Mental Health Ireland

Development & Impact of Peer-led Mental Health Support in the Community

A Review of Áras Folláin & Gateway

áras folláin

GATEWAY
Mental Health Association

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

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Foreword

I am pleased to introduce the report, *Development and Impact of Peer-Led Mental Health Support in the Community : A Review of Áras Folláin and Gateway*, which details the excellent work which is being carried out by community peer-led services. This report is a joint partnership between the HSE and Mental Health Ireland and examines the role of two established community peer-led services (Gateway, Dublin and Aras *Folláin*, Co Tipperary) in the context of the HSE Mental Health Services development of recovery oriented community services.

The report documents the development and governance of the projects, the satisfaction of participants with the projects and the impact of the projects on the recovery of participants. The success of both projects is evident in the satisfaction of the participants and the organisation of the projects.

This work leads the way in showcasing how to build the capacity in peer-led community organisations, groups and individuals. It gives guidance on how to identify and respond appropriately to individuals who will access community peer led services in the future.

We hope that this report will provide inspiration for other community mental health organisations to help them plan and deliver in collaboration with key strategic partners including the HSE and Mental Health Ireland.

This report is underpinned by recovery principles – the report is collaborative, accountable, responsive, evidence informed, outcomes focused and demonstrate an ability of Aras *Folláin* and Gateway to be able to change.

I would like to thank the Service Users and Family Members of Aras *Folláin* and Gateway, the Mental Health Division, Mental Health Ireland, Trinity College and all of those who engaged in informing the development of the report.

Anne O'Connor,
HSE National Director Mental Health

Preface

The emergence in Ireland of peer-run community projects for people who experience mental health difficulties is captured in this study. Áras Folláin and Gateway are two projects that are both over ten years old and have grown organically from very small beginnings. They share a commitment to recovery; a strong satisfaction amongst participants; and have engagement in consultation and community development at their core.

The ongoing involvement of peers, family members, mental health professionals and community representatives in the governance of the projects has sustained their development over time. The commitment of the local communities to champion Áras Folláin and Gateway is indicative of the value of these peer-led projects.

Mental Health Ireland recognises the benefit of peer-led community projects and provides organisational support to build the capacity of the projects and their leaders. This study shows that peer-led projects are an important means to support people with mental health difficulties to recover, gain confidence and skills, and be involved in the life of their community.

In the context of the HSE Mental Health Services development of recovery oriented community services, the capacity of service users to engage in and influence the development of services is valued. Both Áras Folláin and Gateway offer people the opportunity to develop skills to support this engagement.

We hope this study becomes an important resource for mental health services and local groups interested in understanding how successful peer projects develop and that it informs national policy makers on the importance and value of community peer-led projects.

Orla Barry

CEO, Mental Health Ireland

Fionn Fitzpatrick

Project Co-ordinator, Gateway

Margo O'Donnell Roche

Co-ordinator, Áras Folláin

Acknowledgments

About the Authors

Rebecca Murphy, PhD, is a post-doctoral researcher in the School of Nursing & Midwifery, Trinity College Dublin.

Angelika Lindenau, was the Áras Folláin peer researcher on this study. Angelika is a certified laughter yoga teacher and works in mental health recovery.

Catherine Corrigan, was the Gateway peer researcher on this study. Catherine is a project worker in Gateway.

Carmel Downes, MSc, is a research assistant in the School of Nursing & Midwifery, Trinity College Dublin.

Agnes Higgins, PhD, is a Professor in Mental Health at the School of Nursing & Midwifery, Trinity College Dublin.

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Executive Summary

Introduction

Within Ireland, mental health policy acknowledges the centrality of engaging service users in the design and delivery of recovery-oriented mental health services. Whilst peer-run initiatives are prolific in other jurisdictions and peer support services are considered a vital complement of a recovery-oriented mental health service, they remain under-developed and under-researched in Ireland. This study set out to explore the development and impact of two of Ireland's long-running community based peer-run projects, namely The Gateway project in Rathmines, Dublin and Áras Folláin in Nenagh, Tipperary.

The objectives of the study were to:

- Describe the model of peer support in operation within Gateway and Áras Folláin, and explore if the model represents a partnership approach to working with mental health services and is compatible with current mental health service priorities;

- Explore stakeholders' satisfaction with Gateway and Áras Folláin;

- Examine how Gateway and Áras Folláin deliver on recovery for service users; and

- Identify if the model of multi-agency collaboration is sustainable in respect of governance and resourcing.

To answer these objectives, a multi-method approach was employed, utilising both qualitative and quantitative methods. Working in partnership with two peer researchers, data were collected from people with self-experience of mental health issues who attended the projects, as well as internal (staff, volunteers) and external stakeholders (external partner organisations). Data were collected using interviews, surveys and documentary analysis. In total, 139 people with self-experience completed the survey and 46 people participated in a focus group or individual interview. In addition a range of documents such as strategic plans, terms of reference, and annual reports were analysed.

Development and Governance

- Gateway and Áras Folláin began as small, focused community projects which subsequently developed organically over time into the established peer-led projects they are today.

- The projects boast extensive portfolios of self-directed recovery-oriented activities; all of which are strongly underpinned by the projects' dedicated practice of peer support and peer modelling.

- The establishment and consequent nurturing of innovative and committed partnership work between people with lived experience of mental health difficulties, and statutory and non-statutory organisations was deemed to be an influential component of the projects' development.

- Neither of the projects are independent organisations. They are both strategically supported by governance committees and draw upon the expertise of multiple partners, including people with lived experience of mental health difficulties, family members, and representatives from statutory and non-statutory organisations. They are also fiscally and fiducially supported by external host agencies.

- Both projects are in line with national mental health policy on developing a recovery-oriented community based mental health service. In addition they have strong internal processes that nurture and support the peer ethos at *every* level of the projects.

Reported satisfaction with projects

Both quantitative and qualitative data indicated that the vast majority of participants were very satisfied with the peer-led project they attended.

- The opportunities to avail of social and peer support were a strong factor influencing participants' levels of satisfaction;

    - On a scale of 0-7[1], survey participants gave the highest helpfulness ratings to 'receiving support from peer workers' (M=5.71), 'opportunities for involvement in social activities' (M=5.67), 'opportunity to provide support to others' (M=5.47), and 'seeing how other people coped with their mental health difficulties' (M=5.47);

    - The survey participants also deemed the opportunities within the projects to 'receive support from other attendees', 'hearing their stories', 'sharing their own stories' and 'opportunity to participate in the organisational aspects of running the service' to be very helpful with mean ratings all above 5.

- The peer-led and recovery-oriented ethos of the projects was highly valued by participants and strongly influenced their satisfaction and willingness to engage with, and attend the projects;

    - *"[…] it is not focused on the negative, it's more focused on the positive aspects of your life and what your capabilities could be".*

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[1] Participants were asked to rate how helpful they found various aspects of the projects on a scale of 0 (Not at all helpful) to 7 (Extremely helpful).

[2] Participants were asked to rate the impact of attending the services on aspects of their personal recovery on

- Participants reported that the peer-led projects created and facilitated a 'safe', 'non-judgemental' and 'non-prescriptive' place, wherein choice, respect and freedom were promoted;

  - *"There's no discussion about medication, there can be if they wish but it's your choice and they don't have to disclose anything, it is very confidential and people just appreciate that".*

Reported impact of projects on recovery

Participants reported that their continued engagement with the peer-led projects had positively impacted on their knowledge, skills, personal recovery, and clinical recovery.

- On a scale of 0-7, survey participants indicated that attendance at the projects had increased their knowledge on topics such as their mental health (M=5.75), mental health services (M=5.22) and their rights and entitlements (M=5.05);

- Survey participants also reported that their attendance had resulted in increased skills in making friends (M=5.57), dealing with their mental distress (M=5.48) and giving them daily coping skills (M=5.24);

- On a scale of 0-7, survey participants also rated highly the projects impact on improving their help-seeking skills, such as 'being able to ask for what is needed' (M=5.06), 'knowing how to seek support' (M=5.39) and 'accessing mental health resources' (M=4.96);

- Survey participants also highlighted the projects positive impact on their personal recovery. On a scale of 0-7[2], participants rated the impact on all items associated with their personal recovery above 5, including a sense of belonging (M=5.69), hope for the future (M=5.69), sense of ownership of recovery (M=5.67), sense of purpose (M=5.59), self-worth (M=5.56), self-confidence (M=5.51), and self-empowerment (M=5.43);

- Qualitative data also indicated that participants had experienced an overall improvement in their emotional wellbeing, with many reporting a noticeable change in ownership of recovery, hope for the future, sense of purpose, self-confidence, and self-worth;

  - *"For me confidence, I wouldn't have been able to sit in a group here talking a year ago so […] when you leave [the peer-led project] you feel you can face the world, whereas before you were struggling to leave the house […]".*

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[2] Participants were asked to rate the impact of attending the services on aspects of their personal recovery on a scale of 0 (No impact) to 7 (Positive impact).

- Participants' growing confidence not only encouraged them to participate in activities within the projects but also helped them to engage in activities outside in the wider community;

  - *"I got a job like so you know […] after I went here I was more confident to or had the ability to really go out and hand out CVs [Curriculum Vitaes] you know, if I didn't come here I probably wouldn't have been able to think about doing it, I'd just be caught up in my cage at home".*

- Over half of participants reported some, or a significant reduction in the symptoms of their mental health difficulties (53.8%). Further, just over two-fifths reported some, or a significant reduction in hospital admission (43.9%) and attendance at mental health services (43.9%) and just under two-fifths reported some, or a significant reduction in GP attendance (39.7%). Approximately, 34.9% reported some, or a significant reduction in medication.

- Between 47% -57% of survey participants reported that since they attended the project they had experienced no change in relation to: 1) the frequency of their attendance at mental health services (47.2%), hospital (47.2%) and GP (55.6%); and 2) the dosages of their medication (58.7%).

- Between 3-9% of survey participants reported some increase in hospital admissions (8.9%), mental health service attendance (8.9%), medication (6.3%), GP attendance (4.8%), and symptoms of mental health difficulties (3.4%) since attending the projects.

Challenges to Sustainability

Findings from interviews with internal and external stakeholders identified a number of factors which have the potential to impact negatively on the projects' long term sustainability.

- Both projects identified that their current funding is insufficient to cover the projects' costs. Consequently, stakeholders to both projects expressed their continuing concerns regarding the sustainability of the projects due to this continued financial instability and uncertainty;

- Significant projects' resources and time are directed towards continuously identifying funding sources and fundraising activities which diverts personnel from the core function of providing peer support services and further developing the projects;

- Financial instability and uncertainty also hinder the projects' capacity to plan strategically for the future and make decisions regarding staffing and the safeguarding of their premises.

Strengths and limitations

In establishing the value and significance of the findings of the study the following strengths and limitations need to be considered.

Strengths:

- The diverse methodology (survey, interviews, and documentary analysis) has made it possible to compare findings from one source of data with the other. This has added considerably to the strength of the evidence;

- The involvement of three groups of stakeholders in this study (participants, internal and external stakeholders) has enabled the researchers to include three different perspectives on the services and their impact;

- The study's collaborative approach of peer researchers working in partnership with academic researchers has enabled the study and its findings to be co-produced. This co-production has strengthened the study findings' validity and reliability.

Limitations:

- A pre- and post-research design was not feasible for the present study, consequently the study relied on a retrospective design;

- There is potential for a response bias, with those more positively disposed to the value of peer support potentially more likely to complete the survey and volunteer for interviews;

- Whilst the study had a high response rate, there is no way of knowing how representative the survey participants are of those who attend both projects. In addition, the profile of survey participant suggest that a large number were educated to a third level.

Recommendations

Based on the findings of this review, the following four recommendations are put forward to ensure ongoing development and sustainability of the projects;

- Gateway and Áras Folláin must be provided with secure, long-term financial support to meet the projects' core costs;

- Áras Folláin and Gateway are examples of good, evidence based practice in terms of incremental development, governance and ethos of peer-led projects. The processes and methods used to develop the projects should be used to inform the establishment of similar peer-led projects;

- All stakeholders connected to the projects need to work continually to maintain and protect the integrity of the peer-led ethos, actively ensuring that the peer-led ethos permeates through all of the projects' processes, procedures and strategic developments; and

- Any future research conducted into the projects should utilise a participatory action research framework and be led by peers involved in the projects.

Introduction

Peer support models of service delivery for people experiencing mental health difficulties have increasingly featured in policy and practice both in Ireland and abroad. In fact, some experts have remarked that peer support has "virtually exploded around the globe" over the last twenty years (Davidson, 2013, p.123). Starting with Judi Chamberlin's landmark publication *On Our Own* in the late 1970's, people with experience of receiving mental health services have gradually taken steps to establish themselves as service providers and deliver mental health support. Today, various forms of individual and collective models of peer support exist, including peer support workers working within mainstream mental health services, peer advocacy services, peer-run self-help groups and peer-provided day services; all of which have some evidence of beneficial outcomes (Watts and Higgins, 2016).

Consequently, an increased acknowledgment that people with self-experience of mental health difficulties should be involved in the delivery of support also features in Irish mental health policy. *Vision for Change: Report of the Expert Group on Mental Health Policy* (Department of Health and Children, 2006) for example, explicitly identifies service user-run centres and peer-provided services as facilities which should be resourced as part of Community Mental Health Teams (CMHTs). Further, The Expert Group specifically recommended that peer-provided services should be developed and underpinned by mainstream funding:

> *Recommendation 3.3: Innovative methods of involving service users and carers should be developed by local services, including the mainstream funding and integration of services organised and run by service users and carers of service users.* (Department of Health and Children, 2006, p.27)

The visibility of peer-provided services in Irish mental health policy also extends into the operational plans and implementation strategies of mental health services, including the *HSE National Strategy for Service User Involvement in the Health Service 2008- 2013* (Health Service Executive, 2008) and the *Mental Health Division National Operational Policy* (Health Service Executive Mental Health Services, 2016). The *Mental Health Division National Operational Plan 2016* (Health Service Executive Mental Health Services, 2016, p. 32) includes the strategic priority that: *"Service users, families and carers are central to the design, planning, delivery and evaluation of services."* The commitment to service user involvement is further emphasised with the publication of the

Recommendations of the Reference Group on Structures and Mechanisms for Service User, Family Member and Carer Engagement (Health Service Executive Mental Health Division, 2016) and the ongoing support of the Advancing Recovery in Ireland Project (Watts et al., 2014).

Service user involvement has been advanced more recently through the introduction of peer support workers which commenced as a regional initiative[3], and is now being expanded nationally through the HSE Mental Health Division. Absent from *The Mental Health Division National Operational Plan 2016* (Health Service Executive Mental Health Services, 2016) however, is an explicit commitment to expand and develop more collective models of peer-provided services located within the community. This may be because, unlike other jurisdictions, peer-provided services in the community remain relatively under-developed and/or are not considered part of mainstream mental health care in Ireland. Consequently, although peer advocacy has become well established (Brosnan, 2014), there remains a dearth of evidence demonstrating the value of such collective models of peer-led support and an absence of practical guidance on how to implement them. In light of the HSE's recent publication on *Recommendations of the Reference Group on Structures and Mechanisms for Service User, Family Member and Carer Engagement* (Health Service Executive Mental Health Division, 2016) and the upcoming review of *Vision for Change: Report of the Expert Group on Mental Health Policy* (Department of Health and Children, 2006), it is timely to consider more specifically the potential role of community peer support projects in an Irish context.

This study set out to review two well established peer-led support projects in Ireland: The Gateway project in Rathmines, Dublin and Áras Folláin in Nenagh, Tipperary.

The study objectives were to:

- Describe the model of peer support in operation within Gateway and Áras Folláin, and explore if the model; 1) represents a partnership approach to working with mental health services and; 2) is compatible with current mental health service priorities;

- Explore stakeholders' satisfaction with Gateway and Áras Folláin;

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[3] The introduction of Peer Support Workers was established initially with the support of the Genio philanthropic partnership in two mental health services (Castlebar Rehabilitation & Recovery service and West Cork community mental health services).

- Examine how Gateway and Áras Folláin deliver on recovery for service users;

- Identify if the model of multi-agency collaboration is sustainable in respect of governance and resourcing.

To fulfil the study objectives and provide a comprehensive review of Gateway and Áras Folláin, a multi-method approach using qualitative and quantitative methods was employed. Working in partnership with two Peer Researchers, data were collected from people with self-experience of mental health issues who attended the projects, as well as other internal (staff, volunteers) and external stakeholders (external partner organisations) to the projects. Data were collected using interviews, surveys and documentary analysis. In total, 139 people completed the survey, 46 people participated in a focus group or individual interview and documents such as strategic plans, terms of reference, annual reports were analysed.

This report consists of six chapters: chapter one presents contextual international and national literature on peer support and peer-led support in the community, after which the study methodology is described (chapter two). The subsequent four chapters provide a comprehensive overview of the development and evolutionary journey of the two peer-led projects (chapter three and four), followed by a chapter on the impact of the projects on the people who attend (chapter five) and a chapter that discusses both the sustainability and future direction of the peer-led projects (chapter six). The final chapter (chapter seven) presents a summary of the study and key recommendations.

Chapter One: Background Context

Introduction

This chapter provides a contextual background to peer support and its various types and contexts. The chapter begins with a brief outline of the historical and conceptual dimensions of peer support, followed by a description of the various types of peer support. The chapter concludes with an analysis of the similarities and differences between the various types of peer support identified in the literature.

Background to peer support

Over the last three decades, the practice of peer support among persons with experience of mental health difficulties has rapidly developed across the world and is now receiving growing recognition. However, the popularity of peer support did not occur over night, but rather was cumulatively nurtured and informed by a variety of socio-political movements and events. Doughty & Tse (2011), and others (Chamberlin, 1990, Davidson et al., 1999, Mead et al., 2001), attribute the origins of peer support, as we know it today, to the growing discontent of service users/ex-patients in the 1970s to their repeated exposure to negative outcomes of mental health care (e.g. over medicalised approach towards treatment, an over medicalised approach towards understanding people's "story", coercion, and rights violations) (Harp & Zinman, 1994, Chamberlin, 1979). As more and more service users joined forces to protest against the treatment they had received, the Mental Health Consumer Movement (MHCM) was conceived (Doughty & Tse., 2011). This organised movement of ex-service users began to develop and offer a portfolio of supportive programs and activities which did not focus on illness or diagnosis but rather on mutual support, housing aid, advocacy and human rights (Harp & Zinman, 1994, Chamberlin, 1979). Gradually, as de-institutionalisation continued, the MHCM's alternative narrative gained momentum across the world, challenging the appropriateness, effectiveness and validity of psychiatric diagnosis and psychiatric forms of treatment. It was within this context that the practice of peer support gained traction. Today, with the shift in focus from illness towards recovery within mainstream mental health services, there is an increased acknowledgment of the unique contribution that service users can make to the development and delivery of mental health services.

What is peer support and through what vehicle does it occur?

Firstly, what exactly is peer support? Although there are many definitions or interpretations of peer support in operation, each perhaps differing in their foci, there is a common core ingredient evident amongst them all; that of reciprocity. For example, Mead et al. (2001, p.135) argue that peer support

is "a system of *giving and receiving*[4] help founded on key principles of respect, shared responsibility, and *mutual* agreement of what is helpful" . Similarly, Solomon (2004, p393) argues that "Peer support is social-emotional support, frequently coupled with instrumental support, that is *mutually* offered or provided by persons having a mental health condition to others sharing a similar mental health condition to bring about a desired social or personal change".

However, a more comprehensive examination of the literature reveals that the peer support ethos extends far beyond what these definitions, and many similar definitions of peer support, explicitly allude to. Mead et al. (2001) elucidates upon her, somewhat condensed, definition of peer support by identifying the numerous inter-related tenets which, when operationalised together, foster genuine peer support. Pitched in opposition to other types of mental health support, Mead et al. (2001) argue that peer support: 1) does not necessarily assume a problem orientation; 2) does not include assessments and evaluation as part of relationships and; 3) does not utilise a medical framework. In this light, peer support offers people the opportunity to choose the foci of their discussions and interactions, creates and embraces an environment of mutual, relational safety, and builds a supportive framework of relationships which facilitate learning and growth.

Pertinently, Mead et al. (2001) further argue that peer support is not concerned solely with individual recovery from a specified illness. On the contrary, it aims for systemic evolution; the origins of which lie in the open-minded dialogue harvested in peer support practices. Such conversations often offer the potential to challenge preconceived notions of 'who we are and how we are in the world?', thus presenting potential for alternative perspectives and possibilities. Mead et al. (2001) argue that such conversations may originally occur between two people or even a small group but nevertheless have the potential to evolve subsequently into larger systemic conversations. As Littlejohn and Domenici (2001) explain; "Systems are like networks of interacting parts, webs of influence where ripples can fan out in a number of interesting directions" (pg. 19).

Types of peer support

Just as there may be many different definitions of peer support, there are also many contexts within which peer support is fostered. Consequently, efforts to demarcate peer support services can be a difficult terrain to navigate due, at least in part, to the sheer number of different types of peer support available, the opaque nature of their differentiation, and the use of different definitions and terminology. Therefore, the purpose of the next section is to outline the various types of peer

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[4] Authors' emphasis.

support services available and map the differences in accordance to their location, their degree of autonomy and the extent to which the peer support ethos is embedded within both structural and operational processes.

Introduction to the types of peer support

There are many different types of peer support including, but not limited to, mutual-support groups, peer-provided education/training programs, peer employees (employed in traditional mental health services), and peer-run initiatives. ***Mutual support groups***, wherein people meet and are encouraged to develop mutually supportive relationships with others who have similar experiences to them, are the oldest and most pervasive types of peer support (Solomon, 2004). From those origins, other variants of peer support have developed, including the employment of peer workers within traditional mental health services, and the establishment of organisations and programs run by people with self-experience of mental health difficulties. The integration of ***peer-workers*** into traditional mental health services has become increasingly popular in the last decade. The roles and responsibilities of such peer workers is varied (Pitt et al., 2013), however most peer workers appear to work alongside the extended multi-disciplinary team, inputting peer expertise where necessary, and leading on peer support programs (Pitt et al., 2013). Lastly, **peer-run organisations,** often termed consumer operated services or consumer survivor initiatives, are organisations that are planned and operated by people with experience of mental health difficulties (Holter et al., 2004). Such organisations tend to provide all the other various formats of peer support under one roof, and do so with a continuity of peer providers and a peer ethos that permeates *both* the structural and operational processes of the organisation (Substance Abuse and Mental Health Services Administration, 2011) (see Table 1 for overview).
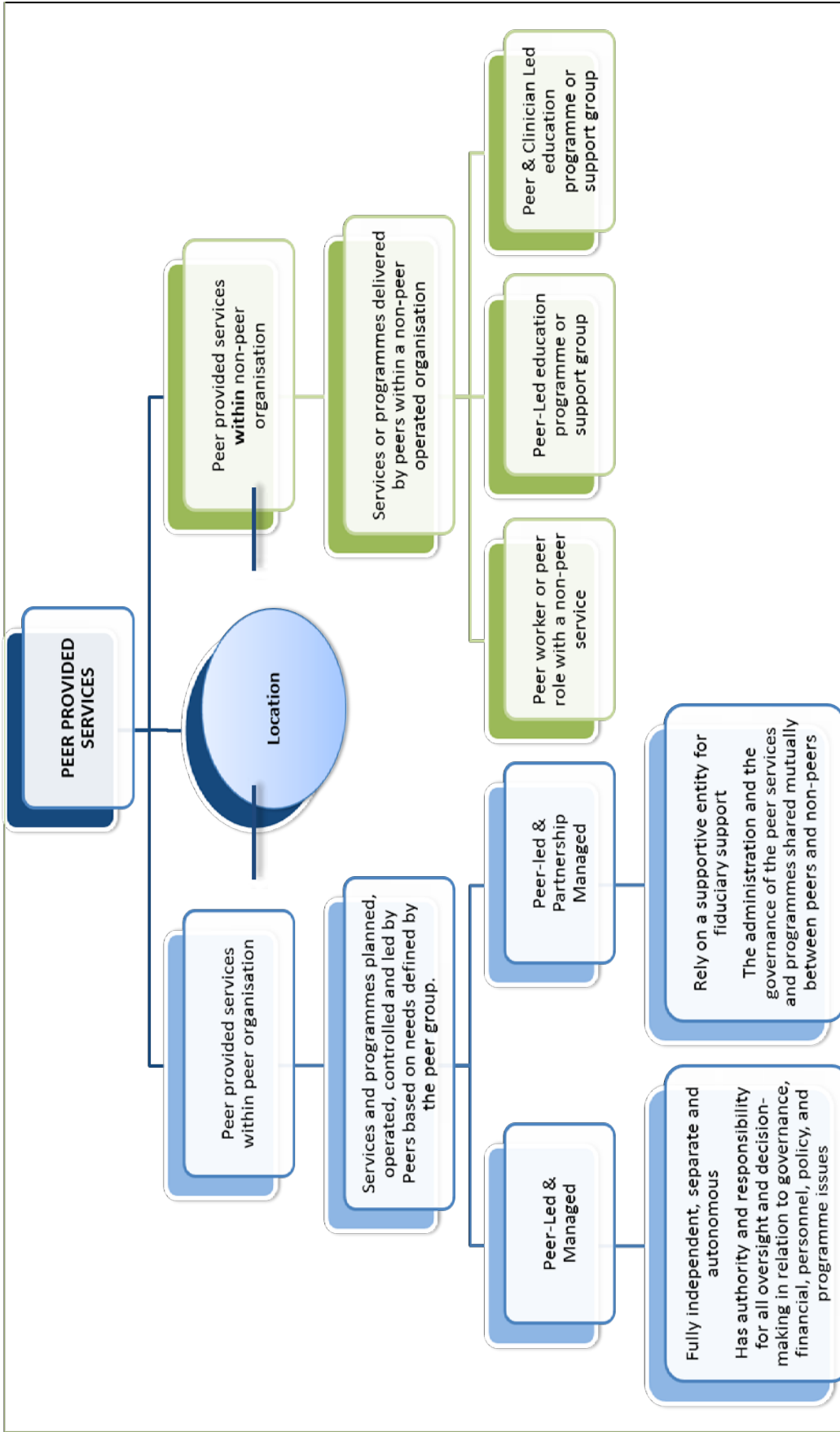
Table 1. Types of peer provided services

Variances *within* types of peer support

It is important to acknowledge that each of the peer support services outlined in the preceding section is not a homogenous entity. Just as there are differences between the variant peer support services, there are also differences within each of the peer support services. For example, the oldest and most pervasive type of peer support is self-help or mutual-help groups, which usually involves a group of people who have similar experiences meeting to discuss their difficulties, and each member receiving and providing empathetic support and advice within the group. Thus, the principle of reciprocity underpins group interactions. Katz and Bender (1976, p.9) define self-help groups as:

> voluntary small group structures for mutual aid in the accomplishment of a specific purpose...usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life disrupting problem, and bringing about desired social and/or personal change.

