Practical Guidelines on Peer Support for People With Psychiatric Disabilities: A Online Survey

Laboratório de Reabilitação Psicossocial

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1. Introduction

Peer support can be defined as a social and emotional support offered each other and arranged for people with mental illness to other people with similar health conditions in order to obtain a desired personal and social change (Garner & Riessman, 1982). For Mead, Hilton and Curtis (2001, p. 135), peer support "*is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful*". Literature suggests three broad categories of peer-delivered interventions, included naturally occurring mutual support, participation in consumer or peer-run programs, and the use of consumers as providers of services and supports (Davidson et al., 2006; Forchuk et al., 2005; Repper & Carter, 2011).Recent studies conducted in different countries show the peer support as an effective intervention, with some evidence (Solomon, 2004, cit in Bouchard & Montreuil, 2010), especially as relates to the promotion of empowerment, improving quality of life and social participation, for users and providers of this service (Moll et al., 2009).

2. Objectives

This study aims to determinate a set of practical guidelines for the implementation of Peer Support interventions in Portugal, for people with experience of mental illness.

3. Design and method

Participants: The expert panel was constituted by mental health clinicians and managers, consumers, and researchers of integrated in national institutions focused on psychosocial rehabilitation (Table 1). The panel was recruited by email through Portuguese CCPUC (Comissão Consultiva para Participação de Utentes e Cuidadores do Programa Nacional para a Saúde Mental, Portugal).

Instruments: Survey is based on Delphi´s Methodology and was constructed based in the systematic review and in a Australian Centre of Posttraumatic Metal Health Study (Varker & Creamer, 2011). Questionnaires were posted online using *Google Docs*. Each question was answered according to a Likert scale of nine point. Participants were asked to support their opinions when they disagree with the statement.

Procedure: This study's first round sample consisted of 72 participants.

Data analysis: SPSS'19 was used in order to perform statistical analysis.

4. Results

After professionals and consumers of mental health services were inquired, supportive guidelines on the practice of peer support for psychiatric disabilities will be constructed. Consensus was achieved on major statements (Table 2).
Based upon these achievements, key recommendations were developed covering the following areas: a) goals and principles of peer support; b) training, personnel, and supervision; c) delivery models; d) evaluation and effectiveness. This recommendations should be implemented as appropriate to the specific context of the program.

Table1. Characteristics of sample

Type of participant	n	%
Mental Health professionals	34	47,2%
People with mental illness	25	34,7%
Academic/researchers	6	8,3%
Managers/directors	7	9,7%
Gender		
Male	24	33,3%
Female	48	66,7%
Years involved with the problematic of mental illness		
<5 years	18	25%
6 a 10 years	10	13,9%
11 a 15 years	20	27,8%
16 a 25 years	16	22,2%
>26 years	8	11,1%

Table2. Consensus Statements

A main goal of peer support is to provide an empathic, listening ear and encourage treatment adherence.
The peer supporter must be a member of the target population.
Peer supporters should undergo an application and selection process.
The peer supporter must be someone with considerable experience in mental illness.
Peer supporters should be trained in simple psychological techniques such as listening skills.
Peer supporters should have regular supervision, either by a senior peer supporter or a mental health professional.
The evaluation of peer support programs should include qualitative and quantitative feedback from users.
Peer support programs should be considered successful if they reduce stigma about mental illness.
Mental health professionals should be involved in training an supervision of peer supporters.
Peer supporters should be paid for being supporters.
Peer support promotes the recovery process, increasing the self-esteem, self-efficacy, self-management and empowerment.

5. Conclusions

This national consensus may be used as a starting point for the design and implementation of future peer support programs in mental health organizations, and to future research. Is important to continue to develop studies on the programs and practices of peer support so that this becomes an evidence base practice. This results are similar to those obtained by Varker and Creamer (2011).

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