaluation of PSWs given by co-workers and supervisors showed satisfaction towards PSWs' capability in terms of their service knowledge, work quality and attitude, interpersonal relationship and overall performance. The significant increase in all aspects of the evaluation suggested that through providing peer support work, PSWs were able to excel and improve during their course of service. It is especially encouraging as it was an objective evaluation given by people who work along with the PSWs. This also indicates that upon rigorous training, PSWs were competent in carrying out peer support work, and their level of performance was able to be maintained throughout their employment period.

The improvement in PSWs' recovery, specifically on personal confidence and hope were able to carry forward throughout the employment period, indicating that through providing services and sharing personal experience, PSWs were able to remain confident. Through using their personal experience, PSWs guided service users that were on their own recovery pathways; PSWs also educated the public about stigma and recovery. Thus with structured training and organizational support, people in recovery can also benefit from the peer support employment process through taking up an active role in sharing their own experiences. On the other hand, although recognized by their co-workers and supervisors on their job performance, PSWs' level of satisfaction towards the job, specifically on their pay and their perceived job advancement and security, significantly decreased throughout the employment period. As the existing PSWs in Hong Kong only have a maximum employment period of three years, employed PSWs were uncertain about their future job perspective, especially their employment status after termination of the current contract. Recognition and sustainability of peer support work as a unique position in mental

health service are also unclear. Thus by transforming PSWs into an official work force with permanent or longer term contract can not only increase PSWs' confidence and satisfaction on their job, but at the same time greatly reduce the turnover rate and necessary costs involved in recruiting and training new PSWs.

Findings on employment of PSWs also showed a reciprocal relationship between how they feel about their job and their personal recovery and their ability to cope with stress. It sheds light on the importance of maintaining a positive attitude towards the job and maintaining job satisfaction as a PSW. Service units and organizations should consider ways to provide support to their PSWs, such as providing continued supervision and training to PSWs over the course of their employment, including PSWs in every day governance and decision making, having clear job prospects and mobility structure as PSWs. For example, PSWs with experience can take on a supervisory role in supporting other PSWs.

As to the effect of peer support work on regular and one-off service users, results showed a significant improvement in regular service users' overall recovery especially on their sense of personal confidence and hope, and their reliance on others, indicating that peer support service is effective in facilitating the recovery process of their service users. More importantly, the results of this study showed that regular service users' outcome including level of hope, self-esteem, resistance to stigma and well-being could be predicted by their PSWs' recovery attributes. Hence training that aims to increase hope, self-esteem, stigma resistance and decrease self-stigma is very important as they would enhance the positive effect of peer support service on the users. Since PSW is a new workforce, organizations can consider strategies in cultivating PSWs' confidence in carrying out their job, such as providing clear and concrete guidelines, continued training and support, and regular evaluation meetings.

The one-off sharing sessions offered by PSWs were found to be effective in reducing public stigma towards people in recovery of mental illness and in increasing acceptance of people in recovery in the community, especially among the general public. Such findings are encouraging as it provides empirical evidence that even large-scale one-off sharing by PSWs can have a positive effect on how the public views towards people with mental illness. It is suggested in future public education, PSWs be involved rather than only designating this role to other mental health service providers. Given PSWs' lived experience of mental illness, they play a unique role in connecting the audience in appreciating the common human experience that they may have with each other as well as in illuminating the recovery journey that people with mental illness goes through. Such sharing provided the audience with special meaning and hope that other mental health service providers may not be able to provide due to their lack of lived experience with mental illness.