However, whilst the underpinning philosophy of many mutual-help groups may be consistent, they can differ in terms of their location, their degree of autonomy, and their focus. For example, some self-help groups are exclusively focused on one specific mental health difficulty, whilst others are not as focused on diagnostic labels. Mutual-help groups can also vary in their operational framework with some implementing structured programmes which members are required to follow, whilst others follow a more free-flowing format, driven by the needs of the members at any one time. Mutual-help groups are, like most peer support services, peer-provided in that a peer (i.e. someone who shares similar experiences to those of the other members) facilitates the discussion. However, in some cases, almost exclusively within non-peer organisations, a non-peer-provider may assist in the initial establishment of a mutual-help group and facilitate the group until a leader emerges. With the advancement of technology, the requirement for mutual-help groups, or indeed one to one peer support, to occur face to face has been minimised (Kaplan et al., 2011, Naslund et al., 2016). People can now access online peer support through email, bulletin boards, or in some cases through live interface platforms, like Skype. The advantage of such online support services is the high degree of anonymity and accessibility that it enables.

Similarly, the integration of **peer-workers** within traditional mental health services can be operationalised in very different ways. Pitt et al. (2013) in their Cochrane review of the effectiveness of peer-workers employed within statutory mental health services, found that peer workers may be employed in roles specifically designated for them, such as peer companion, peer advocate,

consumer case manager, peer specialist, and peer counsellor, or alternatively they can be appointed to roles that apply to both peers and non-peers, such as case management or outreach roles. This means that a peer who is employed in a role that would otherwise be occupied by a professional is essentially involved in providing 'care as usual', whereas a peer worker who is employed in a role specifically designated for a peer is offering an adjunct service to 'usual care'.

As Table 1 outlines, **peer-run organisations** can be differentiated by the extent to which they are administratively and financially controlled by people with experience of mental health difficulties and, consequently, the extent to which peers have authority and responsibility for the fiscal, personnel, policy and programming decisions made within the peer-run service (Zinman & Harp, 1987, Solomon, 2004, Van Tosh & del Vecchio, 2001, Holter et al., 2004). The determination of 'total' autonomy or independence is often indicated, at least in the literature, by the peer-run organisation holding an 'independent, not for profit status and/or having at least a 51% representation of peers on the organisation's governing board (Campbell, 2008). Whilst many peer-run organisations do fulfil these criteria and are considered completely autonomous entities, there are some peer-run organisations that do not. In these cases, the organisations may be considered peer-led but administratively managed in partnership with another supportive entity (Mowbray et al., 2005, Clay, 2005; Van Tosh & del Vecchio, 2001; Davidson et al., 2013).

In addition to the potential governance variances, peer-run organisations can also have varying functions. In most cases, the functions of peer-run organisations include: 1) providing mutual support; 2) building community; 3) offering services; and 4) conducting advocacy activities (Substance Abuse and Mental Health Services Administration, 2011). However, these functions may be undertaken separately or in any combination, depending on the decision of and/or the resources available to particular peer-run organisations. Further, how these functions actually translate into everyday practices can also be extremely varied with some peer-run organisations operating independent living centres, crisis respite programs, and specialised supportive services (such as education and training, mutual support groups, employment, housing, and even substance use), and others focusing specifically on conducting mutual-help support groups or implementing peer-run drop-in programs (Substance Abuse and Mental Health Services Administration (SAMHSA), 2011).

Similarities *between* types of peer support

Whilst there are many variances between and within peer support services, there appears to be a consensus, in the published literature at least, that peers as providers "draw upon their lived experiences to share 'been there' empathy, insights, and skills . . . serve as role models, inculcate

hope, engage patients in treatment, and help patients access supports [in the] community"
(Chinman et al., 2008, p.1315). Just as there is agreement on the value and role of peer providers in
peer support services, so too, many of the peer support services may provide similar services,
programs or activities; e.g. a mainstream mental health service may conduct WRAP training led by a
peer worker employee just as a peer worker in a peer-run organisation would do likewise.

Further, participation in many peer support services is voluntary. People thus choose the quantity
(i.e. how often and duration) and quality (i.e. level of participation) of their involvement in
accordance with their own needs and preferences (Holter et al., 2004, Mowbray et al., 2005, Van
Tosh & del Vecchio, 2000, Carpinello, et al., 1991). The Consumer-Operated Service Program
Multisite Study (1998–2002) identified facilitation of voluntary participation as a kind of "emotional
safety", induced by a non-coercive environment wherein people are not exposed to unwarranted
pressure, judgment or treatment (Clay, 2005).

In addition, Salzer (2002) also argues that peer support services share a common goal: to foster the
optimal psychosocial processes required to achieve effective peer support, including the harnessing
of: 1) sustained social support; 2) experiential knowledge; 3) the helper-therapy principle; 4) social
learning; 5) social comparison, and; 6) social modelling (Salzer, 2002). Of course, peer support
services should also share the philosophical belief system or values inherent to the peer support
ethos. In this vein, most peer support ideologies share a value system which focuses on: 1) the
promotion of inner strengths; 2) a reliance on helping each other; 3) a rejection of hierarchy; 4) a
sense of community; 5) empowerment and participation, and; 6) self-acceptance and openness
(Brown, 2007). However, the extent to which each of the types of peer support services actively
implements these values can be very varied, as will be outlined in the following section.

Differences *between* types of peer support

The principal difference demarcating the various peer support services is the extent to which they
actively embrace, implement, and structurally embed the core philosophy of peer support. The most
indicative difference in this regard is between peer support services which are operated in peer-run
organisations and those which are operated within non-peer organisations. Peer-run organisations
strive to embody wholeheartedly every aspect of the peer support ethos from their choice of
programs and activities, to the operational processes they follow and, pertinently, the structural
mechanisms supporting the overall governance of the organisation. In contrast, peer support
conducted in non-peer organisations may strive to fulfil the peer support ethos at a micro level

within the discrete peer support programs, activities or initiatives, but the peer support ethos is rarely extended to the macro level and so does not tend to permeate the broader, structural governance of the organisation.

Consequently, peer-run organisations tend not only to strive to support members, but also endeavour to create system-level change within mainstream society and mental health services. At their very core, peer-run organisations allow members to share power (Chamberlin, 1990). In practical terms, this means that a participatory, non-hierarchical, and shared leadership structure is evident, which SAMHSA (2011, p.10) argues enables a "permeability of power within the organisation among management, staff, and members". Peers are therefore given opportunities to perform different roles within the organisation, including serving as paid or volunteer staff and as board members and officers (Johnson et al., 2005, Mowbray et al., 2005). Furthermore, the programs and initiatives delivered in these organisations are led by the members and driven by members' needs and preferences. Peer-directed programs and initiatives are ensured through the democratic procedures and processes that underpin the day to day running and governance of these services, which not only facilitates all peers to record their preferences and dissatisfactions but also upholds a culture of accountability (Clay, 2005, Mowbray et al., 2005).

An additional difference between peer support services is in the extent to which the peer support principles of 'mutuality' and 'reciprocity' are achieved. Repper & Carter (2011) argue that unlike mutual support groups or peer-run programmes wherein opportunities are provided to both give and receive support, peer support workers employed in non-peer-run organisations are generally considered to be further along their road to recovery (Davidson et al., 2006). Depending on the approach being adopted and therefore the degree of reciprocity expected from peer support workers, their mandated role is often to use their experience to support others who are currently in crisis or struggling. Consequently, the mutuality and reciprocity of the peer relationship is imbalanced; consequently instead of a synergistic relationship being facilitated, an asymmetrical relationship occurs. Repper & Carter (2011, p. 395) argue:

> This shift in emphasis from reciprocal relationship to a less symmetrical relationship of 'giver' and 'receiver' of care appears to underpin the differing role of peer support in naturally occurring and mutual support groups and Peer Support Workers employed in mental health systems.

Further, and perhaps most pertinently, peer support workers are required to work within the rules and culture of their employing organisation. For peer support workers working in mainstream mental health services, this presents a particular challenge as the medicalised, arguably risk adverse culture evident within this context stands in stark contrast to the peer support ethos. Without further systemic changes occurring within mainstream mental health services, the potential for peer support workers within this context to become subsumed into this culture is significant.

SUMMARY POINTS

- At its very core, peer support involves the fostering of mutual support between people with similar lived experience of mental health difficulties with the aim of enabling personal and/or social change;

- Peer support is facilitated in a number of different ways and through a number of different formats including one to one peer support, mutual-help groups, online mutual-help forums, peer-led education and training programmes, peer support workers, and peer-run organisations;

- There are some similarities between peer support services including their voluntary nature, and shared peer support ethos;

- Each type of peer support can differ in the degree to which peer support principles underpin the service provided and can differ in terms of its location, functionality, and level of autonomy; and

- The defining difference between peer support services is the extent to which they embed the peer support ethos and belief system into all structural and operational components of their organisation/programme.

Chapter Two: Methodology

Introduction

This chapter provides an overview of the study aim and objectives, together with a description of the mixed methods approach used to complete this review of Áras Folláin and Gateway. It includes information about the study's research design, data collection methods, the recruitment of participants, and data analysis. The ethical considerations of the study are also addressed.

Study objectives

The objectives of the study were to:

- Describe the model of peer support in operation within Gateway and Áras Folláin, and explore if the model; 1) represents a partnership approach to working with mental health services and; 2) is compatible with current mental health service priorities;

- Explore stakeholders' satisfaction with Gateway and Áras Folláin;

- Examine how Gateway and Áras Folláin deliver on recovery for service users;

- Identify if the model of multi-agency collaboration is sustainable in respect of governance and resourcing.

Research design

This study employed a multi-method approach using qualitative and quantitative methods to provide a comprehensive review of Gateway and Áras Folláin. Data were collected using individual interviews, surveys and documentary analysis.

Data collection

Data collection methods included focus groups, an individual interview, surveys, and documentary analysis. The following sections provide detailed information on the research team, recruitment and data collection methods, and qualitative and quantitative sample profiles.

Research team

In line with best practice, this study was undertaken by a research team that involved a collaboration between peer researchers and academic researchers. The principles of service user engagement, and the peer-led support ethos of both Gateway and Áras Folláin, mandates that people with lived

experience of mental health difficulties should be involved in all aspects of peer support services, including their review and evaluation. This is a principle which is now consistently referenced and recommended in national policy and service plans. Two Peer Researchers therefore were employed (one in each project) to assist with data collection, and identifying and recruiting participants. The peer researchers recruited eligible participants and internal and external stakeholders, assisted participants to complete the survey and also co-facilitated the focus groups. The peer researchers also inputted into the development of the interview schedules and provided valuable feedback on drafts of data analysis.

Focus Groups/Individual Interview

Semi-structured focus groups were conducted with people with self-experiences of mental health issues and who attend Gateway or Áras Folláin, and internal (i.e. staff members and committee members) and external stakeholders (i.e. external partner organisations) to the projects. One semi-structured interview was conducted with one of the projects co-ordinators. The focus groups conducted with people who attended the projects examined their experiences of participating in the projects, its impact, if any, on facilitating their recovery journey, as well as any of the challenges encountered, and suggestions for improving future initiatives. The focus groups and interview with internal stakeholders (i.e. staff members, volunteers, management/steering committee members) aimed to capture their insight into the factors which informed or hindered the development and sustainability of the projects, as well as to explore their perspectives of the impact and benefits of each project to the people attending. The focus group with external stakeholders (i.e. external partner organisations) to the projects focused on their relationship with the peer-led project, the advantages/disadvantages of that relationship and the factors which had facilitated or hindered it. External stakeholders who couldn't attend a focus group were invited to complete a written response to the focus group topic guide via email. Four separate interview schedules were developed by the research team, tailored to capture the distinct perspectives of the different stakeholders and reflect the objectives of the study. Participants were also encouraged to add any new information they felt was relevant to the review.

Surveys

A 24 item survey was designed consisting of a mixture of closed and open-ended questions. Respondents were asked to rate on a Likert-type scale from 0-7, the impact (0=no impact and 7 = positive impact) and helpfulness (0=not at all helpful and 7= extremely helpful) of various aspects of the projects. The survey included sections on perceived impact of the project on various aspects of the participants' personal and clinical recovery, as well as the perceived helpfulness of the projects

in facilitating their access to social support, education and training activities and improving their knowledge and skills. The survey also included a number of open-ended questions which provided respondents with the opportunity to give more elaborate responses. To optimise the response rate, the survey was designed to be completed either through an online link in SurveyMonkey (SurveyMonkey.com LLC. 2012) or hard copy, and the questions were constructed in such a way that response time did not exceed 15-20 minutes.

Documentary analysis

The research team requested and received a number of documents from Áras Folláin and Gateway, including strategic plans, annual reviews, policies and procedures, terms of references of management/steering committees, project constitutions, and memorandum of agreements with external partnering organisations. In addition, if other documentation or evidence was available (research reports, booklets, programme outlines), this was also reviewed by the researchers. Staff members in Gateway and Áras Folláin also completed a review document, designed by the research team, which captured supplementary information not available in the projects' existing documentation. This review document captured comprehensive information on the projects' structural governance and operational processes from their first inception right through to the present day, as well as future development objectives.

Recruitment procedures

Focus Groups and individual interview

People with self-experience of mental health issues who attend Gateway or Áras Folláin were recruited for the focus groups by the peer researchers. The peer researchers disseminated an invitation letter and information sheet about the purpose of the focus groups via email and in person during drop-in days at the projects. Similarly, internal and external stakeholders were recruited for the focus groups by the peer researcher, who again disseminated an invitation letter and information sheet via email. A reminder telephone call or text message was also utilised by the peer researchers to maximise the number of participating stakeholders attending each of the focus groups. The peer researchers agreed the time and location of the focus groups with the potential participants and communicated this to the research team. All of the focus groups and the individual interview were conducted in the peer-led projects, lasted between 60 and 80 minutes and were digitally audio-recorded.

In the case of the individual interview conducted with an internal stakeholder, one of the researchers contacted the person directly via telephone and organised a data and time to conduct the interview.

Survey

To protect participants' personal information, participants were recruited by the peer researcher in each project. People attending the project were sent an email with a link to an electronic survey. Alternatively, they could pick up a hard copy of the survey from the peer researcher when they were next in the peer-led project. Peer researchers were available in the projects during drop-in days to assist people to complete the survey if they so wished. To enhance the response rate, follow up reminders were sent via email and/or text message.

Survey participant profile

A total of 159 surveys were completed between the two services. The data was screened to check that the people to whom the survey was distributed belonged to the service user cohort to ensure validity and quality prior to analysis. After cross checking people's answers to a number of questions, it was decided to exclude 20 individuals from data analysis. Nine were excluded on the basis that they answered 'no' to the following three questions: 'I am a person with self-experience of mental health difficulties'; 'In the past, I have attended mental health services, other than this service, for support', and; 'I am currently attending mental health services, other than this service, for support'. A further nine were excluded on the basis that they had missing answers to all three of the aforementioned questions; therefore, their status could not be confirmed. Two individuals were excluded on the basis that they answered 'no' to both questions regarding current and previous attendance at the service, and their answers to open-ended questions regarding attendance revealed that one of the individuals was a training counsellor who attended for the stated purpose of gaining insight into the area of mental health and the other person had attended the service once for a talk. This resulted in 139 eligible surveys for data analysis.

Over three-fifths of participants were from the Gateway service (61.2%, n=85), with 38.8% (n=54) being from Áras Folláin. Nearly all participants identified as a person with self-experience of mental health difficulties (98.5%, n=131), with the exception of two participants. Most participants were aged 50-59 (30.1%), followed by those aged 40-49 (28.6%) and those aged over 60 (22.6%). Those aged 30-39 represented 13.5% of the sample, while those under 30 represented approximately 5% of the sample (Figure 1). Over half of the sample were female (53.8%, n=71) while 45.5% were male

(n=60). One person identified as both male and female. The numbers in some of the questions may differ due to missing data.

Figure 1: Age profile (n=133)
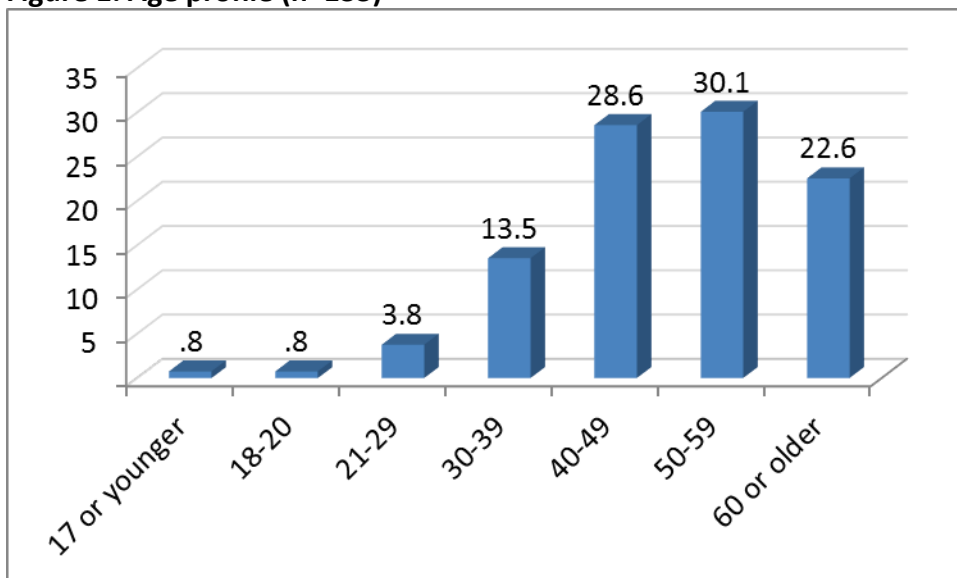
Two fifths of the sample had attained third level college or university education (40.8%, n=53), with the next highest level attained among the sample being FETAC level (28.5%, n=37). Just over one tenth had secondary level education up to Leaving Certificate level (13.8%, n=18), just under one tenth had secondary level up to Junior Certificate (10.8%, n=14), and primary education was the highest level attained for 6.2% of the sample (n=8) (Figure 2).

Figure 2: Highest education (n=130)
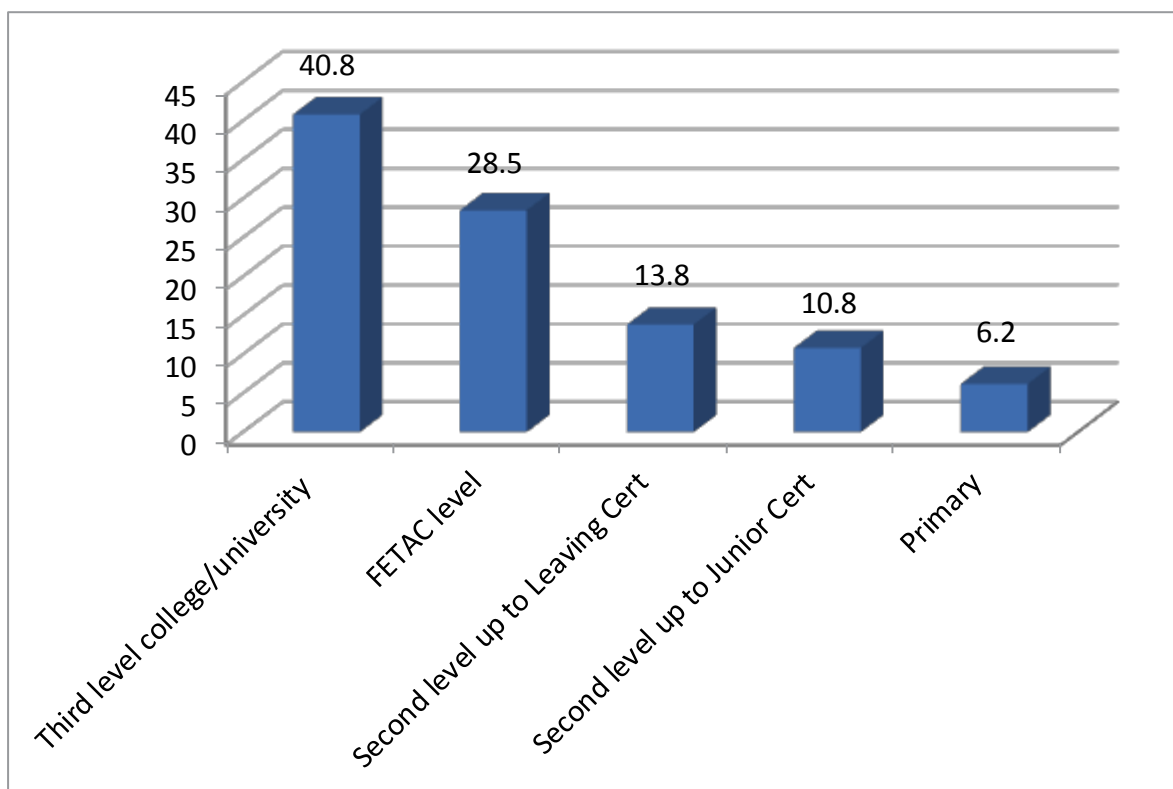
Participants were asked to indicate how they typically occupy their days from a list of options. Participants were most frequently engaged in activities such as meeting friends and family, watching television and movies or listening to music, doing hobbies, and doing household activities. Lower numbers of participants reported being in paid employment (n=25), attending in-service education/training activities (n=23) or actively seeking employment (n=17). Lower numbers of participants also reported playing sport (n=22), although participants may have interpreted this as playing competitive sport and selected 'doing hobbies' to cover participation in physical activity (Figure 3). In addition to these daily activities, three people mentioned doing meditation, two people were doing internships and two participants cited attendance at medical and mental health appointments as part of their daily routines.

Figure 3: Daily activities*

Activity	Value
Meeting friends and family	91
Watching television/Movies/Listening to music	82
Doing Hobbies	80
Caring for home	79
Attending service	75
Online	53
Caring for children/family members	39
Volunteer work	39
Attending religious ceremony	31
Attending a different peer support organisation	28
In paid employment	25
In Education/Training activities in service	23
Playing sport	22
Seeking employment	17

Participants could select multiple answers

Nearly three quarters of participants were currently attending either project (73.4%, n=102), with 36 participants (25.9%) having previously attended. The majority of participants were currently or had previously attended the project for over 2 years (56.8%, n=79), with shorter attendance periods for the remainder (Figure 4). Over four fifths of participants first attended the project as attendees (84.2%, n=117) and 6.5% (n=9) initially attended in a volunteer capacity.

Figure 4: Length of time attending/attended service (n=139)
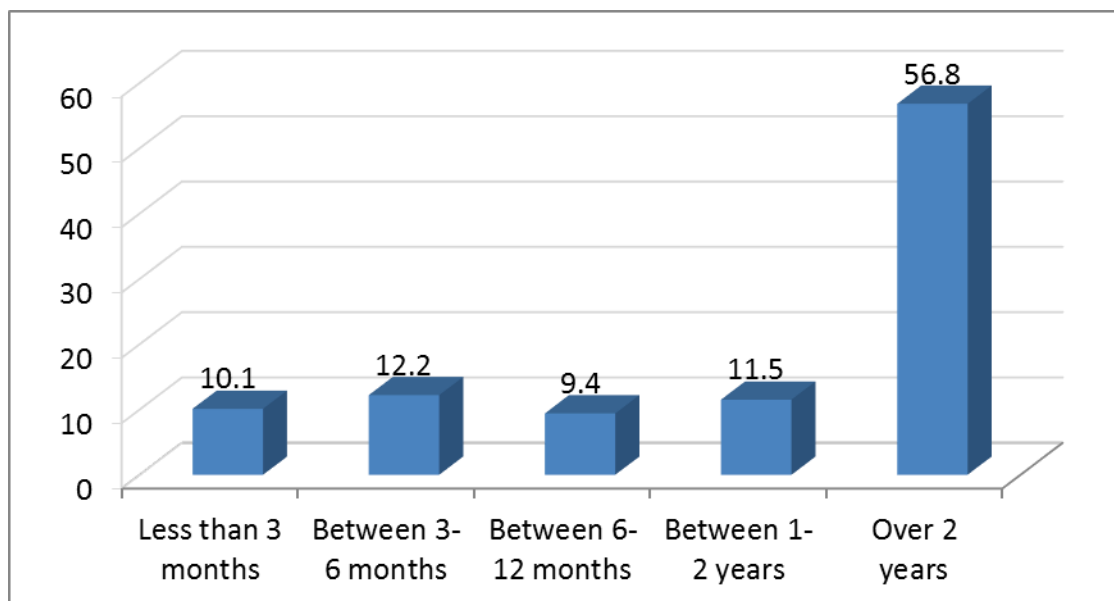
The majority of participants engaged in the projects' drop-in service or activities on a weekly basis (n=108), while approximately one tenth did so on a monthly basis (n=16). 2.9% (n=4) participated once every six months while 7.2% (n=10) participated less often (Figure 5). 90.7% (n=117) of participants had attended other mental health services, while approximately three fifths of the sample (59.4%, n=76) were currently attending other mental health support services.

Figure 5: Frequency of participation in drop-in project or activities (n=138)
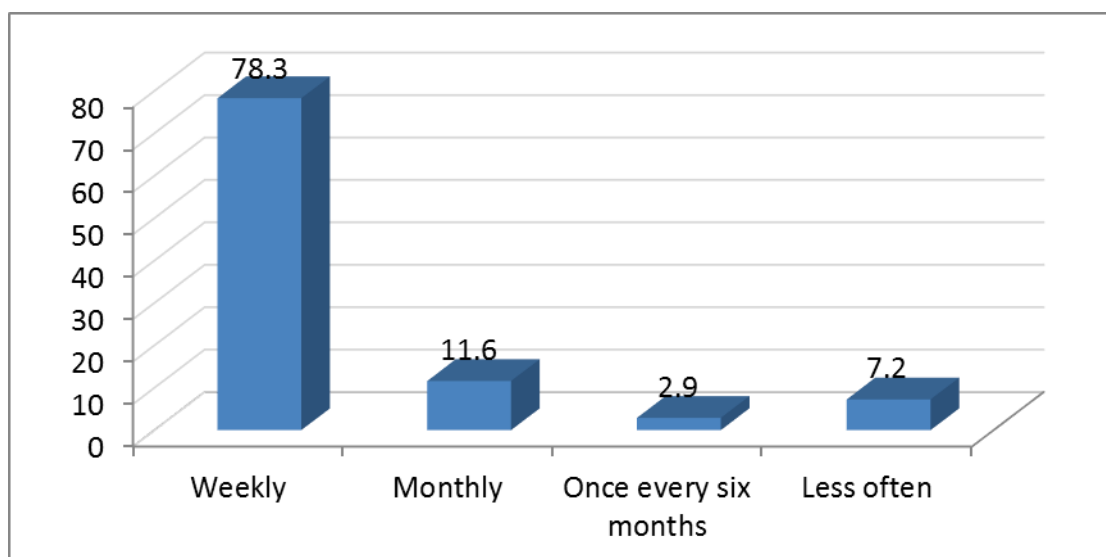
Focus group participant profiles

In total, seven focus groups were conducted: three with people with self-experience, three with internal stakeholders and one with external stakeholders. In total 21 people with self-experience of mental health difficulties and who attend the projects were interviewed. Approximately six-eight

people were in attendance at each of the focus groups. Of the 21 people, nine were female, 12 were male. The duration of their involvement with the projects ranged from seven months to 11 years.

Similarly, three focus groups were conducted with 20 internal stakeholders of whom 11 were female and 9 were male; the focus group with volunteers comprised of five participants; the steering committee group consisting of nine participants and lastly the staff members group had six people in attendance.

Finally, one focus group was facilitated with external stakeholders with four participants in attendance, all of whom were female. External stakeholders represented the regional Community Mental Health Team, North Tipperary Community Services, Tipperary Education and Training Board, and Shine (previously Schizophrenia Ireland). In addition, a number of external stakeholders (n=7) who couldn't attend a focus groups completed the focus group topic guide electronically; 5 of whom were female and 2 were male.

One individual interview was conducted with an additional staff member (See Appendix I for a detailed participant profile).

Data analysis

As the focus of this study was not to comparatively analyse Gateway and Áras Folláin, data gathered from both projects were combined and subsequently analysed. Data from the focus groups, individual interview, responses to open-ended survey questions, and written responses from external stakeholders were analysed using thematic analysis (Braun and Clarke, 2006). Data were analysed firstly through a process of open coding. Individual transcripts were read numerous times and open codes identified and condensed into general themes. Once all data were coded, each code was examined to identify the relationships and connections between themes. Any overlapping codes were collapsed to form larger, more inclusive categories. In addition, data were analysed to identify similarities and differences within and across the projects. This process provided repeated opportunities for the researcher to cross-check the raw data against emergent themes, thus ensuring analytical development was robust, rigorous and trustworthy. An initial draft of the analysis was provided to the Peer Researchers, and was subsequently discussed in person at a half day meeting. Feedback was subsequently incorporated into the final draft of the study report.

Participants' responses to the survey were entered into the PASW Statistics 18.0 (IBM Corporation 2009). Descriptive statistics including frequency distributions, means and standard deviations were generated to describe the data. The open-ended questions were analysed thematically, using the

same coding framework as developed for the focus groups/individual interview. Similarly, the documents collected were read, reread and analysed to assist the team to identify and triangulate data within the documents with data gathered from other sources.

Ethical considerations

The rights and dignity of participants were respected throughout by adherence to models of good practice related to recruitment, voluntary inclusion, informed consent, privacy, confidentiality and withdrawal without prejudice. The rights of the participants and their well-being were given precedence over data collection. The voluntary nature of participation was emphasised throughout the data collection process and participants were free to withdraw from the study at any time without fear of penalty.

Return of the survey was taken as evidence of implied consent. Both written and verbal consent was obtained before the focus groups/ individual interview. The survey data was anonymous and no identifying information was requested; however, when this did occur, identifying information was removed prior to analysis. Similarly, all identifying information was removed from the qualitative data.

SUMMARY POINTS

- The study employed a multi-method approach using qualitative and quantitative methods to provide a comprehensive review. Data was collected using focus groups, individual interview, surveys and documentary analysis;

- A total of 159 surveys were returned between the two services. Following review for inclusion criteria, the final number of surveys included for analysis was 139. Over three-fifths of participants were from the Gateway service (61.2%, n=85), with 38.8% (n=54) being from Áras Folláin. Nearly all participants identified as a person with self-experience of mental health difficulties (98.5%, n=131), with the exception of two participants. Most participants were aged 50-59 (30.1%), followed by those aged 40-49 (28.6%) and those aged over 60 (22.6%). Those aged 30-39 represented 13.5% of the sample, while those under 30 represented approximately 5% of the sample;

- Three focus groups were conducted with people who attend the projects (n=21). Of the 21 participating people who attend the projects, 9 were female and 12 were male. The duration of their involvement with the projects ranged from seven months to 11 years.

- A further three focus groups were conducted with internal stakeholders; one with volunteers, one with steering committee members and one with staff members. Of the participating 20 internal stakeholders, 11 were female and 9 were male;

- A seventh focus group was conducted with external stakeholders (n=4); all of whom were female and represented the regional Community Mental Health Team, North Tipperary Community Services, Tipperary Education and Training Board, and Shine. In addition, seven external stakeholders (n=7) who couldn't attend a focus groups completed the focus group topic guide electronically and one face to face individual interview was conducted with an additional staff member;

- All qualitative data including documents such as strategic plans, terms of reference, annual reports were thematically coded, and quantitative data were statistically analysed;

- The ethical conduct of the study was assured through the researchers' adherence to models of good practice related to recruitment, voluntary inclusion, informed consent, privacy, confidentiality and withdrawal without prejudice.

Chapter Three: Development of Gateway & Áras Folláin

Introduction

This chapter introduces the two peer-led projects, Áras Folláin and Gateway, and provides a comprehensive overview of the evolution of both projects. An insight into the historical origins of the projects is firstly provided. Following this, a description of the factors informing their development is provided.

The projects' history - from small seedlings big trees grow

Both Gateway and Áras Folláin did not start out in their current format or size. The seedlings of both projects were sown from small, focused initiatives. Local champions in both sites recognised that people with self-experience of mental health difficulties in their areas had very few, if any, appropriate opportunities to meet and socialise with other people. They responded to this need by piloting small projects which aimed to address this deficit in social support for people with self-experience of mental health difficulties;

> *[…] there was a mental health social worker [name] over in the [name of service]outpatients department and she was meeting with a lot of service users who had basically no social outlets, no social supports in their lives, there was a number of high support HSE [Health Service Executive] accommodation units in this area as well as outpatients and inpatient departments […] and there was just nothing, there was nothing for people to do outside of sit in what we used to call 'the dungeon' at the time, which was [name of hospital], and then there was the day centre up in [location of day service] which was very depressing and it was also a place where older people were living […] so that's how it started off.* (Internal Stakeholder, Focus Group)

> *[…] it was embraced with open arms because it was a support for people that wasn't being provided anywhere else so that was actually a huge advantage.* (Internal Stakeholder Focus Group)

The format of each of the projects was different, but they nevertheless had the same simple aim at their core; to increase social connection amongst people with mental health difficulties. The seedling

of Gateway, for example, was the establishment of a social group which met just one afternoon a week in a local parish hall;

> *The establishment of the project arose out of collaboration between Rathmines Community Partnership (RCP) and a number of key mental health providers in the area, namely the Rehabilitation, Training and Guidance Services. These parties identified the need to provide opportunities for people experiencing mental health issues to meet with each other, socialise, and learn new skills and knowledge in a mutually supportive informal environment. No such dedicated service was available in the area. […] the Gateway Project commenced activities in January 2004. It was established as a pilot project using community development principles to operate a drop-in facility for one afternoon each week from a parish house in Grosvenor Road, Rathmines.* (Sourced from Documentary Analysis)

In contrast, the seedlings of Áras Folláin were sown through partnership work between a mental health social worker and a Mental Health Ireland development officer, which resulted in the establishment of a befriending project;

> *It started because the MHI [Mental Health Ireland] development worker at that time was a seconded HSE [Health Service Executive] staff person so was sharing an office space with us and he just said to me one day '[name], I have 400 euros do you want to do a befriending project'?, that's how it started and I said 'only if it can be peer befriending, peer-led', it was from the very beginning, he was like 'sure yea whatever'.* (Internal Stakeholder Focus Group)

The befriending project employed two peers to develop and roll out peer support training to peer befrienders. People attending the mental health service in the area were 'matched' up with the trained peer befrienders by their local mental health team. Once the pairs were connected, they would meet for social activities of their choosing;

> *The very beginning of the project was this befriending project […] we had 2 people who came on board from the beginning who were paid and who developed the peer support training, trained a number of peer supporter, peer befrienders we were calling it then.* (Internal Stakeholder Focus Group)

By starting with small, focused projects, both sites had the time and space to find their feet, learn from their experiences and develop a way of working in the community. It also allowed a strong and trusting relationship to form between the projects and their member base, and between the various project partners including people with self-experience of mental health difficulties, statutory and non-statutory organisations, and family members. From this consolidated and secure foundation, the projects were able to grow organically, and incrementally develop into the established peer organisations that they are today.

Factors informing the projects' development

Aside from growing organically from small projects, internal and external stakeholders also identified additional factors which they believed informed the projects' development and ongoing sustainability. These factors are discussed under two thematic categories which are: 1) the power of partnership, and; 2) commitment to the peer-led ethos.

The power of partnership

Integral to both the establishment and development of the projects were the powerful partnerships forged between statutory and non-statutory organisations, people with self-experience of mental health difficulties and their friends and family. While the initial 'idea' for the projects was initiated by one or two local champions, stakeholders in both projects acknowledged that the successful implementation of idea was achieved through innovative and committed partnerships between all parties;

> *The collaboration was key because it brought in other organisations who were working in mental health […] so there were statutory services involved in the foundation of it as well as other community and voluntary groups and bodies.* (Internal stakeholder Focus Group)

> *A huge component is partnership that there is the expertise that can be had from people with lived experience of the services, from people that provide those services and then the community and voluntary sector like our Mental Health Ireland person, that is really important […].*(Internal Stakeholder Focus Group)

As described in the preceding quotation, stakeholders in both projects identified that the projects partnerships with statutory and non-statutory organisations were critical to the establishment and development of the projects. This was because partnering with such organisations created a pool of resources and expertise from which the projects could draw upon. In a very practical sense, the

formation of partnerships facilitated the resourcing of dedicated personnel to the projects. At the very beginning of Gateway's journey for example, statutory partners demonstrated their commitment to the project by allocating a development worker to co-ordinate its development and a community mental health nurse to facilitate the drop-in service on a Thursday afternoon;

> *Support from the partnership and the HSE [Health Service Executive] because the project worker was paid for by the HSE, by the Rehabilitation Training Guidance services, so they were able to employ [name] as a worker for Gateway as a result of that department committing funding, so originally we were provided with a staff member, so there was a development worker which was provided by the partnership and a staff member provided by [name of mental health day service] who would come along on a Thursday afternoon, she wasn't a peer she was a nurse, a Community Mental Health Nurse […].*(Internal Stakeholder Focus Group)

The partnerships that the projects forged also facilitated the resourcing of other essential practicalities integral to the projects' development, such as the resourcing of an actual physical space. Over the years, Gateway was able to negotiate the use of various physical spaces within which they could run the project's activities. These spaces were either provided free of charge or for a relatively low cost;

> *[…] then there was linking in with the local community in terms of finding a space. I think we originally rented a parish room in Grosvenor road over the years.* (Internal Stakeholder Focus Group)

Whilst these spaces were very much appreciated in the initial phase of development, the value of having its own dedicated space was increasingly recognised as the project developed. The project's innovative partnership work, awareness of influential stakeholders and wider systemic processes, and ability to negotiate eventually resulted in Gateway securing a stable premises (i.e. a former Dublin City library space in Rathmines).

For Áras Folláin, the need to secure a space emerged from the project's desire to develop and expand their befriending project. When the peer-befriending project came to an end, all of the participating stakeholders (HSE, MHI, people with lived experiences of mental health difficulties and family members) remained eager to continue and evolve their learning and implementation of peer support. Subsequently, these local champions organised a one day conference, followed by a 5 day

training workshop with Shery Mead[5]. This resulted in a total of 18 people trained in intentional peer support[6]. Bolstered by their experience from the peer befriending project and e peer support training, the participating stakeholders decided to secure a premises and establish a peer support centre. With the support of Section 39 funding, a detached house was rented. Initially, the house, now called Áras Folláin, served as host to other external support groups, such as GROW and Shine. However, slowly but surely the participating stakeholders began to establish other activities and support groups; a comprehensive overview of which will be described later in this chapter.

It must be acknowledged that the projects were not alone in experiencing the benefits of partnership work. In many instances, the benefits of working together were reciprocal. For example, in partnering with the local VECs [Vocational Education Committees] both projects accessed resources which enriched the content and variety of the projects' educational activities. At the same time, the projects provided the VECs with access to a pool of students/attendees whom they required to run their courses;

> *[…] so for example the educational and training board which was the VEC they were asked to sit on the advisory group on that steering group as well so that the projects could get some kind of support, so that there could be some activities that people might like to link in with and so that's where our art came from and Tai Chi and our writers' group all at the same time really 12 years ago and they provided a bit of a foundation.* (Internal Stakeholder Focus Group)

Aside from bolstering the projects' initial establishment, stakeholders also agreed that partnership work has continued to be extremely important in ensuring the sustainability of the projects. In particular, the projects' partnership with Mental Health Ireland has provided them with valuable access to a governance support system;

> *Having influential friends and allies has been very important, the fact that Gateway was able to move under the Mental Health Ireland umbrella with relative ease with huge support and the director and CEO [Chief Executive Officer]there has been instrumental in helping us to*

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[5] Shery Mead is a world leader in the study and practice of peer support and is the founder of Intentional Peer Support. See http://www.intentionalpeersupport.org/

[6] For more information on intentional peer support please see http://www.intentionalpeersupport.org/

stabilise our funding and secure our funding with them [which] is key. (Internal Stakeholder Focus Group)

Further, stakeholders in Áras Folláin in particular were of the view that the differing perspectives and expertise brought by each of the partners enriched the project's creativity and vigour. The strong partnership model between the community mental health team, the North Tipperary Community Services and Áras Folláin has, in their opinion, fostered a respectful environment wherein partners are willing to see the value in others' opinions or ideas and to work collaboratively to achieve them;

Áras Folláin are more than willing [to work with other people] […] open minded people to be there and willingness to change and accept other people's point of view to me has been very good, most people will say let's work around it, let's work to improve this, take on board others people's point of view. (Internal Stakeholder Focus Group)

The reason we did that was somebody, it was actually [name] who said 'why don't we get Shery Mead over? and my first thought as a cautious HSE person was 'oh we don't have the money for that' but like it was [name] dream and it happened it was amazing so I think it is really important […] we need to have people that dream big, who have the hope, who aren't limited themselves in their own head by like, who just say 'let's have a vision and work towards it'. I thinks that's really, really important and that's one of the reasons that this has kept moving in a positive direction because people are having those big dreams. (Internal Stakeholder Focus Group)

Commitment to the ethos

In addition to starting small and working in partnership, stakeholders identified that the projects' commitment to the ethos of peer support has been a key component to the projects' successful development. Stakeholders in both projects remarked that the peer-led ethos was strongly rooted in the philosophy of the projects from their inception;

It [befriending project] was always led and run by peers […]. (Internal Stakeholder Focus Group)

[...] that collaboration with the commitment to the practice of community development that it would be a place where people would be equal, where they would have a voice and was

aspirationally going to become member-led, it has actually done that and has exceeded that but I think collaboration has been huge for Gateway. (Internal Stakeholder Focus Group)

As described in the preceding quotation, although Gateway was not peer-led initially, all of the collaborating partners involved in its inception were committed to the project eventually becoming peer-led in the future. Consequently, the project has incrementally and strategically moved towards a full realisation of this aspiration. A comprehensive overview of both projects' commitment to a peer-led ethos is provided later in chapter four.

Stakeholders noted that central to the ardent commitment and achievement of the peer-led ethos has been the projects' co-ordinators; both of whom have a strong, practicable knowledge of, and passion for the peer-led ethos and its successful implementation;

Having a co-coordinator who has a very clear understanding of the peer support model and very passionate around it and has an intellect to oscillate from the macro to the delivery of the micro and having a partner, a key person within the HSE that really advocates for peer support […] has a very clear understanding of what peer support is and how it is and the challenges but also promotes it up through the HSE and back here again […] there are and were key individuals who have helped to promote the integrity of the peer support practice model. (Internal Stakeholder Focus Group)

I think the staff have been key to sustainability, their level of commitment is second to none. I'm not sure if all members or other stakeholders are aware of how much the staff gives for this project, I've never came across another team like them. (External Stakeholder, Electronic Focus Group Questionnaire)

SUMMARY POINTS
- Gateway and Áras Folláin began as small, focused community projects which aimed to increase the socialisation opportunities of people with lived experience of mental health difficulties;

- The establishment and consequent nurturing of innovative and committed partnership work between people with lived experience of mental health difficulties, and statutory and non-statutory organisations was deemed to be an influential component of the projects' development;

- The projects fervent' commitment to maintaining and protecting the integrity of the peer-led ethos was identified as an integral component to the projects' successful development.

Chapter Four: Overview of Gateway & Áras Folláin

Introduction

Both Gateway and Áras Folláin have evolved significantly from the small start-up initiatives described in the preceding chapter into their established forms today. This chapter provides an overview of the projects as they are today, including their governance structures and operational processes.

Resources and activities

Áras Folláin currently rents a detached house from which it hosts and operates all of its activities. A vast range of support resources are available over the course of 5-7[7] days including peer support social activities, support groups, educational initiatives and one to one peer support. This work is supported by 30 volunteers[8], and four part-time staff; a project co-ordinator (20 hours), an administration officer (15 hours) and two child-care workers (2.5 hours providing childcare support to the mothers group). The project also hosts students for work placements at various times during the year. Áras Folláin volunteers come from many different life experiences and those that chose to train as peer supporters (n=25) identify as peers with lived experience of personal and family mental health difficulties and recovery. During the first six months of 2016, there were over 200 people attending Áras Folláin and participating in one to one peer support and/or support groups. On average, 38 people also participate in the drop-in hours and during the first six months of 2016, 53 participated in workshops. (Sourced from documentary analysis)

Like Áras Folláin, Gateway also rents a premises from which it hosts and operates all of its activities. From initially operating drop-in just one afternoon per week in 2004, Gateway now boasts an expansive portfolio of activities and programmes which span across five days and out into the community. The project is currently supported by one full-time project co-ordinator, and one full-

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[7] During quieter times of the year (i.e. over the summer months), the opening hours of Áras Folláin are reduced.

[8] Of the 30 volunteers; 25 have trained as peer supporters. The volunteers provide 1-1 peer support, lead 8 different peer support groups, host the three drop-in spaces and welcome brunch, work in the pop up shop, and co-produce and co-facilitate the various training programmes and workshops for people attending the project.

time development worker; both of which were originally members of Gateway and identify as peers with lived experience of mental health difficulties and recovery. Gateway is heavily dependent on employment training programmes, such as the Community Employment Scheme[9], Jobs Initiative[10], and JobBridge[11] which supply four part-time project workers (drop-in peer support workers and facilitators) and one part-time administration support worker. These additional project workers, all of whom identify as peers with lived experience of mental health difficulties and recovery, represent an invaluable and vital resource to the project. However, these roles are training positions and, as such, require considerable time and resources to be invested in the continual training and development of the post holders. In terms of membership, Gateway currently has 221 members, with 150 of those members participating on an active and frequent basis. On average, 32 members participate through project drop in days and during the first six months of 2016, 71 Gateway members have participated in education, development and other trainings. (Sourced from documentary analysis)

In order to provide a comprehensive account of the projects' structural and operational processes, the following sections are dedicated to describing the projects': 1) structural governance and support frameworks and; 2) current operational processes.

Structural governance and support frameworks

The projects' governance structures and supportive frameworks are discussed under three categories: 1) Governance; 2) Fiscal support, and; 3) Fiduciary support. The structural composition of each project is different and as a result will be described separately.