## Context and challenges

Further to the result of quantitative evaluation, the longitudinal qualitative study has captured the process by which PSW developed across time. It revealed valuable information including PSWs' perception of their role, their difficulties, struggles and growth throughout the period of training, practicum and employment. We also gathered comments and reflections from PSW's coach, supervisor and service users regarding peer support work. In line with the quantitative findings,



we have found that PSWs were able to provide unique services different from existing services. It was encouraging to see that the service was not only beneficial to service users, but also further facilitate PSWs' own recovery process. Their performance and attitude was also recognized by their co-workers and supervisors. Instead, most of them were able to adjust to the role of PSW smoothly. Over time, the PSWs have demonstrated impressive resilience and ability to transfer their lived experience of having mental illness into a special asset that non-peer professional staff did not have. The expert-by-experience role of PSWs was particularly effective in helping service users managing their stress and pain level, enhancing their positive thinking and improving their social connections. Furthermore, many service users also reported that the PSWs were empathetic and they felt more empowered as time passed.

The findings of this study also illustrate how families influence PSWs' decision on whether to stay or leave their peer support position, which has not been studied in the Western literature. In many cases of the PSWs, family care, support and acceptance is highly associated with their self-esteem and self-efficacy as PSW, whereas the doubt and criticism from family members regarding the value and financial prospect as PSWs will strongly discourage them to remain in the position.

Finally, PSW is a relatively new part of the workforce in Hong Kong's mental health system, so the role of PSW has not been clearly defined. Despite the positive feedback from key stakeholders involved in the peer support services, this study also revealed that supervisors and non-peer professionals were uncertain about the duties of a PSW in their organization and that the initial phase of the peer support program was challenging. The challenges did not stem only from the organizational environment – where members of the professional staff were figuring out how to incorporate the expertise of PSWs into their daily practices – but also from the confusion of the service users. The service users' accounts confirmed that they had not understood the special role PSWs can play in mental health services and had viewed them only as casual helpers. The frustration of the PSWs was also noted in the qualitative data: they perceived that other staff did not trust their abilities; and the lack of social recognition of their position even within the social service organization might further contribute to their family members' and general public's doubt about the value of PSWs.

## The way forward

This study highlights the challenges posed in the initial stages of implementing a peer support services program, and it shows how some of the teething problems were tackled over time. The finding and practice can shed light for the future development of mental health system in the following aspects:

First, to make peer support service as an integrative (if not mandatory) part of the mental health system, more resources could be allocated in the training and accommodation of PSWs. It is necessary to develop a protocol and standardized training manual to be implemented in future. Organizations that implement peer support services should also allow for a transition period to let PSWs adapt to their new working environment, to build their competency, and to establish trust with their co-workers and service users.

Second, PSW should be recognized as an official workforce by the government and provided with long term funding support. This practice not only could increase peer support works' perceived job advancement and security, it could also convey a clear message to the public that people who have lived experience of psychiatric challenges can and have made unique and valuable contribution to the society.

## Strengths and limitations of the study

As one of the first studies that adopts mixed method approach and longitudinal design in its data collection process, this study has explored the experiences of peer support service from the perspectives of multiple stakeholders, including the non-peer professional staff, service users and PSW from the initial stage of introducing peer support services to after a year. The research findings from this large-scale effort could offer valuable insights in the development of peer support services in Hong Kong.

However, this study still has its own limitations when it comes to interpret the current data. First, there were more female than male participants across the category of PSW, service users and supervisor/coaches which might affect the representativeness and transferability of the results. Second, some of service users exhibited difficulties in describing their experience which might limit the depth and richness of the findings. Furthermore, this study had a relatively short duration over the employment period of seven months and thus it might not reflect the full range of the on-the-job experience of PSWs. Lastly, the findings regarding family support were based only on the accounts given by the PSWs. Nonetheless, the insights gained by this study incorporate three important perspectives: those of PSWs, their co-workers, and service users.

## Directions for future research

(1) As part of the international research community, we should continue to examine the critical pathway(s) underpins the delivery of peer support service and what the active ingredients of peer support are and what outcomes PSWs can produce.

(2) As our study has revealed that family support could play a vital role in sustaining the PSWs' momentum in assuming and continuing the job as PSW. It would be important for the future research to study the perspectives of family member regarding peer support services more comprehensively in Hong Kong.



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