Governance - Gateway

Since the project's inception in January 2004, Gateway's initial establishment and continued operations were supported by an Advisory Committee; membership of which was drawn from Gateway members and representatives from statutory, community and voluntary organisations[12]. In

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[9] Community Employment Scheme. See
http://www.fas.ie/en/communities/community+employment/default.htm

[10] The Job Initiative is a programme providing full-time employment for people who are 35 years of age or over, unemployed for 5 years or more, and in receipt of social welfare payments over that period. For more information, see http://www.fas.ie/en/communities/job+initiative/default.htm

[11] JobBridge is a National Internship Scheme which provides work experience opportunities for unemployed people. For more information, see https://www.welfare.ie/en/Pages/JobBridge.aspx

[12] Over the lifetime of the Advisory committee, representation from statutory and non-statutory organisations included the HSE (Mental Health Services Vergemount and the Rehabilitation, Training and Guidance Services),

addition to supporting the ongoing review of the work of Gateway, the Advisory Committee also provided the project with expertise and guidance to ensure the implementation of its strategic plan, and provided ongoing assistance to the project in relation to funding concerns. An additional task of the Advisory Committee was to work towards the establishment of a Management Committee for the Gateway Project; a task which was successfully achieved in 2016. The establishment of a Management Committee has subsequently marked the conclusion of Gateway's Advisory Committee.

Gateway's Management Committee convened for the first time in 2016. The roles and responsibilities of the committee are outlined in its *Terms of Reference*. In a similar vein to the Advisory Committee, the Management Committee will provide oversight and support to Gateway's fulfilment of the objectives and work plan set out in the project's annual plan 2016-2017[13]. However, unlike the preceding Advisory Committee, a primary responsibility of the Management Committee will also be to develop the policies, procedures and constitution necessary to enable Gateway to become an independent organisation and a company limited by guarantee with charity status. The additional objectives of the Management Committee, as outlined in its *Terms of Reference*, include:

- Oversee the agreement of the Service Level Agreement with the HSE. The Management Committee is to be made aware of and appraise plans where feasible;
- Develop the Management Committee pack;
- Develop the constitution and legal framework for the organisation;
- Review the governance code and prepare the policies and procedures so that Gateway can fulfil the governance code;
- Approve and oversee the work plan for each year;
- Mental Health Ireland are responsible for recruitment of paid staff at Gateway until the project becomes an independent entity, however it is important that there is Management Committee representation on the interview panel. A management committee member will sit on future interview panels. For non-paid staff recruitment, such as Community

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the Rathmines Pembroke Community Partnership, Shine, Dublin City Council, FÁS, the Disability Federation of Ireland, Mental Health Reform, Mental Health Ireland, City of Dublin Education and Training Board.

[13] The objectives and work plan outlined in Gateway's Annual Plan 2016-2017 were informed by 2015/16 annual planning workshops attended by Gateway members and Gateway's Strategic Plan (2010 – 2013).

Employment project workers and JobBridge participants, a Gateway member will sit on the interview panel alongside the co-ordinator and/or development worker;

- Lead on the development of the strategic plan for Gateway;
- Develop recommendations for the sustainability of Gateway;
- Document the nominations process; and
- Monitor activities of the project.

The Management Committee will be officially appointed by the founding members of Gateway at the project's first Annual General Meeting of members in 2017. To ensure genuine involvement and participation of Gateway members in all decision making activities, a minimum of three places are reserved on the Management Committee for Gateway members whom are elected through member-wide open elections. Currently there are five Gateway members appointed to the Management Committee. The remaining members include representatives from Mental Health Ireland (n=1), Mental Health Reform (n=1), and Dublin City University (n=1). Management Committee members serve for a duration of at least one year, after which they may step down or put themselves forward for re-election. The committee meets bi-monthly and requires a quorum of one third of those entitled to attend and vote. (Sourced from Documentary Analysis)

Governance – Áras Folláin

The work of Áras Folláin, since its inception in 2004 and to this present day, is overseen and supported by a Steering Committee. Currently sitting on the committee are representatives from the Health Service Executive (n=1), North Tipperary Community Services (n=1), Mental Health Ireland (n=1), peers (n=3), and community members/groups (n=3). The roles and responsibilities of the committee are outlined in its *Terms of Reference*. The primary responsibility of the Steering Committee is "to be the primary governance and guardians of Áras Folláin's funds, practice and operations" (Áras Folláin Steering Committee - Terms of Reference). In practical terms, this means that the Steering Committee oversees all of Áras Folláin's operations, including the development of the policies and procedures necessary to meet the project's legal, financial and ethical requirements. The Steering Committee also continues to work towards the formation of a Strategic Plan for the organisation. The additional objectives of the Steering Committee, as outlined in its *Terms of Reference*, are:

- To approve policies;
- To approve budgets and ensure that the monies of the organisation are spent in line with the purpose;

- To ensure that Áras Folláin operates in line with legislation and its own policies and procedures; and
- To nominate working groups/sub groups with Terms of Reference to ensure the efficient and effective operations of the organisation.

Steering committee members are elected at Áras Folláin's Annual General Meeting (AGM). Appointed steering committee members must serve a term of two years, after which they may resign or put themselves forward for re-election. Members can, if re-elected, serve for a maximum of three terms (6 years). Officers of the Steering Committee (i.e. Chairperson, Secretary, Treasurer) are elected from its membership at the first steering committee meeting after the AGM. The committee meets monthly and requires a quorum of 5 (50% plus one) committee members. Áras Folláin also has an additional five sub-committees, each of which focus on a particular aspect of the project (i.e. staff, car, funding, training, training bursary) and report to the Steering Committee.

Fiscal support – Gateway

Gateway is in receipt of HSE funding[14], which is applied for annually and is administered via Mental Health Ireland. This funding supports the employment of one full-time project co-ordinator and one full-time development worker. This funding also supports Gateway's additional overheads (i.e. rent of building, utilities, insurance, programme costs). However, this HSE funding is not sufficient to cover all of the project's costs and consequently additional programme specific funding is periodically applied for and received from Dublin City Council, the City of Dublin Education and Training Board, Canals Community Partnership, ESB Electric Aid, Dublin Bus and public donations. Further, as previously outlined, Gateway is also highly dependent on employment training programmes, such as the Community Employment Scheme, Jobs Initiative, and JobBridge which supply four part-time project workers (drop-in peer support workers and facilitators) and one part-time administration support worker.

Fiscal support – Áras Folláin

Áras Folláin is in receipt of Section 39 funding which is applied for annually and is currently utilised to cover the project's core costs (including the employment of staff). However, there remains a significant deficit in monies required to run the project. Consequently Áras Folláin needs to be consistently involved in fundraising which is very stressful for all involved in the project. Áras Folláin is also highly reliant on volunteers to assist with the running of the project and its activities. In an

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[14] HSE Funding Breakdown: Rehabilitation, Training and Guidance Services, Community Health Organisation Area 6 – Vergemount, Community Health Organisation Area 7 – St James.

effort to generate an additional income stream to the project, Áras Folláin, which houses a number of external agency's meetings including GROW and Shine, will potentially in the future have to introduce a nominal rental fee in return for any use of their space. One organisation, GROW, has already been paying towards this since 2015.

Fiduciary support[15] - Gateway

Alongside the supportive guidance of their Management Committee, Gateway is in receipt of fiduciary support from an outside agency. Between the years 2003-2015, Gateway's long standing fiduciary host, providing financial administration and management support, was Rathmines Pembroke Community Partnership (RPCP). In 2015 however, as part of a nationwide, governmental restructuring of the community development sector, responsibility for the administration and delivery of community development work in the Dublin 4, 6, 6W and 12 areas was transferred to Canals Community Partnership (CCP). Consequently, RPCP no longer had the resources necessary to continue to support Gateway. Further, while the CCP's remit includes the provision of programme funding, it does not include the provision of core funding to the disability and/or mental health sectors. For this reason, in addition to the narrowly focused eligibility criteria of the new Social Inclusion Community Activation Programme (SICAP)[16], the CCP are also limited in their ability to provide the resources necessary to support the core funding of Gateway.

In the absence of a fiduciary host in the community development sector, Gateway found a new fiduciary host in Mental Health Ireland. In becoming an affiliate member of Mental Health Ireland, Gateway is able to avail of Mental Health Ireland's HR/employment, legal, financial and governance expertise. In practical terms, this means that as the fiduciary host of Gateway, Mental Health Ireland provides financial oversight of the project, including the administering of funding provided by third parties, human resource supports (i.e. the employment and pay-rolling of Gateway staff), and governance guidance. The fiduciary support of Mental Health Ireland is currently viewed by both parties as a supportive step towards Gateway's current aspirational aim of reaching complete independence and becoming a company limited by guarantee with charity status.

Fiduciary support – Áras Folláin

Áras Folláin has a number of fiduciary support systems in operation. Áras Folláin is a Mental Health Association and as such is an affiliate member of Mental Health Ireland. As such, Áras Folláin is able

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[15] Fiduciary describes a person or agency to whom property or power is entrusted for the benefit of another.

[16] Community development funds are administered through application to this programme; the focus of which is primarily labour market/education activation.

to avail of Mental Health Ireland's legal, financial and governance expertise. However, unlike Gateway, Áras Folláin's staff members are not employed though Mental Health Ireland. Since the introduction of staff members in 2012, North Tipperary Community Services (NTCS) have provided Áras Folláin with the human resource supports required.

The projects' processes

Aside from the key structural components, there are additional critical 'process' ingredients required to deliver peer-run projects. In the following section, these process variables are discussed under five relevant headings, which include: 1) Belief systems; 2) Group empowerment; 3) Recovery-oriented; 4) Peer-led ethos, and; 5) Social/peer support.

Belief systems

Campbell (2008) states that the 'belief system of a peer-run project' is a core set of principles and values that unite the program in an evolving culture of hope of recovery, social connectedness, empowerment and meaning in life. Gateway's and Áras Folláin's belief systems, as outlined in project documentation, reflect similar themes to those identified by Campbell (2008).

In '*Gateway Project Philosophy & Ethos'*, Gateway outlines the foundations of their belief system, stating their project vision and mission is as follows:

> *Our Vision is to ensure hope, dignity and wellbeing in an empowering and supportive community for people experiencing mental health issues.*

> *Our Mission is to develop a community based, member-led resource for people with experience of enduring mental health issues so as to enable people to maximise their opportunities for integration into social, cultural, educational and economic life and thereby achieve enhanced personal, social, health and economic gains.*

Further to the described vision and mission statement, '*Gateway Project Philosophy & Ethos'* outlines key components, which collectively comprise the project's belief system. These include their commitment to: 1) being member-led; 2) operating a community development approach and a social model of recovery; 3) integrating members into the social, economic, cultural and employment life of the community, and; 4) developing and practising peer support and peer modelling. Further, Gateway identifies 'respect' as also being an underpinning value of the project's belief system. '*Gateway Project Philosophy & Ethos'* states:

Respect - Gateway is self-referring, choice based and determined by members' needs and interests. We value and hold our members in high regard and together committed to ensuring that all people are treated equally, with dignity and respect. We start where people are at. There is no set path within Gateway; it is a 'door' to many.

Gateway's belief system is further reflected in the project's stated objectives, which are to;

- Empower members to play a full, active and directional role in the ongoing development of the Gateway project, thereby ensuring it remains a member-led organisation;
- Develop linkages and network with relevant agencies and providers for the identification of needs in relation to mental health supports;
- Maximise opportunities for people experiencing mental health issues in their area to integrate fully into the communities/areas in which they live;
- Research, develop and agree an appropriate organisational structure for the Gateway project, including appropriate and effective governance structures;
- Diversify funding streams available to Gateway and secure resources to provide a comprehensive range of high quality services and supports;
- Develop Gateway as a model of best practice for a community based social model of support for people experiencing mental health issues; and
- Maintain a peer-led ethos with a focus on enabling peer support to happen.

Áras Folláin's mission statement is outlined in '*Áras Folláin Profile'* and states:

Áras Folláin peer support project provides an environment where people have an opportunity to develop their physical, emotional and spiritual well-being. We facilitate individuals and groups in their respective challenges to follow their dreams and achieve healthy lifestyles through peer support, self-advocacy and personal development.

In keeping with their mission statement, '*Áras Folláin Profile'* outlines the project's key objectives as:

- To provide opportunities for groups and individuals to maintain wellness through peer support, social interaction, personal development and self-care programmes;

- To empower group members through information and peer advocacy and to emphasise the value and uniqueness of each person and regard their different view-points and cultural perspectives as a resource;
- To reduce social isolation, improve self-concept and promote independence among members thereby reducing their dependence on mental health services and increasing control over their own lives; and
- To build capacity for wellness through programmes such as WRAP (Wellness Recovery Action Plan), self-advocacy, personal development and life skills.

Group empowerment

Group empowerment refers to opportunities to learn about and be involved in social and political issues affecting people with self-experience of mental health difficulties. Mowbary et al. (2005) suggest that peer-run projects should strive to increase peers' awareness of their being part of an 'affected group' by talking about topics which affect them such as laws, bureaucracies and discrimination, and how to effect change. Other activities which may promote group empowerment include attendance at conferences, rallies or other such lobbying events.

Both Gateway and Áras Folláin promote group empowerment amongst those participating in the projects. Participants from both projects regularly attend and participate in various conferences, seminars and other mental health events throughout the year, including Irish Institute of Mental Health Nursing Conferences, Advancing Recovery Ireland Conferences, workshops and learning sets, and University College Cork's annual conference 'Critical Perspectives on Mental Health'. In addition, Gateway is a member organisation of Mental Health Reform and as such Gateway members actively and regularly participate in the various workshops, seminars, consultations and other events organised by Mental Health Reform, including their Annual General Meetings and grassroots forum meetings[17].

Group empowerment is further consolidated in Gateway through members' active involvement in mental health promotion work. Gateway members have been actively supporting the development of a new collaborative initiative in Dublin 12 since 2014, 'The D12 Community Mental Health Forum'[18]. In their continued efforts to raise awareness about topics of concern to them and others

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[17] A group of diverse stakeholders who regularly meet to promote mental health rights and reform at a national level.

[18] A partnership of community, voluntary and statutory groups working together to progress positive mental health and recovery across the D12 community.

with lived experience of mental health difficulties, Gateway members have also carried out considerable media work including interviews on Drivetime[19], participation in Vincent Browne's People's Debate, and articles published in the Sunday Independent and Irish Times online. In addition, Gateway also host open days and community information events throughout the year, and members lead out on a number of community initiatives and activities to promote inclusion and integration locally.

Participants of Áras Folláin are also actively involved in similar promotion work to raise awareness and consciousness of mental health. They regularly run open information days, providing opportunities for the wider community to learn more about positive mental health and wellbeing and the work of Áras Folláin. Furthermore, many regional and national committees seek representation from Áras Folláin and Gateway. Currently, a representative from Áras Folláin sits on the working groups of both regional and national initiatives, including ARIES (a Mid-West recovery college project) and ARI (Advancing Recovery Ireland). A further three representatives from Áras Folláin are also sitting on the regional working group of the Mid-West Regional Drug and Alcohol Task Forum. Similarly, representatives from Gateway are involved in Mental Health Reform's Grassroots Forum, Mental Health Reform's Board of Directors, Mental Health Reform's National Consultation Panel and the consumer panels of a number of local hospitals.

Recovery orientated

Mowbary et al. (2005) argue that a peer-run project is recovery-oriented when hope is pervasive and activities and talks regarding jobs, housing, and education focus on strengths, skills and independence. Campbell (2008, p.6) reiterates Mowbary's stance stating that:

> Peer-run services support and encourage the hope of recovery as a positive process that is forward focused, acknowledges individual strengths, and enhances participant well-being. Recovery is recognised as different for each individual and therefore is never rigidly defined or forced on participants.

Both Áras Folláin and Gateway satisfy these definitions of recovery-oriented peer-run projects. For example, people attending can avail of a number of diverse activities which strive to assist them in their recovery. In both projects, numerable programmes aimed at promoting positive wellbeing are available, including tai chi, yoga, relaxation and meditation classes, aromatherapy, reflexology, reiki, indian head

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[19] DriveTime is a radio programme on RTE radio one http://www.rte.ie/radio1/drivetime/

massage and mindfulness. In addition to these wellbeing supports, the promotion of wellbeing is also supported in Gateway and Áras Folláin through their extensive creative arts program, which includes creative writing workshops, structured art classes, exhibitions and informal art activities (including decorating the projects' premises), music and drama initiatives among others.

Gateway and Áras Folláin both facilitate focused mental health wellbeing and recovery education. For example, both projects facilitate Wellness Recovery Action Plan (WRAP) level 1 training. Available in Áras Folláin since 2010, WRAP level 1 training is available 2-3 times a year with WRAP level 2 training available once a year. Both levels of WRAP training are either peer-led or co-facilitated by a service provider and a service user. In Gateway, peer-led WRAP level 1 training has also been available since 2010. Gateway consolidates this WRAP level 1 training with their monthly facilitation of a peer-led WRAP Café which has over 20 members enrolled in 2016. The WRAP Café allows participants to learn about WRAP in a less formal way without having to sign up for an entire programme. It also acts as an opportunity for WRAP groups to continue working together on recovery and wellbeing whilst simultaneously nurturing peer education and the facilitation of skills development within the group. Gateway have also recently trained four peer trainers in WRAP level 2 training and hope to roll it out to their wider member base soon.

In addition to WRAP related activities, Áras Folláin facilitates a number of in-house support groups including a family support group, a young girl's group, and a mother's group. Simultaneously, Áras Folláin also hosts other external support groups, including peer support groups operated by Shine and GROW. In contrast, Gateway does not regularly host external support groups but does collaborate periodically to facilitate externally-operated workshops, such as Shine's 'Taking Control' workshop, as and when requested by the members.

In addition to the described therapeutic supports, both projects also regularly facilitate a number of personal development and educational programmes. Such training programmes include Assertiveness & Confidence Building FETAC Level 4, self-advocacy training, peer support training, computer training, volunteer training, SafeTALK and ASIST training, and restorative practice.

It is important to also acknowledge that both projects actively encourage people to engage with additional supports and training opportunities that are available externally to the projects. Both Gateway and Áras Folláin have a dedicated physical space wherein information on such activities and services is readily available and regularly updated. People participating in the projects are also

actively encouraged to share information informally about activities or events that they have heard about or are participating in with other peers in the project, and to add information to their community noticeboards and, in the case of Gateway, also to their monthly newsletter.

Peer-led ethos

An integral component of peer-led projects is a commitment to and facilitation of active peer/member participation in the projects. To be considered peer-led, members should be provided with ongoing and integrated opportunities to be involved in all aspects of the life and functioning of the projects. Gateway and Áras Folláin devote considerable time and effort in ensuring that members are encouraged and actively supported to reach their optimal level of participation in the project. From the outset, Gateway employed community development approaches, thereby creating an environment of empowerment and equity, wherein member-consultation and member involvement were integral to all communication and decision making. In addition to ongoing informal consultation, member meetings were established from the projects inception and continue to operate to this day. These meetings are vital in ensuring that the voices of members are not just heard but are central to informing both the day to day running and strategic direction of the project;

> *I think the fact that there had been member meetings running from its early days because it is a Community Development (CD) project so all the CD workers involved in Gateway over the years, although […] was the first peer that the project ever had, employed those approaches with members […] it was coming always from the community development practice which is all about empowerment, and equality, and building peoples confidences and skills up so they can manage it so the member meetings were pretty important there too.* (Internal Stakeholder Focus Group)

In Gateway's members meetings, members discuss, decide and plan the project's activities in line with their needs and interests. Members' meetings are run in a similar format to Gateway's management committee but are more fluid in structure to facilitate maximum participation and to help build skills and confidence for participation, both in Gateway and in other external committees (e.g. consumer panels). Monthly members' meetings are well attended with an average of 30+ members regularly in attendance. In addition to the members' monthly meetings, members are also facilitated to participate and lead in the strategic direction of the project through Gateways' management committee, which reserves a number of places for peer-member representatives, as outlined in the preceding section on governance structures.

Similarly, Áras Folláin have a number of processes to ensure all activities have been instigated, directed and led by the members. Participating members are invited to submit their ideas through the suggestion box or alternatively communicate them to the project co-ordinator. The project co-ordinator works with the person to research, plan and develop the idea as much as possible, before then presenting it to the steering committee for approval. Members are also asked to communicate their preferences with regard to which Education Training Board courses they would like Áras Folláin to avail of, and again the steering committee discusses and approves as many of their preferences as possible. In addition to the described mechanisms of peer involvement, regular open meetings are held to capture and facilitate participating peers' active engagement with and input into the strategic direction and daily operation of Áras Folláin. The peer-led ethos is further facilitated in Áras Folláin through their regular volunteer team forums, and their Annual General Meeting. Members at both forums are encouraged to actively voice their opinions and contribute to the continued development of the project. Further, a set of transparent processes[20] also assist to ensure that the people participating in the project have access to user-friendly information about the project's operation.

However, the facilitation of members' active participation in the projects cannot simply be reduced to member representation or involvement in project committees and/or meetings. The projects' staff and volunteers are deeply invested in the principles of collaboration and co-production with the members on a daily basis. Whether it be one to one or group conversations, activities, or tasks, both projects relentlessly strive to embody and enact the peer-led ethos within every daily process and maximise members' meaningful involvement in the projects' development. For example, to ensure that peers can participate in the work of the member meetings and committees in a way that is not tokenistic, both projects have developed a supportive framework consisting of numerous training programmes and workshops. These training workshops[21] are designed to: 1) increase

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[20] Accounts for previous years circulated and approved at the AGM. Circulation of annual reports from co-ordinator, secretary report, and steering committee chairperson and steering committee minutes.

[21] In Gateway, peers can avail of a number of different workshops and other capacity building and support initiatives to aid them in their role on the management committee including: 1) 'Making Meetings Matter' training which focuses on good practice in planning and conducting meetings for improved productivity; how to run effective meetings; user-friendly minutes and action plans; 2) management committee training workshops through external community providers such as the Carmichael project and The Wheel; 3) structured opportunities for shadowing of key committee members and roles; 4) skills based development workshops as needs and interests arise which are delivered in-house; 5) active participation in monthly member meetings and member-led activities. All of these initiatives focus on increasing participants' understanding of meetings and governance structures, the role of management committees, and developing the tools to enhance their contribution and effectiveness as committee members. In Áras Folláin, their training

members understanding of the roles, functions, and operation of management/steering committee meetings and; 2) build members' capacity and skills to function as active and meaningful participants in the management/steering committees. In Gateway, such development work is further complimented by Gateway's regular Development workshops[22], 'Important Conversations Group meetings[23], and annual education and training planning workshops which identify and prioritise the education, training and development interests of members year on year.

Further to members' active involvement in the direction of the projects' development and operation, there are many additional processes dedicated to ensuring that the majority of the activities taking place in the projects are member-led. For example in Áras Folláin, many of the activities and groups operating in the project are member-led including the walk and talk group, social circle, Friday brunch and all of the weekly drop-ins. In Gateway, members lead many of the previously described monthly member meetings and planning groups/workshops, and also lead other activities including members' hour[24], WRAP café, a monthly newsletter, organising open days for the wider community, and an extensive plethora of social events and meet-ups[25] throughout the year.

In Gateway, the opportunities and strategies to maximise member involvement are further consolidated through the employment of members, which include part-time project worker roles funded through the Community Employment Scheme. Originally, these time limited project worker roles (3 years) were carried out by non-peers, however, a natural progression has occurred over the

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is a Group Facilitation Skills workshop and focuses on developing peers' skills in communication, self-care, conflict resolution and time management.

[22] The aim of the development workshops is to support organisational development work with members. The content of the workshops is therefore multifaceted; at times focusing on educational and skills building workshops, and at other times planning and reviewing sessions.

[23] The Important Conversations Group was developed with members to provide a forum for people to speak about issues of importance to them individually and to identify areas for the development of Gateway. Recommendations emerging from these group meetings feed into project development and planning.

[24] Members' hour in Gateway: Once a month on a Monday any member who wishes to share skills or ideas in a structured way can lead a session for an hour on a topic or activity of their choosing which has been approved by members at a prior members' meeting. Past examples include stretching hour, thyroid issues, women's issues, musicals, table quizzes. Workshop planning support is available to all members leading members' hour at their choosing.

[25] Over 50 member-led social events and meet ups have taken place in the community in the period from January 2016 – September 2016.

years with members applying and being appointed to these roles. In recent years, Gateway's advisory committee formalised the prioritisation of recruiting and employing members to these roles, as well as other employment opportunities, including Gateway's co-ordinator and development worker positions. The employment of members to these roles has ensured that approximately seven of Gateway's members have progressed to peer support roles within the project over the years;

> *A key part was deciding to get members to apply for positions in the project, that was a huge thing in developing Gateway, it wouldn't be what it is today without that […] There wasn't a decision made […] that was actually made by the advisory group, that was the way the cards fell in many ways […] it wasn't until a bit later until [name of development worker at the time] took over and then I suppose doing the work with members as well saw the opportunities there and it still wasn't in anyway formalised and then when I came in we formalised that with the advisory group, that this is something that if we are member-led and that is what we are trying to achieve then part of that is in the staffing of the project, it's about bringing members in as a priority and how to make sure we're meeting employment law and obligations there and at the same time prioritising and positively discriminating in terms of our members and/or peers.* (Internal Stakeholder Focus Group)

Similarly in Áras Folláin, it is agreed that the co-ordinator role is filled by a person with lived experience of mental health difficulties. The development of all of the described processes in both projects have resulted in members actively participating in and leading the projects at strategic and operational levels. In the course of the interviews many of the participants described their active involvement in different aspects of the projects, from creating the monthly newsletter and facilitating member hours[26] to instigating new activities or programs and being elected onto the advisory or management committees;

> *I needed support but the support wasn't identifiably there in the community and it wasn't even here in Áras Folláin, so the steering committee [in Áras Folláin] at the time supported me to develop the group that did give me the support that I needed.* (Focus Group, Peer-led Project Attendee)

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[26] Member hours are run in Gateway. Once a month on a Monday any member who wishes to share some skills or ideas with other members can take over the back room for an hour. Past examples include stretching hour, thyroid issues, women's issues, musicals, table quiz.

Individuals have started off their own back movie nights and 'walk and talk', they were their own initiatives. (Focus Group, Peer-led Project Attendee)

Well I got involved with Gateway 6 years ago and I was elected to the management committee [...] and ehm other voluntary work with Gateway like just helping out and I really enjoyed it you know [...], I was really delighted to get involved with the management committee and I was on the advisory committee as well [...].(Focus Group, Peer-led project Attendee)

I did a number of the member hours and I did another thing at the WRAP café about courage and I got stuff from the web, online and eh I was fairly pleased doing a couple of things like that. (Focus Group, Peer-led project Attendee)

I volunteered after a few weeks I started helping around with another volunteer here, you know the mindful recovery session, kind of organised the class and what to do. (Focus Group, Peer-led project Attendee)

It is important to acknowledge that the peer-led practices, which are core to the model peer-led support developed by the projects, were also simultaneously facilitating and promoting members' personal recovery. Through active involvement in the projects' organisational operations, the members were practicing and improving their communication, inter-personal and relationship skills, as well as other work-related skills, which in turn strengthen their confidence and feelings of self-worth, value and purpose.

Social support

As outlined at the beginning of this chapter, one of the primary aims in the original inception of both projects was to establish a source of social support for people with self-experience of mental health difficulties. In addition to the numerous activities and initiatives already described in the preceding sections, both projects also run weekly drop-in times. These drop-in hours provide a dedicated space during which people with experience of mental health difficulties can come to meet peers, build supportive relationships and networks, and learn new ways to work on their wellbeing and recovery with and from their peers. Both projects' drop-in times are very well attended. In Gateway, the average attendance per drop-in day (which occurs twice a week) is approximately 31 people. In Áras Folláin, the average attendance per drop-in day (which occurs twice a week) is approximately 38.

Other indicators that Gateway and Áras Folláin have been successful in fostering social support amongst the participating peers are described in chapter five, including participants' reports of making meaningful and supportive friendships in the projects which now extend beyond the confines of the projects and into the community. Mowbary et al. (2005) suggest that there are numerable factors which are crucial to the successful facilitation of social support in peer-run projects including the creation of a friendly, welcoming, inclusive environment wherein peers feel respected and free of prejudice, judgement and/or pressure. As will be discussed in chapter five, the described qualities were identified by participants in this study as being evident in both Áras Folláin and Gateway, and were deemed integral to their satisfaction and continued engagement with the project. Participants' reports of feeling a sense of community, belonging and ownership at the projects are discussed in chapter five.

SUMMARY POINTS

- As neither of the projects are independent, they are strategically supported by governance committees that draw upon the expertise of multiple partners, including people with lived experience of mental health difficulties, family members, and representatives from statutory and non-statutory organisations. They are also fiscally and fiducially supported by external host agencies.

- Both projects are fervently committed to being peer-led. Consequently, they have incrementally developed structural and operational mechanisms to instil the peer-led ethos in a meaningful way; and

- The projects boast extensive portfolios of self-directed recovery-oriented activities; all of which are strongly underpinned by the projects' dedicated practice of peer support and peer modelling.

Chapter Five: Impact and Benefits of Peer-Led Projects

Introduction

This chapter describes participants' satisfaction with the peer-led projects and the beneficial outcomes they experienced as a result of their engagement with the projects. The chapter focuses on study findings from two data collection methods; 1) a participant satisfaction survey and; 2) focus groups. Firstly, participants' satisfaction with the various components of the projects is described. Subsequently, the beneficial outcomes they experienced as a result of their attendance at the projects are outlined.

Satisfaction with peer-led projects

Both quantitative and qualitative data indicated that the vast majority of participants were very satisfied with the peer-led project they attended. Participants identified five aspects of Gateway and Áras Folláin which enhanced their satisfaction and continued engagement with the projects. These included; 1) A 'safe' place; 2) Social and peer support 3) Education and training opportunities; 4) Peer-led; and 5) Recovery-oriented.

A 'safe' space

Participants, in describing the many reasons that they liked and continued to attend the peer-led projects, consistently reported that the projects were a 'safe' place for them. In ascribing Gateway and Áras Folláin as 'safe spaces', participants referred not only to the physical safety they felt when participating at the projects but also to their emotional and psychological safety;

> *A sanctuary, a safe place psychologically, emotionally safe place, spiritually safe place.* (Focus Group, Peer-led Project Attendee)

> *I missed Gateway now for a while recently and just to be able to come back to it, you knew you were coming back to a safe place, a safe environment.* (Focus Group, Peer-led Project Attendee)

There were many factors which appeared to cumulatively provide this feeling of safety; such as the projects': 1) voluntary and informal nature; 2) the freedom and choice of participation, and; 3) the projects' strict adherence to confidentiality.

Many of the focus group participants discussed how much they valued the freedom to decide when, and in what way, they participated in the projects. In the first instance, participants mentioned that their decision to engage with the projects was self-directed. Although their initial engagement with

the projects may have been suggested by their GP, mental health professionals or peers, ultimately the decision to participate was theirs;

> *People are treated like adults, they're respected like equals and treated like equals and then can choose to opt in or out depending on what suits their needs at any given time. It's not something that is being prescribed to them. It is complimentary to people's other health care or wellbeing options.* (Internal Stakeholder Focus Group)

> *Anybody who engages here does so of their own free will. It's absolutely voluntary […] and if you are able or if you wish you can also go and fly [leave], no one will castigate you for it […].* (Internal Stakeholder Focus Group)

Participants recalled that the decision to attend the service was ultimately theirs; that no-one forced them to go and no one checked up on them to ensure they were going. This non-prescriptive and non-paternalistic approach towards attendance shaped their experiences of the projects as empowering and non-pressurised environments. The non-prescriptive approach also extended to their day to day interactions and participation within the projects. The freedom to decide when to opt in or out of activities was very much appreciated by the participants and again appeared to promote self-determination;

> *It's easy to come in here, whereas some places I'd be hmming and hawwing, will I or wont I? Here I don't have to give it a thought, it's just come in and fair enough if I don't like anything that particular day, usually due to my mood I can just leave, sign out and come back another day.* (Focus Group, Peer-led Project Attendee)

The non-prescriptive and voluntary nature of the projects resulted in a sense of comfort and safety amongst participants. They described that they could come and go from the projects without fear that they were under negative surveillance, would 'get in trouble' or that they would ultimately lose their place. Such was the level of comfort and trust in the projects that the very idea of losing their 'place' was deemed to be very strange and funny to some of the focus group participants;

> *Focus Group Participant 1: It's not like 'oh if you don't come, you lose your place'*
> *Focus Group Participant 2: [laughing] …It sounds funny saying that.* (Focus Group, Peer-led Project Attendee)

> *There's definitely a freedom kind of to come and go when you want, you don't have to come twice a week, you don't have to do certain things so there's a freedom in what you choose to do.* (Focus Group, Peer-led Project attendee)

As the preceding quote alludes to, the voluntary nature of participation extended to the type and content of their engagement. Participants noted that they could choose what activities they wanted to be involved in and the extent to which they wanted to participate in those activities;

> *Like even if you are not in the great form to be having chats, you can sit down and sometime there might be, some-one will have printed out the crossword and they would be on the table and you can just fill that in, if you don't feel like talking, Some people bring down knitting and do that, some people do the mindfulness colouring so depending on the day you can have a very varied experience.* (Focus Group, Peer-led Project Attendee)

> *A lot of people are shocked, they kind of think it is going to be akin to a day hospital and then you say just come and go as you please here, make your own tea, make your own coffee. It's just about freedom of choice basically, it's your decision, and come and go as you please.* (Internal Stakeholder Focus Group)

> *You can come and go, there's no restrictions. It's a very relaxed place to come, there's no tension or anything like that.* (Focus Group, Peer-led Project Attendee)

Participants' self-directed engagement with the projects also included the decision to disclose or discuss their mental health difficulties. In both projects, there is no requirement for participants to disclose any information about themselves. This means that, unless the person wants to, there is no pressure to disclose or discuss their diagnosis, treatment, experiences or indeed any personal information that they do not feel comfortable disclosing;

> *There's no discussion about medication, there can be if they wish but it's your choice and they don't have to disclose anything, it is very confidential and people just appreciate that.* (Focus Group, Peer-led Project Attendee)

> *We don't need to know anything about anybody. The less we know the better because we're not going to be making judgements, we're not going to be making assumptions, we're not going to be going in ok we have the case history here and I know everything about Paddy, I don't need to know anything about Paddy other than what 'Paddy' tells me.* (Interview with Internal Stakeholder)

The projects foster a non-pressurised, informal and empowering environment by enabling participants to self-direct if and when they discuss their mental health difficulties and life experiences. Participants are facilitated to be present in the projects without fear or worry that they have to speak about their feelings or recount past experiences;

> *There might be somebody who comes in here and doesn't say a word […] they might just flick through the channels on the TV, find something to watch and sit and watch […] there doesn't*

*need to be that conversation, there doesn't need to be that 'how are you today? Are you
alright? […].* (Interview with Internal Stakeholder)

*Even if they don't talk about their feelings just to be there with other people, get together with
other people and to come out of themselves and sometimes they do talk about their
feelings…the whole idea of the house to me is a place for people to get to feel good about
themselves, to be around people and if they want to talk they can, if they don't they don't but
they are there in company and that always helps.* (Focus Group, Peer-led Project Attendee)

*By coming to Gateway, I'm gaining self-awareness and it's ok not to come back, there's no
pressure on you […] the first day I came into the WRAP group was like, it's ok to say I don't
want to speak whereas before I'd be nearly running out the door when I'd see them even to
ask my name […] and it was great to see people saying I'm not in the humour to say anything
today and I was like 'Jesus you can say that?' [laughing], great, I'll stay here.* (Focus Group,
Peer-led Project Attendee)

As the preceding quotes illustrate, participants valued this non-pressurised and non-judgemental
approach to discussing their mental health. From their perspective, it felt empowering to be able to
decide if and when they discussed their mental health difficulties. It also resulted in participants
feeling less scrutinised than perhaps they did when they attended other more formal and
professional dominated mental health services.

Social and peer support

Consistently, participants reported that one of the primary reasons they participated in the projects
was in order to access a sociable and friendly environment wherein they could meet and talk to like-
minded people. For many of the participants, Gateway's and Áras Folláin's drop-in days, and
organised trips and activities were the only meaningful opportunities available to them to socialise
and interact with people outside of their homes. The peer-led projects therefore played a significant
role in reducing their sense of isolation;

*[…] being able to socialize with friends at the social circle. As it's sometimes the only day of
the week I go out to meet people […].* (Focus Group, Peer-led Project Attendee)

I'd be very isolated, ah God yea. (Focus Group, Peer-led Project Attendee)

*Loneliness causes people an awful lot of problems […] what something like Gateway does is
try to end loneliness and isolation.* (Focus Group, Peer-led Project Attendee)

Gateway and Áras Folláin appeared to offer people a 'safe' place to socialise as many of the
challenges that people encountered in other social settings were absent. For example, some
participants disclosed that interacting with general society was often difficult for them and so

Gateway and Áras Folláin offered them a space wherein they could develop their social skills amongst peers in a friendly and comfortable environment;

> *For me, I was isolating myself, it was hard I had to gently push myself into a group situation and this was a friendly and safe environment for me. I've sort of gained awareness of my own mental health issues and I listened to people here, it was powerful stuff so I came back. It was the caring environment, as everyone else was saying you could just be yourself even I didn't know who I was at the time but I could just come in and be myself and I actually would stop judging myself while I was in here and that was the start of sort of going in the right direction, it has been great for me.* (Focus Group, Peer-led Project Attendee)

> *I think it is a genuine opportunity to find people who can understand you and who will accept you regardless of how you are and that's actually quite a hard thing to break into when you're trying to re-establish yourself after a period of illness, because your confidence can be really knocked and it's hard to approach new people whereas here we actively encourage members to talk to each other build up those networks amongst themselves.* (Internal Stakeholders Focus Group)

Participants were of the view that being around people with whom they had shared experiences relieved their sense of anxiety about having to explain themselves or their behaviour, and also reduced their worry about what others might think of them;

> *It is a safe place as well, I think other members knowing that other members have gone through similar experiences that kind of creates a safe little network, whether they talk about them or they don't that safety is there, you know safety in numbers and all that as well. You kind of feel like they get me or whatever […] so and so gets me, I don't have to say anything I don't have to explain me having a bad day or a bad week or if I want to I can.* (Internal Stakeholders Focus Group)

> *The people are lovely. I find everybody very friendly, very welcoming. You know the minute you come through the door everyone is going to say 'hello [name], hello [name], you know it's echoed all around the tables.* (Focus Group, Peer-led Project Attendee)

This often unspoken understanding amongst participants appeared to also fuel a sense of comradery and belonging. Some of the participants described how they felt a community spirit in the projects. As a result, they felt a sense of belonging and connection which assisted to elevate their mood and overall sense of wellbeing;

> *It's like a chain and each of us are a link and we are linked together.* (Focus Group, Peer-led Project Attendee)

> *A sense of belonging here, that's a very important one from my point of view. I like that. I think there's a certain level of understanding that is even unspoken, and the subject you deal*

with and the people when you interact with them, you know, were all on the same level, all coming from the same hymn sheet I think. It's nice to hook up with people like that, where you're not just in meeting them in hospital. (Focus Group, Peer-led Project Attendee)

It improves your enjoyment in life you feel part of a community, there's community spirit in Gateway. (Focus Group, Peer-led Project Attendee)

Although the described social connection, friendships, and support were initially fostered within the confines of the peer-led projects, many of the participants reported that such friendships flourished beyond the doors of Gateway and Áras Folláin. Participants reported that they often met up with other peers from the projects at various community events, for a coffee, or in their homes;

The participants from that group, there's about 5 or 6 people in it, it ran for about a year and a half and fizzled out […] then what I noticed is they had a Breakfast club so they were meeting in each other's house having breakfast so that social connection that was always projected around Áras Folláin moved back out into the community. (Interview with Internal Stakeholder)

I suppose for me […] when I'm in general, I suppose you'd say outside in public society I don't find it easy to interact with the world […] what has kept me coming along for many years is Gateway itself but I've made a lot of friends out of Gateway that I meet outside here and that is as important to me as what happens here. (Focus Group, Peer-led Project Attendee)

The friendships and community spirit developed in the peer-led projects also appeared to fuel a naturally occurring and reciprocal peer support network amongst those participating. Participants described how they received considerable support and encouragement from their peers whilst simultaneously becoming more confident in their own ability to offer support back;

If I was feeling down or anything like that, you'd see light at the end of the tunnel with the support from the likes of [staff member] especially now and other peer supporters like you know. (Focus Group, Peer-led Project Attendee)

There is the sense of being an open door like so […] can chat to staff but also to remember that the other members can be, we're all here to support each other and be a listening ear if we can be at a particular time. (Focus Group, Peer-led Project Attendee)

It's really fantastic to see new members come and encourage them along, just give whatever support you can to them and sometimes leave them alone if they want, sit down have a cup of tea with them it's great. (Focus Group, Peer-led Project Attendee)

Someone you are talking to has experienced much the same as yourself so you're able to give because you know, you're able to listen or give because you know kind of what they are going through. (Focus Group, Peer-led Project Attendee)

Quantitative findings, from participants' surveys, also supported the influential role that the projects' facilitation of social and peer support had on participants' levels of satisfaction. Participants were asked to rate different aspects of the project in terms of its helpfulness on a scale of 0 (Not at all helpful) to 7 (Extremely helpful). As illustrated in Figure 6, participants attributed the highest helpfulness ratings to aspects of the project which provided social and peer support. For example, 'opportunities for involvement in social activities' (M=5.67, SD[27]=1.55), 'opportunities to receive support from peer workers' (M=5.71, SD=1.78) and 'attendees', (M=5.39, SD=1.9) and 'to give support to others' (M=5.47, SD=1.75) were all rated well above the midpoint of the scale by participants. Further, high helpfulness ratings were also provided to 'witnessing how other people coped with their mental health difficulties' (M=5.47, SD=1.65), 'hearing their stories' (M=5.36, SD=1.77), and 'sharing their own stories' (M=5.03, SD=2.19). Thus, the projects clearly provided an environment for reciprocal support.

Figure 6: Mean helpfulness ratings of the social and peer aspects of the services
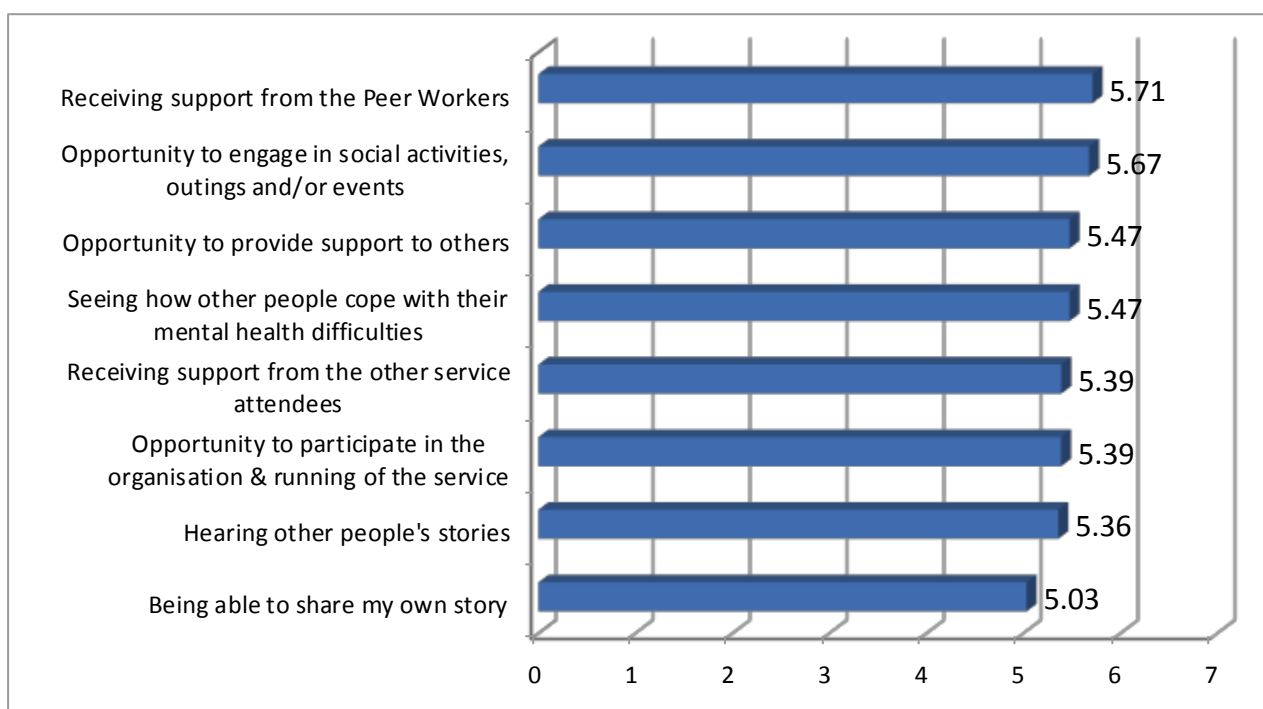
Education and training opportunities

In comparison to the social and peer support aspects of the peer-led projects, helpfulness ratings for many of the project's training and education opportunities were not as high. However, they were all above the midpoint of the 0-7 scale (M >3.5) (Figure 7). In particular, the holistic supports available at the projects were deemed most helpful (M=4.99, SD=2.35), followed by creative activities (M=4.59, SD=2.45), WRAP training (4.48, SD=2.59), personal development training

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[27] SD= Standard Deviation.

(M=4.29, SD=2.41), and volunteer/peer support training (M=3.62, SD=2.53). These helpfulness ratings indicate that there may be further potential to develop and improve the training and education aspect of the projects.

Figure 7: Mean helpfulness ratings of the education and training aspects of the projects
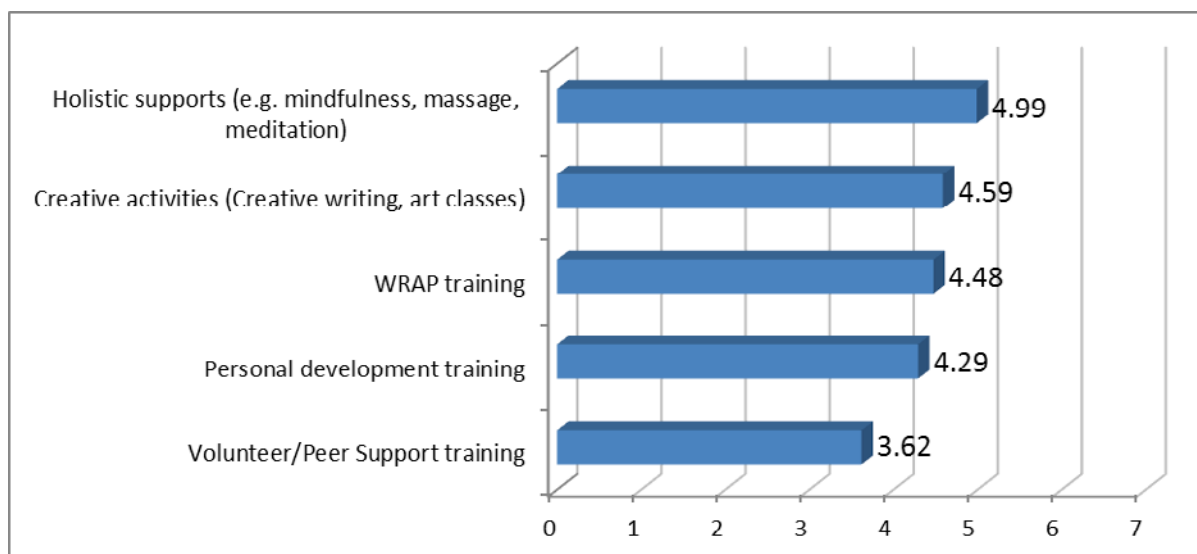
The potential for improvement in the education and training aspects of the projects was re-confirmed in the qualitative data. Participants reported, both in the focus groups and in the free-text options of the survey, that they would like education and training opportunities to be a more prominent feature in the projects;

> *More training happening. Some people can't attend colleges. Level 1-3 courses help people build confidence outside the project* […]. (Survey)

> *I'd like to see members training others in WRAP and peer support and acting as advisors to the services!* (Survey)

> *Extra classes, i.e. dancing. More WRAP once a week.* (Survey)

> *More education and courses to improve confidence and my learning.* (Survey)

> *[…] to have more training like WRAP more often and meditation.* (Survey)

> *I suppose it'd be good to have more training courses […].* (Focus Group, Peer-Led Project Attendee)

Peer-led

The projects' implementation of the peer-led ethos was identified by all participants to be an influential component informing their satisfaction with the service. As Figure 6 demonstrates, a high helpfulness rating was given to 'Opportunities to participate in the organisational aspects of running the service' (M=5.39, SD=2.0). Similarly, in the qualitative data, participants reported how important it was to them that everyone in the peer-led projects was treated as equals and played an active role

in the projects' implementation and development. From their perspective, this non-hierarchical structure was different to their experiences of other mental health support services that they had attended, which in their view were primarily clinician-led and which left them feeling anxious and frustrated as they were being told what to do;

> *You don't get it [involvement] anywhere else to be honest you really don't and eh eventually you'd get fed up and leave, whereas I mean I've been here a good few years now and I still want to come; whereas I've been other places and perhaps I've said 'oh no I think I won't go in today' or you just don't like the fact that its bosses and, and me and others.* (Focus Group, Peer-led Project Attendee)
>
> **Focus Group Participant 1:** *The difference between Gateway and other day projects is eh it's non-judgemental you know, you can come to Gateway and just be yourself. In other day projects they tell you what to do but in Gateway you're not told what to do*
>
> **Focus Group Participant 2:** *Because members run Gateway.* (Focus Group, Peer-led Project Attendees)

Participants contrasted the peer projects with traditional mental health services where they felt they had to conform to rules and regulations that weren't always clear and where they were under constant surveillance;

> *You don't feel like you have somebody scrutinising you.* (Focus Group, Peer-led Project Attendee)
>
> *It's [day hospital] very clinical in a sense you know you're being observed by nurses, always wondering can you do this, can you do that, what's the rules here, ye know there's a plethora of rules, you're always afraid of stepping over the line, it's not as friendly as Gateway […].* (Focus Group, Peer-led Project Attendee)
>
> *You're on the kind of same level here whereas with other things, like if you go and see your doctor everyone is looking down at you, whereas here everyone is on the same level and all kind of helping each other up, it's different.* (Focus Group, Peer-led Project Attendee)

Whilst the peer-led ethos appeared to enhance their satisfaction and their willingness to continue their involvement, it was also perceived to induce a number of beneficial outcomes. Some of the participants believed that the activities they were involved in would be advantageous to them in the future. In particular, their incremental involvement in governance activities increased their skill base and thus had the potential to assist them in securing opportunities outside of the projects, including employment. For others, their active involvement in activities was particularly beneficial to their confidence, self-esteem and mental wellbeing;

> *I do the newsletter now. It keeps me focused like you know. […] I love doing that.* (Focus Group, Peer-led Project Attendee)

I would never have thought I'd be able to do anything like that [assist with the creation of monthly newsletter] so I actually found it really, really enjoyable. (Focus Group, Peer-led Project Attendee)

Recovery-oriented

For many of the focus group participants, it was the projects' focus on recovery which they most valued. Rather than disproportionately focusing on people's mental health difficulties and diagnoses, emphasis was placed instead on highlighting and encouraging people's strengths and abilities. In so doing, both projects, promoting positivity and hope;

It's becoming a community of peers and it's really strengths based, and what I mean by that is it's really working to people's talents all the time, and reminding them of their strengths and talents […]For some of our members the only place they get validation and encouragement is here. (Internal Stakeholder Focus Group)

Like here is much different to a day hospital, it's all about you're getting well whereas in the day hospital it's all about your illness. So there's a really big difference in that. (Focus Group, Peer-led Project Attendee)

[…] it is not focused on the negative, it's more focused on the positive aspects of your life and what your capabilities could be. (Focus Group, Peer-led Project Attendee)

Many of the participants noted that in other traditional mental health support services they engaged with, the focus was often primarily on their diagnosis and mental health difficulties. Whilst they found this approach helpful at times, at other times they felt it was impersonal and could have a depressing affect;

I think they're very impersonal. […] I've tried and tried over the years wanting something different but never get anything from either of them […] too much of sharing problems can bring you down further, it can be too much depending on how someone's wellness is […] it could be good for other people, but I just thought from experience that it was very impersonal. (Internal Stakeholders Focus Group)

The day hospitals focus on illness and there's not very much hope in that when you're just focusing on the illness whereas the likes of Gateway and other places the focus is on wellness and your recovery. (Focus Group, Peer-led Project Attendee)

Day hospital, doom and gloom, seeing so many white coats [doctors and other staff] going around. (Focus Group, Peer-led Project Attendee)

In contrast, the recovery focus of the peer-led projects was perceived by participants to be very beneficial to them. Participants liked that the content of conversations in Gateway and Áras Folláin

weren't solely on the topic of their mental health difficulties but instead were often just normal, everyday topics;

> *[…] I've heard some people say they come in and expect to be talking about mental health but most of the time it's not about mental health, it's just normal conversations, it's just people chatting with each other […] its sounds like nothing but it's really important.* (Internal Stakeholder Focus Group)

Beneficial outcomes of peer-led support

Participants reported that their continued engagement with the peer-led projects had positively impacted on their; 1) Knowledge and skills; 2) Personal recovery; and 3) Clinical recovery.

Impact of projects on knowledge

In the survey, participants were asked to rate how helpful attending the projects was in terms of improving knowledge in a number of areas on a scale of 0 (Not at all helpful) to 7 (Extremely helpful). As the ratings indicate, the projects were deemed to have most impact on knowledge related to the person's mental health (M=5.75, SD=1.72), mental health services (M=5.22, SD=2.11) and rights and entitlements (M=5.05, SD=2.13). Knowledge of supports and services in housing and employment were rated below 4 on the scale (Figure 8). However, these are not areas which the projects currently aim to provide information on.

Figure 8: Mean helpfulness ratings of projects in terms of improving knowledge
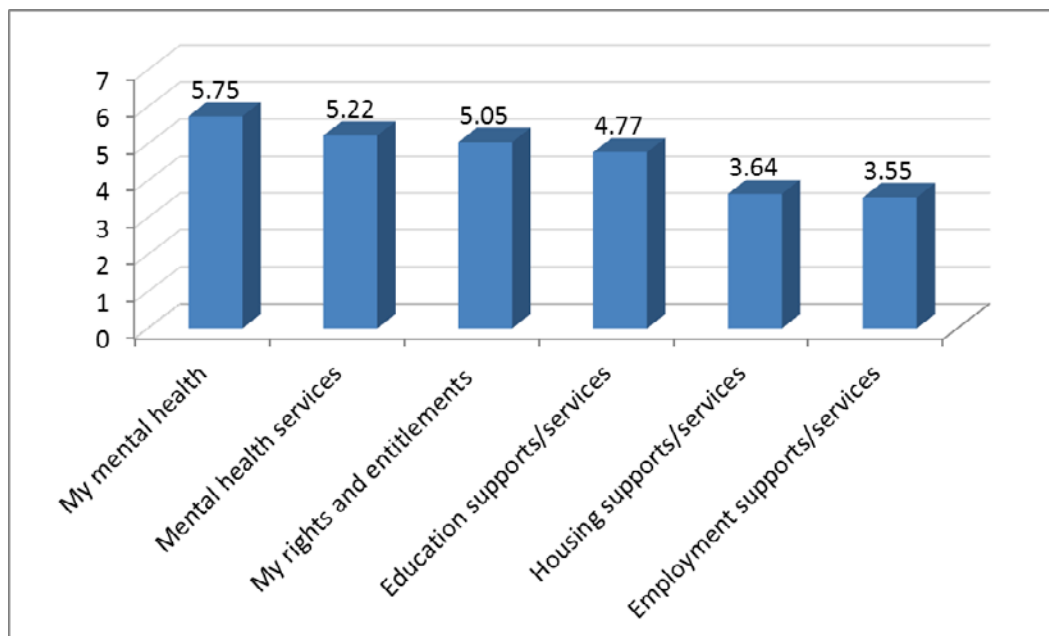
Impact of projects on skills

Participants were also asked to rate the impact of attending the projects in terms of increasing skills in a number of areas on a scale of 0 (No impact) to 7 (Positive impact). The projects were rated

highest in improving skills in relation to making friends (M=5.57, SD=1.87). This may be related to the projects perceived helpfulness in providing opportunities for reciprocal support and social engagement, which were previously illustrated in Figure 6. The projects also impacted positively in terms of empowering participants to deal with their mental distress (M=5.48, SD=1.90) and giving them daily coping skills (M=5.24, SD=1.78). Help-seeking skills were also impacted on positively in terms of being able to ask for what is needed (M=5.06, SD=2.15), knowing how to seek support (M=5.39, SD=2.07) and accessing mental health resources (M=4.96, SD=2.28).

Those items which received lower ratings on the scale may point to areas in which improvements can be made. In tandem with the finding that the service had a lower impact on participants' knowledge of education and employment supports, participants also rated the helpfulness of the projects in accessing further education and training (M=4.18, SD=2.5), and finding work opportunities (M=3.15, SD=2.41) comparably lower than other aspects of the projects. However, as previously highlighted, these are not areas which the projects currently aim to provide support on. Communication skills in terms of talking to professionals (M=4.8, SD=2.23) and family (M=4.38, SD=2.48), although scoring above the midpoint of the scale, may also be an area in which skills could be honed further (Figure 9).

Figure 9: Mean helpfulness ratings of projects in terms of increasing skills
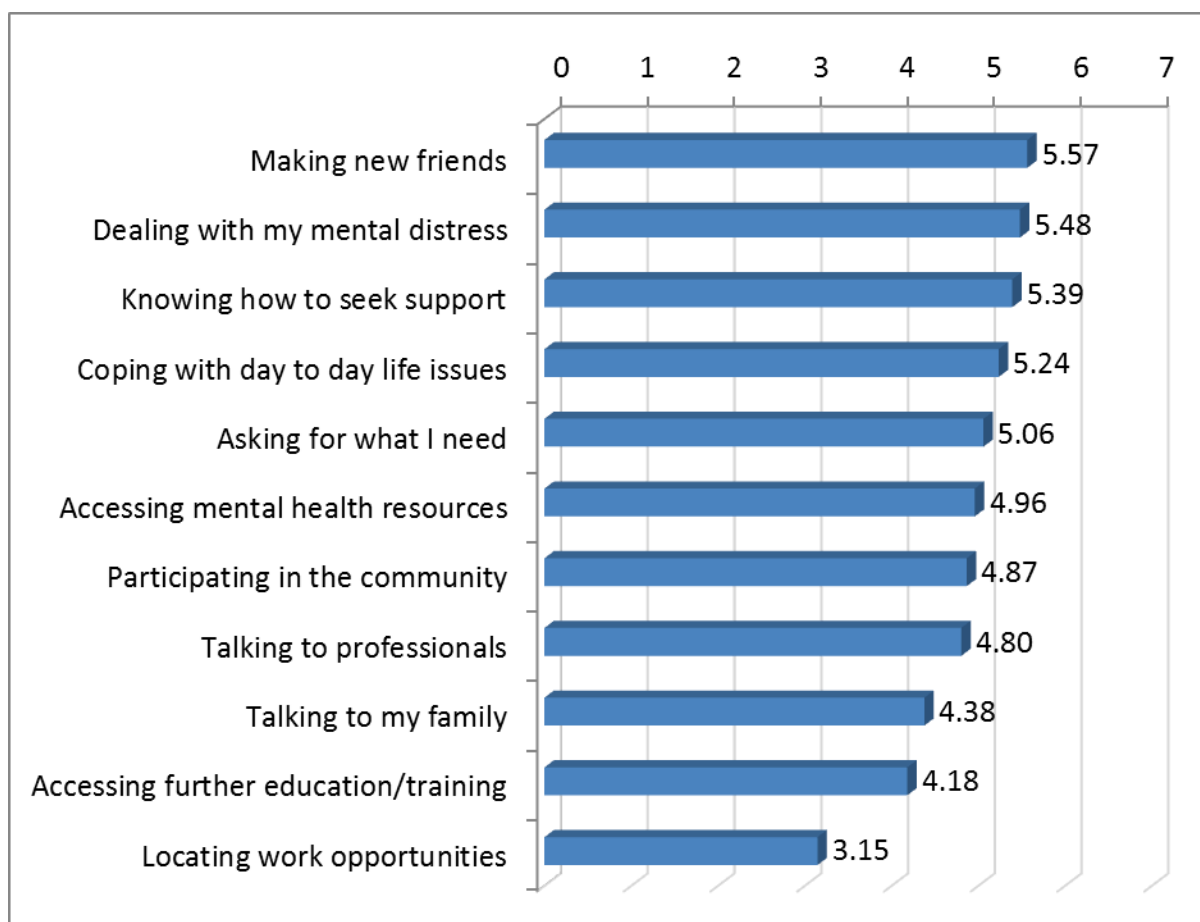
Personal recovery[28]

In the survey, participants were asked to rate the impact of attending the projects on aspects of their personal recovery on a scale of 0 (No impact) to 7 (Positive impact). On all items, participants scored a mean rating of above 5. This indicates that the projects had a positive impact on personal recovery, with a sense of belonging, purpose, worth, self-confidence and empowerment all enhanced as a result of participation and hope for the future cultivated (Figure 10).

Figure 10: Impact on personal recovery (mean rating)
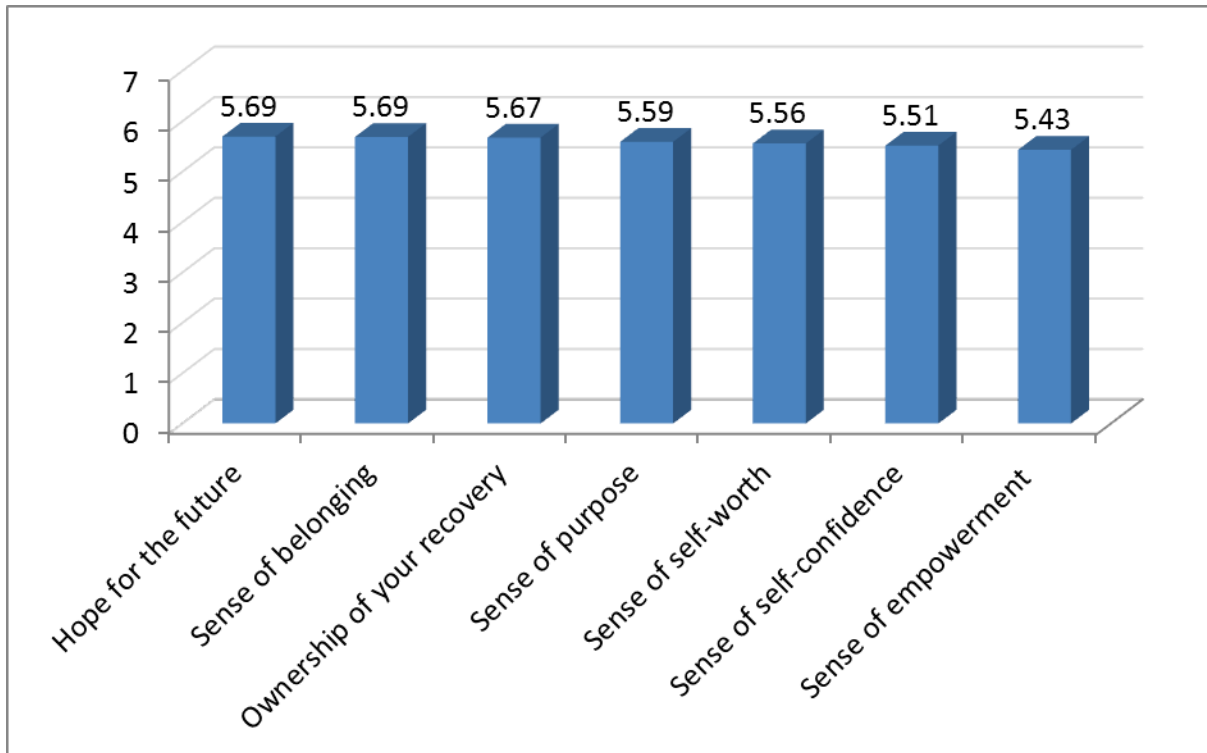
Qualitative study findings, garnered from focus groups with participants in each of the projects, provided further insight into the impact that the projects had on personal recovery journeys. In the focus groups, participants noted that since they began participating, they had noticed an overall improvement in how they felt. For some participants, the impact of attending was instantaneous, with their mood lifting during and after attendance. Participants noted that this mood elevation would allow them to carry out activities throughout the rest of the day or week with greater ease;

> *This place stops you from being depressed for the couple of days you are here […] it's a lease of life.* (Focus Group, Peer-led Project Attendee)

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[28] Personal Recovery may be conceptualised as "a journey of discovery where the person develops personal resourcefulness, control, a positive sense of self, and rediscovers their voice and a belief in their ability to live a meaningful life, despite the presence of challenges" (Higgins and McGowan, 2014, p. 64)

I find after being here that you have a different kind of, you have a boost and you're able to work more easily and ye know although at the same time I have gone home not feeling the best but as often as not you'd be really feeling the benefit of being here an hour or two and you'd find it easier to do your chores, even reading a bit of a book you'd enjoy those things much more after being with people. (Focus Group, Peer-led Project Attendee)

Your mood is better after having been here for an hour, having said one or two things expressing yourself a bit and maybe listening to another person, it helps for the rest of the day. (Focus Group, Peer-led Project Attendee)

I would see an overall improvement, it gives me more to do because I have structure on a Monday and a Thursday, I find I'm doing more on the other days. (Focus Group, Peer-led Project Attendee)

For others, their participation in Gateway or Áras Folláin has, over time, led to a sustained improvement in their mental health;

Like everyone else was saying I'd say I came in dragging my chin behind me but ah I'm a different person now. (Focus Group, Peer-led Project Attendee)

They [family] see the old [name] has come back, I didn't think I'd get back here but I did. From being here is was what has helped me. (Focus Group, Peer-led Project Attendee)

Participants were also of the view that through their participation, they gained increased awareness of mental health difficulties and their self-stigmatising responses. They noted that they had previously judged themselves negatively for experiencing mental health problems, perceiving themselves to be bad or different from other people. Through listening to other peers in Gateway and Áras Folláin, alongside learning from the various education programs, they were able to counter and diminish their self-stigmatising beliefs;

But I always associated mental ill health with someone that was mad and being a bad person and then when I came here I realised that's not what it's all about […] Gateway for me made me realise that […] it's like a learning curve when you come here and then you hear, different people might share something with you and you realise God I'm not on my own, there's more people in this world same as me. (Focus Group, Peer-led Project Attendee)

It's through Gateway I sort of began to understand my own mental health issues and become aware of them and not feel there's something wrong with me. (Focus Group, Peer-led Project Attendee)

Many of the participants noted how, in particular, their feelings of confidence had undergone a noticeable change. They recounted that they had achieved tasks and undertook activities which they never would have thought possible prior to their participation in the projects;

> *For me confidence, I wouldn't have been able to sit in a group here talking a year ago so [...] I can't put my finger on it, it could be just sitting here having a cup of tea and then when you leave you feel you can face the world, whereas before you were struggling to leave the house, once you leave here everything's just all relaxed.* (Focus Group, Peer-led Project Attendee)

> *Gave me confidence up to the point that I actually did public speaking during WRAP café [...] I gave a talk on Obsessive Compulsive Disorder (OCD), I have OCD and sort of know the solutions and I was able to give a talk on it and that was literally public speaking [...] I had the confidence to do that which is something I have built up over time, public speaking, confidence.* (Focus Group, Peer-led Project Attendee)

> *It can give you more confidence to do other things, like being involved with Mental Health Reform or meet friends at the weekends, or express your emotions, talk about how you feel, talk about your past, all of that is very important. It gives you the confidence to go to other clubs which are similar, like the well-being cafe [29] you know.* (Focus Group, Peer-led Project Attendee)

> *I did the peer support training and I found it very good, just like honing in on skills I had forgotten I had [...] It was good experience and actually I forgot I was actually good at listening.* (Focus Group, Peer-led Project Attendee)

Participants' growing confidence not only encouraged them to conduct activities within the projects, but also helped them to engage in activities outside in the wider community. Some of the participants reported that they had since secured a job or returned to education;

> *I got a job like so you know [...] after I went here I was more confident to or had the ability to really go out and hand out CVs [Curriculum Vitaes] you know if I didn't come here I probably wouldn't have been able to think about doing it, I'd just be caught up in my cage at home.* (Focus Group, Peer-led Project Attendee)

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[29] The Well-being Café is a peer-led social group run in partnership with Threshold Training Network in Tallaght. For more information go to http://www.thresholdtraining.ie/services.html

The dignity stories[30] do you remember them […] I got up to tell my story in front of a whole lot of people, I was nervous but I managed like it's all down to this place. (Focus Group, Peer-led Project Attendee)

I'm going back to my job in September. I'm ready to go back. (Focus Group, Peer-led Project Attendee)

I got the confidence to go and applied for my Masters [degree] and got accepted on that, and that's thanks to coming here and being challenged into action really so that was good. (Focus Group, Peer-led Project Attendee)

I've seen people going back into education who had given up on it, I've seen people going back into employment […] gained the confidence back you know it's fantastic because no one bounces in here whistling saying 'I'm here now lads' [laughing], you're kind of dragging your chin in along the ground when you're coming in. But three months after you might see that person whistling coming in 'well lads', their whole outlook, perspective, persona has completely changed. (Focus Group, Peer-led Project Attendee)

Further indications of the projects' positive impact on participants' personal recovery were revealed in the quantitative data. In the survey, participants were asked if they accessed other services or engaged in other activities as a result of involvement in the projects. Responses indicated that there was greatest uptake of further education and training, new recreational activities, and mental health services as well as greater engagement in voluntary work and community groups. 27 participants accessed other peer support services, while 20 participants took up paid employment as a consequence of involvement. Whilst access and use of housing support and employment services was relatively low (Figure 11), these are not areas which the projects currently aim to provide support on.

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[30] The Dignity Project Storytelling Series involved a 6 developmental workshops wherein participants were supported to express their experiences and write their stories. Participants' stories were brought together into a book, launched on World Mental Health Day 2015.

Figure 11: Services, supports and activities accessed following involvement in projects (n)
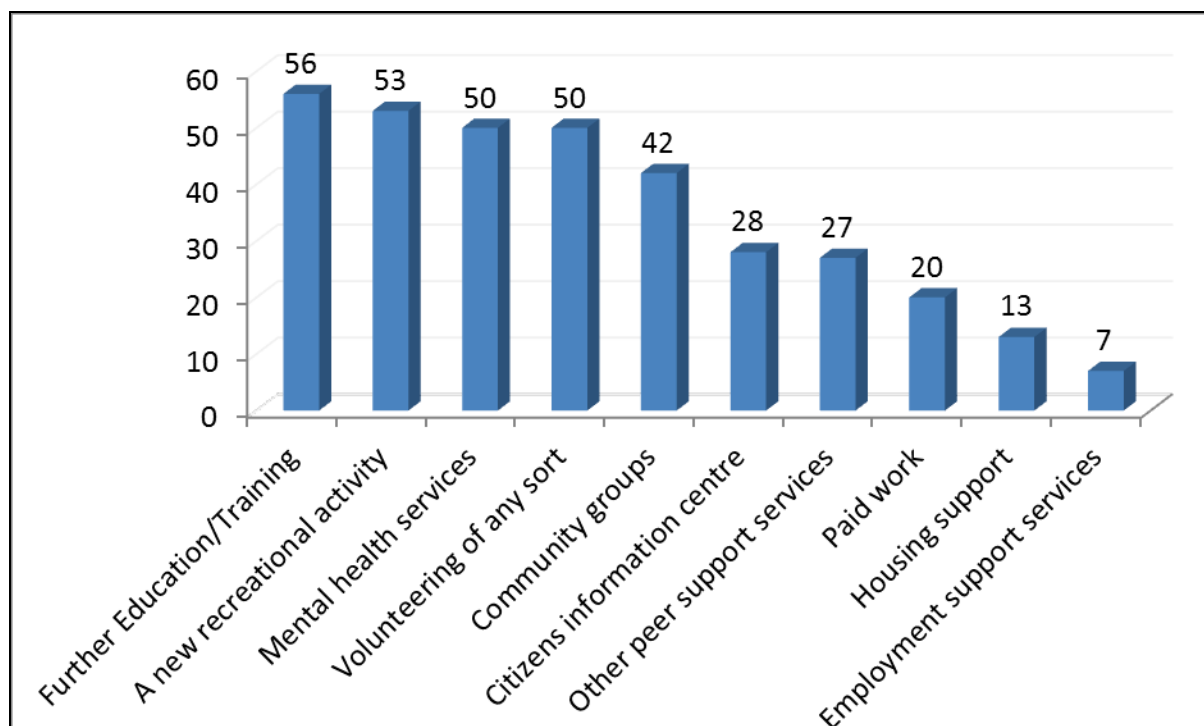
Participants could select multiple answers

Clinical recovery[31]

In further assessing beneficial outcomes of the peer-led projects, participants were asked whether, as a result of participation in the project, they experienced a change in their mental health symptoms and medication, attendance at mental health services, GP and hospital. Response categories included: significant reduction, some reduction, no change, some increase, and significant increase (Figure 12). Over half of participants reported some or a significant reduction in the symptoms of their mental health difficulties (53.8%). Further, just over two-fifths reported some or a significant reduction in hospital admission (43.9%) and attendance at mental health services (43.9%) and just under two-fifths reported some or a significant reduction in GP attendance (39.7%). Approximately, 34.9% reported some or a significant reduction in medication.

No change was reported by over half of participants in relation to medication (58.7%) and GP attendance (55.6%). Just under half of participants reported no change in attendance at mental health services (47.2%) and hospital (47.2%) while 42.9% reported no change in the symptoms of their mental health difficulties.

Reported increases were greatest in relation to hospital admissions (8.9%) and mental health service attendance (8.9%), with the next highest being medication (6.3%), GP attendance (4.8%) and

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[31] Clinical Recovery is defined as the reduction or elimination of 'clinical symptoms'.

symptoms of mental health difficulties (3.4%). As these latter findings emerged from the survey and data from the interviews did not illuminate the relationship between attending the projects and clinical recovery outcomes, it is not possible to proffer any explanation or interpretation.

Figure 12: Change in symptoms, service use and medication (%)
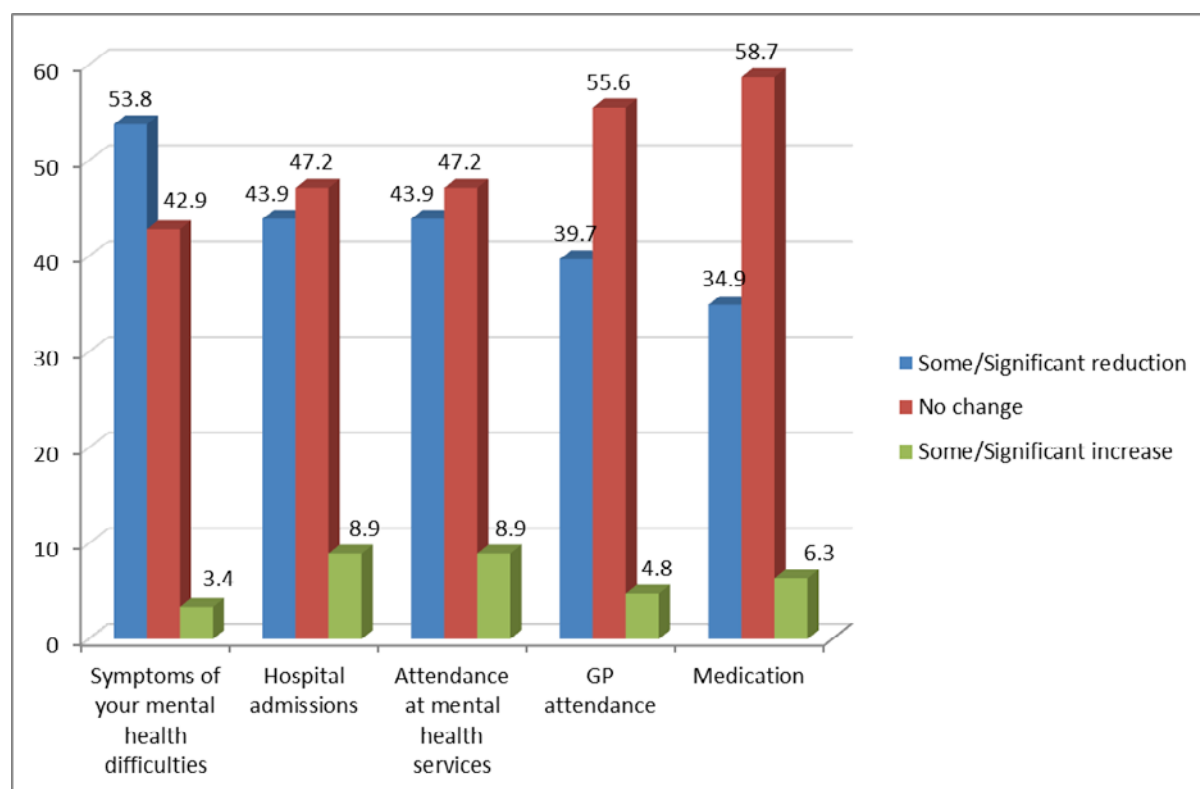
SUMMARY POINTS

Overall, quantitative and qualitative data indicated that the vast majority of participants were very satisfied with the peer-led projects and experienced beneficial outcomes as a result of their continued engagement with the projects.

Satisfaction with peer-led support

- The majority of participants were attending the service for over 2 years (56.8%, n=79) and engaged in the projects' drop-in hours or activities on a weekly basis (78.3%, n=108);

- Participants reported that the peer-led projects' created and facilitated a 'safe', 'non-judgemental' and non-prescriptive' place, wherein choice, respect and freedom were promoted;

- The implementation of a peer-led and recovery-oriented ethos was highly valued by participants and strongly influenced their satisfaction and willingness to engage with the projects.

- The opportunities to avail of social and peer support was a strong factor influencing their levels of satisfaction, with participants giving the highest helpfulness ratings in the survey to items related to the reciprocal social and peer support opportunities available in the projects

Beneficial outcomes of peer-led support

- Participants reported that their continued engagement with the peer-led projects had positively impacted on their; 1) Knowledge and skills; 2) Personal recovery; and 3) Clinical recovery;

- Survey data indicated that attendance at the projects had increased participants' knowledge on topics such as their mental health, mental health services and their rights and entitlements;

- Participants also reported that the projects had assisted them to improve their skills in daily coping, making friends, dealing with their mental distress, being able to ask for what is needed, knowing how to seek support and accessing mental health resources;

- Qualitative and quantitative data indicated that the peer-led projects had positively impacted on participants' personal recovery, including their sense of belonging, hope for the future, sense of ownership of recovery, sense of purpose, self-worth, self-confidence, and self-empowerment;

- Over half of participants reported some or a significant reduction in the symptoms of their mental health difficulties (53.8%). Further, just over two-fifths reported some or a significant reduction in hospital admission (43.9%) and attendance at mental health services (43.9%) and just under two-fifths reported some or a significant reduction in GP attendance (39.7%). Approximately, 34.9% reported some or a significant reduction in medication.

- Between 47% -57% of survey participants reported that since they attended the project they had experienced no change in relation to: 1) the frequency of their attendance at mental health services (47.2%), hospital (47.2%) and GP (55.6%); and 2) the dosages of their medication (58.7%).

Chapter Six: Sustainability of the Peer-Led Projects

Introduction

This chapter, the final chapter on findings, outlines a number of factors which have the potential to impact negatively on the sustainability of Áras Folláin and Gateway into the future. Additionally, the potential areas requiring further development, as identified by participants who attend the projects and internal and external stakeholders are discussed.

Factors challenging sustainability

As outlined in chapter three and four, there were a number of factors which are positively bolstering the sustainability of the projects. Principally, the projects' incremental development from small pilot initiatives, their innovative partnership work, and fervent commitment to the peer-led support ethos has ensured that the projects are continually and strategically nurtured and sustained. However despite these enablers, participants attending the project and the various internal and external stakeholders identified a number of counteracting factors which are impacting negatively on the sustainability of the projects. These challenges included; 1) Fiscal uncertainty; 2) Limited recognition and understanding of peer-led support by others; 3) Governance uncertainty; 4) Operational uncertainty and; 5) Retaining and developing peers' skills within the projects.

Fiscal uncertainty

The primary challenge to the projects' sustainability, identified by both the internal and external stakeholders, was fiscal uncertainty. Both projects identified the immense pressures they felt in working to ensure that they had sufficient financial resources to cover the operational costs of the project and the activities taking place within them. Participants from each of the projects expressed the view that the number of funding sources to which they are eligible to apply for core funding have, over the years since Ireland's recession, significantly dwindled and so their options to redress their fiscal instability were now extremely limited[32];

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[32] The funding sub-group of this research project identified that the projects were already applying for all available funding sources. No alternative funding was available to provide core funding for the projects.

There is no funding stream available to us now from the department, from Pobal[33] that we can really apply for because it has all come down to labour market activation, employment programs and supports […] They would like us to have funding through community development streams but there isn't funding for community development projects so that is a potential challenge for us in the future. (Internal Stakeholder Focus Group)

About 2, 3 years ago we became very aware that we have a limited resource of money because the money we spend is like, nearly three times the amount we get in, it's definitely half […] at the, at our AGM earlier in the year, the treasurer, he was giving his report and he said 'at the moment we're running at a 600 a week loss' […]. (Interview with Internal Stakeholder)

For Áras Folláin in particular, internal and external stakeholders expressed their belief that the project's fiscal uncertainty was an immediate concern. As a result of the project's financial deficits, stakeholders recounted that significant human resources were, by necessity, diverted away from the day to day running and development of the project and into continuously organising fundraising activities;

Funding and the funding streams are actually casting a negative on something that should be a positive, it is […] casting a shadow that is extremely long and making it very difficult, [the] focus is actually on a negative in focusing on this, that maybe we are sort of losing sight […] in actual fact that we could be actually losing sight of the reality, which is the individual who passes through the door, all of the work is going into finding the money. (Internal Stakeholder Focus Group)

The emphasis changed from just coming in to the house for a chat and cup of tea and peer support to fundraising because we don't have enough in the kitty to run the house for the year and when the pressure came on then to raise money it was no longer, peer support kind of went out the window, it was all about money, what's our next idea, when we having the next jumble sale […] you name it we done it, but the focus was gone from what the house was about, peer support […]. (Volunteer Focus Group)

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[33] Pobal acts as an intermediary for programmes funded by the Irish Government and the European Union. For more information, please see www.pobal.ie

Many of the participants connected to Áras Folláin acknowledged that their funding efforts have, in some respects, accrued many benefits to the project. Such benefits included the encouragement of innovative funding activities, increased community recognition of and engagement with the project, and the feeling within the project that they are leading their own destiny and have increased ownership in the project. However, the temporal benefits accrued from fundraising were far outweighed by the significant stressor of fiscal instability;

> *[…] I thinks it's really important to do fundraising, really good to have that support from the local community so having our regular fundraising that are fun […] fundraising is brilliant but not when there's so much pressure.* (Interview with Internal Stakeholder)

In addition to diverting the focus and resources away from the day to day activities and operation of the projects, the projects' financial uncertainty was also deemed to hinder their ability and capacity to strategically plan for the future. Both projects' stakeholders remarked that they found it extremely difficult to consolidate the projects' activities and/or implement long-term strategies when their fiscal status remained so uncertain from one year to the next;

> *Hard to plan ahead when you don't know from one year to the next what the funding is going to be […] it brings a huge level of uncertainty too […] just not knowing from year to year, it kind of puts a dampener on really sort of dreaming big […] it really is a huge limiting factor not knowing what the next years funding is going to be.* (Internal Stakeholder Focus Group)

> *I do in theory think there is an intention for it to happen but there is a sustainability issue in terms of funding for the project so that kind of long strategic planning sometimes can't happen because of funding and it being on a very wobbly foundation from its statutory funding base and other funding base […].* (Internal Stakeholder Focus Group)

> *Unfortunately, the thing is we had a review with Paul Doherty[34] and that [absence of long-term planning] was identified and that particular point as well. It is about strategically planning short term or long term we haven't done the work that we should've done […] what*

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[34] Paul Doherty is an organisational development specialist and transition facilitator in the voluntary, statutory and international development sectors. See http://www.pauldohertyconsulting.ie/

has happened of course is time gets consumed and the money is the problem again as well

[…]. (Internal Stakeholder Focus Group)

Their inability to implement long-term planning impacts significantly on their ability to: 1) secure the continued employment of the current compliment of staff members, and; 2) respond to the need to employ additional staff members in the future. Both projects' stakeholders highlighted that the personnel resources required to run the services were far and above what was currently employed. However their existing funding deficits and/or the uncertainty of future funding availability was impeding their capacity to address this staffing deficit;

[…] as of last year we secured the funding for an additional full time worker which was a huge plus […] with the hope that we can recruit for at least a part time administrator towards the end of this year depending on, once we know what our funding situation but we still don't have clarity, we still don't have written commitment and its living like that all the time. (Internal Stakeholder Focus Group)

The projects' fiscal instability and uncertainty was also impeding the security of both projects' physical space. Both projects recounted that they were concerned that they would not have sufficient funding to meet the rental fees of their respective buildings, which, in the current rental market, had been incrementally increasing over the duration of their leases;

Like the rent, the rent for this premises so in January our lease will be up and I have to renegotiate that lease with the landlord, I don't know if we have the money for next year and that is additional stressor on the project. I'm sure it will be fine, you have to trust in the universe in these kind of things […] but it is a stressor ye know always having to ask, feels like you're begging instead of just, the value really isn't, […] it comes down to the money if you value this then you will not throw money at it willy nilly but make sure that the resources are there to meet the needs and that they are being properly managed. (Internal Stakeholder Focus Group)

Notably, the people who attend the projects were also acutely aware of the projects' fiscal insecurity. They consequently divulged that they worried that they would lose the project because of it;

More security so that we don't need to worry that we might lose this brilliant group that we have! (Survey Free text)

Limited recognition and understanding of peer-led support in the community

Stakeholders also identified that the lack of understanding and/or recognition of the value that peer support projects can offer was also a significant challenge to the projects' sustainability. Some of the stakeholders recounted that community development work in general was under-valued in society, and so the funding streams available for this type of work were being consistently undermined;

Not recognising the value of community development work […] we have such a low profile […] people don't know about it and so the government can get away with cutting and cutting and cutting and not even respecting the work that is being done. (Internal Stakeholder Focus Group)

Others felt that processes involved in peer support and their value was often under-estimated and/or misunderstood by funding bodies and others working in the mental health field. Stakeholders recalled that the ethos implemented within Gateway and Áras Folláin often stood in stark contrast to the systemic cultures of traditional mental health support services. As a result it was often very difficult for potential funders to fully understand or give complete 'buy in' to the value offered by the peer support projects;

It's really hard to get them [funders] to understand what we're about, trying to help understand how we work and it's always a difficulty. (Internal Stakeholder Focus Group)

The culture [in other mental health services] is one of deficit based, risk management, it is about control and selecting the safest, easiest options and in some ways investing in Gateway is a risk so we need to make them understand the risk is not investing in Gateway. (Internal Stakeholder Focus Group)

As eluded to in the preceding quotation, the stakeholders perceived that such under-valuing was perhaps one of the main barriers to them securing sustainable funding. Consequently, they were of the view that in order to help dissipate barriers and facilitate increased funding opportunities, there

was an urgent need to highlight the value, worth, and positive impact of collective peer support models;

> *To be recognised, that if peer support is being named as something that is an action that the HSE wishes to develop, that when they are talking about individualised peer support which is what they are looking at right now, if they could open the dialogue to look at the collective peer support models and to actually name them as something of great value and worth which compliments existing services, but which needs to maintain autonomy in order to function well.* (Internal Stakeholder Focus Group)

> *If you are really serious about having this as a model that can be replicated and you value the work that people do, then you need to match that monetarily and I mean to run a service like this with people with being paid Community Employment money is kind of quite ridiculous […] when you take the value to members coming here or the impact on people's health and the longevity of recovery.* (Internal Stakeholder Focus Group)

Challenges of maintaining the ethos

As described in chapter four, both projects continuously strive to ensure that the peer-led ethos remains strongly rooted in both the day to day operation of the projects, the activities that are carried out within them, and the projects' overarching strategic development. However, maintaining the integrity of the peer-led ethos can be a challenge, particularly when fielding the requests of partnering organisations or when trying to compete for funding and having to satisfy the funders' criteria and reporting frameworks. Consequently, internal stakeholders to the projects reported that they needed to be extremely vigilant in ensuring that the peer-support ethos remained at the core of all of the projects' operations;

> *Is this peer support? […] we get a lot of requests for lots of different things and the first question is 'Is this peer support?' Is it in keeping with the ethos of the house?' 'Is it offering recovery focused?' and all that and then it may get the yeh or neh […].* (Interview with Internal Stakeholder)

> *We have a bottom line now and have had for the last couple of years and there is a level where that the project cannot be compromised. There is one thing that we definitely won't be open to […] and that is in terms of reporting on our members, it is not happening, we*

provide confidentiality, it is a safe space and needs to stay that if our members are to buy in [to the ethos and project] the way they are [...]. (Internal Stakeholder Focus Group)

Further, internal stakeholders to the projects noted that instilling the peer-led ethos did not occur over night but took time for participants to fully experience and subsequently understand the peer-led ethos;

To buy in to the ethos you need to kind of be here for a little while to kind of understand how it works. (Internal Stakeholder Focus Group)

Anybody that gives us an idea needs to be involved in the realisation of that [...] the user is the doer. (Interview with Internal Stakeholder)

It was therefore noted that successful implementation of the peer-led ethos was labour intensive at times and that adequate time, training and continued support needed to be invested to ensure meaningful rather than tokenistic involvement;

It is important to realise a lot of work goes in to making sure that those member-led things can happen, ye know arranging for training, giving background support to members and encouragement [...] and they're prioritised. Most of the time there's so much work happening in Gateway but if a member thing comes up that's got to be more important. [...] There's stuff that we could do as workers, we could do this task in a half an hour or you could get a member involved and encourage and support them to do it, it might take half a day but it's much more valuable so you have to have that dedication to put that time in. (Internal Stakeholder Focus Group)

So all requests have to come in writing to me, [...] then I'll have a conversation around what this actually means, what it means logistically, resources, time, commitment how long are we going to trial it for, all those kinds of things, we tease it out right left and project, what training is necessary for it [...] then we get a full package it's presented to steering committee. Their first question is going to be is this peer support? Is it keeping with the ethos of house, is it offering recovery focused and all that [...]. (Interview with Internal Stakeholder)

Governance uncertainty

Stakeholders at Áras Folláin also discussed the future uncertainty regarding the project's governance structure. As discussed in chapter four, the current governance of the project operates a practice model of partnership between three agencies. Whilst the partnership was perceived by the majority

of stakeholders to be beneficial to the project, stakeholders also acknowledged that such a practice model was complex and added a challenging dimension in terms of its continuing negotiation and management;

> *So there's an agreement with the HSE in terms of its funding, there's an agreement with the NTCS [North Tipperary Community Scheme] in terms of its relationship with its staff and there's an agreement with Mental Health Ireland in relation to some of its other operations and that is complex to be able to manage and resource with two part-time staff and a group of volunteers and there are competing elements to that. You have two voluntary sector organisations and you have the donor [Financial] sitting at the table with a group of volunteers and a focus and a strategy which each of them own but which each of them would like a pie or part of.* (Internal Stakeholder Focus Group)

A fundamental element to this complexity was the challenges involved for all partners in ensuring that the peer and the peer voice remained front and centre in the modus operandi of Áras Folláin. All of the stakeholders voiced their concerns that in working to negotiate and satisfy the vested, and sometimes competing, interests of each of the partners, the peer voice may be at times minimised;

> *[…] I think it's important that the peers who are here in the house, that the peer voice, the individual peers, peer voice gets taken into account in any plan because after all it is Áras Folláin, peer support project.* (Internal Stakeholder Focus Group)

> *I'm very conscious myself that at certain times that I've had to be involved in a way that didn't sit right with me […] that the HSE, wearing the funder hat felt like I have had a very strong voice and struggled with trying to not pre-dominate […] also I'm working in such a risk averse context right now […] I'm trying to not bring that into this context, but I know I have been over, that my voice has been inhibiting at times in terms of maybe pouring cold water over people's ideas and things. I am conscious of that and that maybe part of that thing that we're not controlling our own destiny here and there's other people outside of the house have a lot to say.* (Internal Stakeholder Focus Group)

A particularly challenging consequence of Áras Folláin's partnership governance was the difficulty stakeholders had in reaching a consensus regarding Áras Folláin's future strategic development. Some stakeholders believed that Áras Folláin should be making strategic, incremental steps towards

eventual autonomy. Stakeholders with this perspective envisioned the development of Áras Folláin on a continuum wherein they perceived the current partnership model as a stop-gap along the project's journey to eventual autonomy. In particular, the continued employment of Áras Folláin's staff members by an external agency was perceived by some stakeholders to be an indicator of Áras Folláin's failure to progress and develop along the continuum to autonomy. In their view, there should be a direct line of management between the steering committee and the project's employees;

> *We don't have a proper relationship between the committee and our staff, between the committee and our people and what I mean by that is that they are not properly employed by Áras Folláin, no disrespect to North Tipperary Community Services but that's not the way it should be […] it is wrong that it should be an outside agency is actually employing and this to me creates all sorts of difficulties […] our employees should be proper employees of this organisation here […] the relationship between the employees is actually based on a proper relationship between staff and the committee not outside […].* (Internal Stakeholder Focus Group)

Stakeholders with this perspective were clear that moving Áras Folláin towards autonomy could not happen overnight. Instead a time-line for when Áras Folláin would "stand on its own two feet" should be established. Equally, the same stakeholder clarified that a move towards autonomy would not mean a diminishment or eradication of the strong and valuable partnerships and relationships already built with many external agencies. Rather these valuable partnerships would remain central to the supportive infrastructure surrounding Áras Folláin but nevertheless operate in a different manner;

> *Organically growing Áras Folláin and working in partnership with others you have to have that and that is, has to be part of the aim of the whole thing.* (Internal Stakeholder Focus Group)

However, some stakeholders expressed concerns that moving Áras Folláin towards autonomy would result in a diminution of the partners' roles in Áras Folláin. From their perspective, the partnerships between the various stakeholders had been an essential component of Áras Folláin's successful development and continued operation. In their view, a move away from this partnership could potentially be hazardous for the project's sustainability;

As the HSE [Health Service Executive] partner I would be really concerned about that because we had an experience with another peer support project trying to get off the ground in another part of this region and it didn't succeed because of that very reason, because they tried to go it alone […]. From where I sit as the HSE partner, the strength and the richness is the equal partnership with the NTCS and with the people who are here using the project, and with HSE and the Mental Health Ireland development worker which has been key at different points in the development and initiation of the project. I see it as the 3 legs of the stool; one is the HSE, one is the community/voluntary sector which is MHI and NTCS, and the third would be, is the people using the project. (Internal Stakeholder Focus Group)

Despite the differing viewpoints, all of the stakeholders acknowledged that there were both advantages and disadvantages of the various different governance options available to Áras Folláin. Consequently, they recognised that they needed to work together to explore further and reach a consensus on the future strategic direction of Áras Folláin;

There are some difficulties around not having a single autonomy and yet there are benefits in working in partnership and at the moment I would see the governance structure as being at an interface, somewhere at an interface […] having its own autonomy probably in some ways has responsibilities and its' a huge piece of work having its own autonomy, not having its own autonomy probably is a slight drawback as well, because it depends on the agencies that are around the table to verify and ratify any future strategic decisions that are made for the organisation and the major strategic one for AF for the last couple of years in particular is its sources of sustainable funding, so perhaps there is a bit of work which needs to further explore the future […]. I mean the future governance structure of the organisation whether it's a company by guarantee or whether it remains steering committee in partnership with HSE, MHI and NTCS with each of those agencies having particular support roles […] there are pros and cons of the different structures […]. (Internal Stakeholder Focus Group)

Operational uncertainty

In addition to the strategic uncertainty that Áras Folláin is experiencing regarding its governance structure, it is also at an interface regarding its operational structure. The day to day activities of Áras Folláin have always, and continue to be, primarily operated by volunteers. However, as will be further outlined later on in this chapter, the number of volunteers has declined over the years. This reduction of volunteerism within the project has left a significant void and one which, despite the

continued efforts of the staff members and steering committee, is becoming increasingly difficult to fill. The staff members are consistently invested in replenishing the number of volunteers by actively encouraging peers attending the project to become more involved in the running of the project, as well as continuously running volunteer training activities throughout the year;

> *[…] The commitment from volunteers is huge and their priority is themselves so their self-care is paramount and they do, they do that, they do look after themselves but it just leaves us stuck though. We've had to close two of our drop ins over the summer because the volunteers aren't available […] that's really, it's manageable but it's not maintainable because the amount of hours that goes in to training the volunteers and then training them up as peer supporters and them then moving on, so that's a huge challenge in that continual turnaround of volunteers.* (Interview with Internal Stakeholder)

As the preceding quote highlights, stakeholders are also very conscious that they must tread a delicate balance between promoting volunteerism in the project, whilst also ensuring that people don't feel pressurised to begin volunteering or over-extend their current voluntary contribution. There is a consensus that Áras Folláin is, and should continue to be, a non-pressurised environment for people;

> *[…] the pressure of running a peer support project and the need for all these volunteers and stuff like that I think that can actually cause issues for people because of the guilt associated with not being available.* (External Stakeholder Focus Group)

> *[…] That were almost making paraprofessionals out of certain people and they're better than the others that aren't giving of their time, we have to just be mindful of all of that.* (External Stakeholder Focus Group)

With this in mind, all stakeholders in Áras Folláin are very cognisant that volunteers can only be asked to do so much and that their priority should always be their own mental health needs and their families' needs. This view has led to a consensus amongst stakeholders that the sustainability of Áras Folláin requires a re-configuration of staff-led versus volunteer-led roles and activities in the project. Many of the stakeholders were of the opinion that increased involvement of staff members would provide the project a level of consistency and reliability that, at times, could not be achieved by those working in a voluntary capacity;

When you have staff there's a certain level of 'alright, I'm going to have to get the child looked after by somebody else because I can't afford to take the day off work', whereas as a volunteer our priority is being at home with my child and 'I'll ring in and tell them I can't make it'. (Interview with Internal Stakeholder)

[…] We're voluntarily ran, so ok there's two part–time staff members but the service we provide is provided by volunteers and we really would be working a lot better if we had paid workers in some of those posts. (Interview with Internal Stakeholder)

We need full-time staff I think that's the bottom line […]. (Internal Stakeholder Focus Group)

Retaining and developing peers' skills in the projects

An additional challenge to sustainability identified by both projects is their difficulty in retaining peers' skills within the projects. Both projects noted that they invest considerable time and resources into developing and consolidating the skill-base of peers engaging with the project. However, the projects do not always receive the full benefits of their investment as peers leave the projects to become employed elsewhere. Whilst such an outcome is indicative of the projects success in facilitating people's recovery and their re-integration into the wider community, it also presents challenges to the projects' sustainability. The loss of a developed skill base occurs approximately every three years for Gateway, when the project workers employed through the Community Employment scheme complete their time in Gateway and seek employment elsewhere;

We keep losing these really skilled talented people or relying on their good will to come back and help out from time to time, and its hugely wasteful because even if you just think of it in a management side of things as well, a lot of resources in terms of time get spent supporting the staff to develop, identify areas where they can train, support them to build their confidence, to take opportunities within the project […] some of our project workers have become very advanced in terms of their training in mental health and wellbeing and we lose that then, all that 3 or 4 years of support towards that one person, it doesn't make any sense. (Internal Stakeholder Focus Group)

As a volunteer-run organisation, Áras Folláin experiences the loss of their training investments at a much higher turnover than Gateway as they endeavour to replenish consistently their numbers of

volunteers whom engage in training within the project, but whom subsequently volunteer or gain employment elsewhere;

> *[…] Double the amount of training to what you end up with, everything has to be done on the double.* (Interview with Internal Stakeholder)

> *I done a peer support course here […] there was 9 people on that particular course, 2 of the nine are still involved in the house […] that's a very, very small turn over.* (Volunteer Focus Group)

Both projects acknowledged that their investment in people serves a much higher purpose, in that it significantly contributes to the person's recovery and/or their employment and subsequent integration into the wider community;

> *You're constantly investing in people but that investment isn't just to what they are going to contribute into the house because that investment is part of the investment into their recovery because the training we deliver whether its WRAP [Wellness Recovery Action Plan] or taking control of mindfulness, we do volunteer training, we do peer support training, we do advocacy training, we do group facilitation skills and then we buy in restorative practice […] all of those have such an element of personal development, personal awareness, personal growth in them that people do change because of them, get stronger because of them and feck out the door because of them so where would you be at [laughing].* (Interview with Internal Stakeholder)

The contribution of the projects to such outcomes is important in terms of recovery and community development and is an outcome that needs to be recognised by all stakeholders, including funders. Nevertheless, stakeholders at both projects were of the view that their sustainability relied on their ability and capacity to retain at least a percentage of this skill-base within the projects. Stakeholders in each of the projects were of the view that the limited employment opportunities within the projects was contributing, at least in part, to the continual loss of skilled volunteers (Áras Folláin) and project workers (Gateway);

> *They're [employment schemes] really supposed to be there to train people to provide opportunity to build confidence skills and discover what their talents and strengths are so*

they can move on because up until recently we had very little for people to move too, except volunteering so that's been problematic [...]. (Internal Stakeholder Focus Group)

I have tons of training, tons and tons and tons of training but at the end of the day there is no opportunity to become paid for doing stuff. (Volunteer Focus Group)

It was postulated that the establishment and implementation of an incremental employment infrastructure within the projects might help redress the consistent loss of skilled personnel and in doing so ensure the projects' continued sustainability;

You want someone coming in at a basic level and upskilling and that they're staying to get the benefit of those skills [...] (Internal Stakeholder Focus Group)

Having more people having been in the position of gotten a lot out of here to come back in here as worker [...] we have fantastic volunteers that have brilliant skills but we can't pay them [...] really been able to pay people for what they're contributing to the project. (Interview with Internal Stakeholder)

Apart from the lack of employment opportunities, stakeholders connected to Áras Folláin also identified a number of additional reasons to explain their high turnover of volunteers and subsequent loss of skilled personnel. They noted that there has been a recurring tendency amongst volunteers in Áras Folláin to attempt to fill the projects' resource deficit by contributing an immense amount of their time and skill to the project. Ultimately however, this often led to volunteers becoming emotionally, intellectually, physically and psychologically depleted;

It can be very beneficial to volunteer but can also be harrowing at times. I became a sponge on a Sunday [...] I found it overbearing at times, some of the things you wouldn't be prepared for you know. (Volunteer Focus Group)

I became involved initially through the women's' group on a Thursday and then I started to volunteer here and I was involved in the drop-in, so I was here 5 days a week. I was here fulltime for a year and a half, I did the Friday brunch, I was on the steering committee, I was the chairperson of the steering committee for 2 years, and I acted as secretary of the steering

committee. I basically became un-involved after a friend of mine that I met here in the house committed suicide. (Volunteer Focus Group)

The problem I see with the volunteering is there's not enough people to volunteer so the few that are putting in the time wind up, I done a Sunday supposedly for 2 months and it lasted for 2 years, I had 3 Sundays off in two years and it was too much, and I resented the place […]. It turned from being a pleasure to come here to a kind of resentment in a way, but that was my fault for allowing myself to do it for so long and absorb what I was listening to […]. (Volunteer Focus Group)

The depletion of volunteer's emotional and psychological resources, alongside other interpersonal incompatibilities with staff and/or other volunteers, resulted in some volunteers withdrawing from the project. Whilst these challenges are common occurrences in many volunteer run organisations (Lipp, 2015, Lynch, 2000), stakeholders felt that due to the already small number of volunteers involved, Áras Folláin could not afford to be losing such valuable members of the team;

The problem is that the volunteers that having been lost in the last couple of years some of them were absolutely outstanding [names volunteers] burnt out and felt like they were flogging a dead horse with ideas and suggestions […], clash of personalities, one thing or the other, you have that but going back to what I said at the very beginning you're limited to the amount of volunteers so you can't afford [to lose them]. (Volunteer Focus Group)

Another reason cited as influencing the decline of volunteers in Áras Folláin was the introduction of paid staff members to the project in December 2011. Many of the stakeholders recounted that the employment of paid staff members induced a sense of relief amongst many of the volunteers since, after giving so much of their time to the project, the new staff members could now provide them with a period of respite. Consequently, subsequent to the introduction of paid staff members, some volunteers withdrew or decreased their involvement;

The cohort of people [involved from the start] invested so much of their own time, their own recovery, their lived experience their willingness to do that […] so then in 2008 when I became involved [as a volunteer] […] there was a breath of relief, it was tangible, people were delighted that there somebody else coming in to do stuff […] (Interview with Internal Stakeholder)

Stakeholders recounted that they were very cognisant at the time that the introduction of paid staff members constituted a major shift in the culture of Áras Folláin. Despite this awareness, they acknowledged that their efforts to manage the culture shift did not prevent the subsequent decline in volunteer participation in the project;

> *Three of us were very aware that this transition, how are we going to manage this transition, how are we going to make sure this doesn't happen and even in our awareness […] it [volunteers leaving] still happened.* (Interview with Internal Stakeholder)

> *When we made that switch from all volunteers to having paid staff, that was a major change in terms of the culture of the organisation but what happened then is because there are people getting paid, [there is an] unrealistic expectation on what the paid staff, a lot of the work is left to them*. (Internal Stakeholder Focus Group)

Regardless of the reasons, the decline in volunteers has significant consequences for the projects sustainability. In the first instance, the project's activities and drop in days have experienced a reduction. As the proceeding quotes illustrate, if the appropriate numbers of volunteers are not available, the project does not open and/or the scheduled activities are cancelled;

> *I pass here on a regular basis and tis I'd say 80% closed when I pass, there's no one here at all. It's very disheartening if you have an issue* (Volunteer Focus Group)

> *We had to close two of the drop-ins during the summer because the volunteers aren't available.* (Internal Stakeholder)

An additional risk to Áras Folláins' sustainability, which has also arisen due to the decline in volunteerism in the project, is the limited number of peers willing to be involved in Áras Folláin's inter-partnership work with other agencies and wider community initiatives. Internal stakeholders remarked that this has also occurred since the introduction of paid staff members and the subsequent perception amongst volunteers that they are no longer required to participate in such work because others are getting paid to do so;

I'll always try and bring someone [a peer volunteer] with me [to external events/meetings] […] I'm not Áras Folláin and people associate, [name] is great, [name] does this, and I can't. It's so unhealthy and I'm not talking about me personally but for the image of Áras Folláin, Áras Folláin is a conglomerate of people, it's a huge human machine that has taken so many people to get it where it is, not one individual, so it's really important that wherever Áras Folláin turns up […] but that the others, the cogs in it, it's really important that they're there. Since we got staff involved there's been a huge drop back on that because the expectation is we don't have to do it because the co-ordinator is there. (Interview with Internal Stakeholder)

As a result, both internal and external stakeholders expressed their concern that the skills and experience which develops as a result of being involved in this work are now only available within one staff member. This investment of skill development into one person may have implications for the project's sustainability, should the person leave or be on extended leave, into the future;

I do think there is a sustainability issue, a risk […] what I'm observing is happening is that it is becoming one person, the risk of it becoming all about one person to the detriment of other people. I mean that is something that I'm really concerned about […] the organisations in terms of working in partnership are still drawing on one person. So my question is what can we all do to support people with self-experience to be active in lots of different things because it is becoming staff led […] it's not fair on the person, thank God the person is absolutely brilliant and recognises other people's abilities […] I think we should all come together and look at how do we support the sustainability of it […]. (External Stakeholder Focus Group)

Internal stakeholders in Áras Folláin are very aware of the described sustainability risks and have endeavoured to introduce various measures to redress them. They have recognised the recurring trend in volunteers becoming overwhelmed by their involvement with the project and have consequently changed their approach in recruiting volunteers to the project, and established formalised support training and resources for volunteers;

So it's really important that people take the time to find their space in the project rather than being directed by the needs of the project because that hasn't worked, we tried that and it hasn't worked because people couldn't cope with it. This only happened maybe about three

times and then I really had to pull back in and say, reflect and say 'what's the learning in this?' [...] the willingness of people to come, create something and then maybe the support not being there because it was happening outside of a time we had workers and staff here so there wasn't really a support mechanism, and then also I suppose the expectation that they're coming in to help not realising that's implying that somebody is helpless which fall in to our ethos of the answer being within the people, the strength being in the person so we had to explore that [...] So that's why now if people come in that want to volunteer but haven't already been involved in the house they are encouraged to come and participate in the house, come to Friday for brunch, come to one of the drop ins [...] and most of the time people do that and it's a good fit and they recognise that they have something to invest of themselves in this rather than reaching out to others and being a band-aid so they're investing their experiences into it. (Interview with Internal Stakeholder)

Stakeholders to Áras Folláin also recognise that staff members cannot and should not be the only ones engaged in inter-partnership work and consequently are actively trying to encourage other peers to be involved in the various remits of the project and in leadership roles both in and outside of the project;

For the first couple of years [since staff were introduced] I was the one doing it so I became associated with Áras Folláin and then I was looking over my shoulder, I'm a peer but I'm on my own, how can I be on my own [...] so then I really had to point that out to people, like if I'm sitting at a table on my own, am I a peer? How can I represent something if I'm not here with someone? So that's something that I'm bringing more into the places that are asking for representation from peer supporters. (Interview with Internal Stakeholder)

I haven't been successful in bringing in other team members [...] for me in terms of sustainability I would worry because I have seen when core people step away, there's a gap there and I would be worried if I stepped away nobody would come forward or if [...] stepped away nobody came forward, so it can't be about individual people it needs to be needs to be about a buy in from the different partner agencies collectively. (Internal Stakeholder Focus Group)

However, stakeholders conceded that such strategies to redressing the described skill loss and under-development may not be fully realised due to the overwhelming work-load and the pressures of fiscal uncertainty which exist at Áras Folláin;

> *[…] you'd imagine there'd be a critical mass in balance to the rest of the region that there are more people coming through [in this region] because of [peer support project name] and I suppose I'm wondering is the pressure to keep it alive, and going and funding and volunteered so overwhelming that people aren't actually fully developing the capacities and knowledge and interests […] I'd love us to find a way to support that so that there's an emergence of a lot of people who could potentially make sure that there's people at every level influencing change and that would be my biggest concern.* (External Stakeholder Focus Group)

> *There just seems to be an underlying element here that people come in here with great enthusiasm put your heart and soul into it […] and people get burnt out and yes like the administrative staff have tried to put support in place in many, many different ways on many different occasions to support volunteers but they are too overwhelmed basically, they have too much on their plate they are trying to run so many different things that they don't really have the time to follow up.* (Volunteer Focus Group)

Visions for the future

During the interviews, many of the participants, both people who attend the projects and other internal and external stakeholders, expressed their wishes and desires for the future development of the projects. In the first instance, the need to ensure the continued operation of the projects' current portfolios of work was prioritised. In order to achieve this, all stakeholders agreed that, in addition to extending the hours of the current part-time staff members, the employment of additional staff members was also required;

> *More man hours […] if we had proper salaried positions here we'd have a lot more time and resources to get things done.* (Internal Stakeholder Focus Group)

> *There is a challenge now because where we go funding wise we have yet to see and what the future could hold? ideally two full-time staff , you need a volunteer co-ordinator, you need people on the ground working, you need people in the office working, you need somebody doing that inter-agency work , that partnership work and somebody out there aware of what*

is happening nationally […] that needs to be paid for, that needs to be core […]. (Internal Stakeholder Focus Group)

As indicated in the preceding quote, internal stakeholders to the projects believed that there were discrete roles for additional staff members which were required for the projects' development. For Áras Folláin, the distinct roles required included a co-ordinator for volunteers and a development worker dedicated to engaging and influencing national and regional policy initiatives. For Gateway, a dedicated recovery worker to strengthen the project's recovery programmes both in and outside of Gateway was identified;

> *I'd like to see adequately funded structure with dedicated staff, volunteers, and C.E [Community Employment] workers so that there's a range of different opportunities for people to be able to benefit as well as give something back and also that the role of our worker while she's currently doing it at the moment playing a very strategic role in regional and national committee in terms of influencing mental health policy and strategy in the country but that at least, that we'd have staff member adequately paid in terms of the work that they do so there's both a regional and national influence as well as local service delivery and support delivery.* (Internal Stakeholder Focus Group)

> *I would love to see is for Gateway to have a core staff team in place with peer support workers and a dedicated recovery worker to help with the development of WRAP not only within Gateway but outside to build members' skills so they could train others in WRAP and in many ways contribute to the sustainability of Gateway […] it would kind of self-fund itself.* (Internal Stakeholder Focus Group)

Many of the participants who attended the projects re-iterated stakeholders' desires in this regard. They too recognised the need for additional staff members to assist the co-ordination and running of the project;

> *More staff. I would love to work there. It would be great for more of the volunteers to get proper work there. We do a great job.* (Survey)

> *Permanent staff, open all week.* (Survey)

Long term security of funding of the association; such as staffing, premises and various education/training courses. (Survey)

More funding to pay workers properly. (Survey)

As identified in the preceding quotes, stakeholders and people attending the project also spoke of the need for a new premises, or at the very least security in the premises that they currently reside in. For Áras Folláin, the need for a new premises was deemed to be particularly important. Áras Folláin's current premises has a number of advantages including a home-like atmosphere and a beautiful outdoor space. However it also has a number of disadvantages, including the accessibility issues associated with a two-storey house and the limited availability of private spaces within the house to conduct one to one work;

I think premises is important and it should be named having a stability of a home in this area is very, very important, that would be mean no matter what happened our members could run the project. (Internal Stakeholder Focus Group)

Different premises [...] there is so many things that this place [current accommodation] can offer and there's so many places where it falls down especially kitchen and around the heating but it has a beautiful garden, it's got a lovely big room, it's got parking yet its two storey there's so many other things that it isn't. (Interview with Internal Stakeholder)

Participants who attended the projects re-iterated the stakeholders' views in this regard, expressing their desire for an accessible space with adequate facilities (i.e. more space, an outdoor space, and parking) which could easily host lots of different types of activities;

The State provide enough funding for a bigger house/project and garage/shed which is nearer to the town, is suitable for wheelchair users, ample parking in its own car park and a garden big enough for outdoor activities, such as public fun days, picnics, courses/workshops etc. (Survey)

New bigger premises with a large car park and easily accessible (Survey)

In addition, all of the stakeholders expressed their wish for increased opening hours at both projects. Participants who attended the projects also articulated that they would like the projects' opening hours to be extended to include additional days during the week, evening times, and weekends;

> *I'd love to see the house open every day from early in the morning to last thing at night because at the moment it's sort of limited if you're going to have an issue it has to between these hours.* (Internal Stakeholder Focus group)

> *Some evening opening time.* (Survey)

> *Only open 2 afternoons a week - more flexible opening times if doesn't have negative impact on service.* (Survey)

> *Opened at weekend.* (Survey)

> *Maybe gateway could be opened four days a week.* (Survey)

> *More drop-in days*. (Survey)

> *More frequent drop-in*. (Survey)

> Weekend drop in for people who have no families and live on their own. (Survey)

Aside from the desire to consolidate the portfolio of work currently in operation in the projects, stakeholders also identified a number of new initiatives that they would like to see developed in the future. Stakeholders to Gateway re-iterated their continued desire to develop further their outreach work. They envisaged that this outreach work could involve members of Gateway visiting and forming relationships with people in the community, giving them information about Gateway, and encouraging them to participate in the project. This was thought to be a particularly astute strategy for increasing the number of people aged 18-35 years old who attend the project;

> *We started a piece of development work with Gateway members around outreach called mobile gateway I think one of the things that I hope could come out of that is to see how we can actually engage with younger people, linking in with projects like Jigsaw and Tallaght*

and others you know that are specifically working with younger people and making sure child and adolescent mental health team actually have our information […]. (Internal Stakeholder Focus Group)

Outreach for the youth […] it would be really good for young people coming in to see that there is already a group there and that would keep people coming as well. (Internal Stakeholder Focus Group)

In addition, stakeholders to Gateway discussed the potential for the project to become a hub of peer support expertise in the future; offering advice and training to external services whilst simultaneously supporting the development and training of peer support workers;

[…] If there was some kind of commitment made to support the development of not only individualised peer support but also collective models as well and that those collective models that are already established could provide peer supporters [to external services] maybe but they could definitely provide advice and information and act as consultants to the development of peer support around the country and that could include maybe having some training ground here […] and maybe then they could fund us additionally as a training project for peer support workers and it would mean our members also have the option to work in the services and give back if that's what they choose to do (Internal Stakeholder Focus Group)

I had thought in the last year that possibly gateway could be a great place where people could come in and […] train as peer support workers through the project worker role and then they would be ready and primed to move in to the service having maybe 3 or 4 years' experience, have a network of peers who will support them in the role to be able to move on into the services. (Internal Stakeholder Focus Group)

Gateway already runs a number of different education and training programmes […]. All of those are always very well attended and interest in participation is going up year upon year so there's a lot of experienced members now who would be in a position to facilitate groups not only on topics of wellbeing but in other, other issues and other areas of interest and with the development of recovery colleges […] what would be very interesting, […] I think there's an appetite for people to go out and do a bit of work as well, that would be paid,

where they could actually bring their talents and strengths and skills outside of Gateway and be supported by the project to do that […] remain that peer support project where people can really move of gateway and move on to other spaces and be valued as experts by experience, consult and provide advice on the development other projects for example and get paid to provide their time. (Internal Stakeholder Focus Group)

Other future developments, as stated by internal stakeholders to Gateway, include their continued commitment to becoming increasingly peer-led. To achieve this, increased development work with people attending the project is required so as to build their capacity and enable their fulfilment of leadership roles within the project, including becoming staff members and/or tutors. Additional areas requiring future development identified by Gateway stakeholders included increased; 1) incorporation of peer-led WRAP (Wellness Recovery Action Plan) into the Project; 2) promotion and facilitation of peer-support; 3) networking with other organisations; 4) integration into the local community; 5) member involvement in the management committee; 6) accessibility to diverse funding streams; and 7) access to further training opportunities for staff members. Further, Gateway stakeholders stated their desire in the future to broaden Gateway's catchment area so as they are open to more people and/or replicate Gateway in another area.

In Áras Folláin, future areas of desired development include; 1) the establishment of a wellness café open to all members of the community; 2) a re-instatement of the peer-support phone service; 3) an expansion of the NTCS community based counselling service to include Áras Folláin; 4) increased availability of alternative wellbeing therapies; and 5) integration of a new MOJO project[35] with the Men's Shed in Nenagh. In addition, Áras Folláin would also like to extend their work beyond the physical confines of the project and implement outreach work to meet people in their own community. Further development of work with young people is also desired, including the establishment of a dedicated peer mental health space for young men and the creation of supportive groups/initiatives specifically for adults aged 18-30 years old.

Alongside the development and/or extension of initiatives within the project, Áras Folláin also identified their desire to extend their efforts in promoting positive mental health in the wider community. Such future work in this regards would include; 1) ensuring adequate representation on Advanced Recovery in Ireland and other regional and National fora; 2) having a more active role in

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[35] Mojo is a training programme for men who are in distress and affected by employment issues. See www.mojo.ngo

the local community by being a leading example of peer support and positive mental health, especially during mental health week in October; 3) running a regular 'wellbeing slot' on local radio and; 4) running an anti-stigma campaign with *See Change*[36].

SUMMARY POINTS

- Both projects identified their continuing concerns regarding the sustainability of the projects due to sustained financial instability and uncertainty;

- Significant project resources are directed towards continuously identifying funding sources and fundraising, which diverts personnel from consolidating and further developing the projects;

- Financial instability and uncertainty hindered the projects' capacity to plan strategically for the future and make decisions regarding staffing of the projects and the safeguarding of their premises;

- Internal and external stakeholders argued for increased recognition of the value and substantial benefits of peer-led projects, in addition to increased acknowledgment of the time, training and labour intensiveness that was required to ensure meaningful implementation of the peer-led ethos; and

- Participants and stakeholders visions for the future included firstly the procurement of the necessary resources needed to continue the projects' existing operations in the future, and subsequently the development of a number of new initiatives, including outreach projects, increased involvement in national policy initiatives and campaigns, and further development of education and training programmes within the projects.

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[36] See Change is a national mental health stigma reduction partnership. For more information, please see www.seechange.ie

Chapter Seven: Summary and Recommendations

Introduction

With a dearth of evidence available to: 1) demonstrate the value of collective peer-led projects in Ireland and; 2) provide practical guidance on how to implement them, this study aimed to redress this knowledge deficit by exploring the development, and impact of two peer-led projects, namely Gateway and Áras Folláin. The objectives were to:

- Describe the model of peer support in operation within Gateway and Áras Folláin, and explore if the model: 1) represents a partnership approach to working with mental health services and; 2) is compatible with current mental health service priorities;

- Explore stakeholders' satisfaction with Gateway and Áras Folláin;

- Examine how Gateway and Áras Folláin deliver on recovery for service users; and

- Identify if the model of multi-agency collaboration is sustainable in respect of governance and resourcing.

To achieve these objectives, a multi-method approach using qualitative and quantitative methods was used. Working in partnership with two peer researchers, data were collected from people who experienced mental health problems and participated in the projects, as well as other key stakeholders. Data were collected using interviews, surveys and documentary analysis. In total, 139 people completed the survey and 46 people participated in a focus group or individual interview. In the following sections, the key findings are discussed.

Development of the projects

Gateway and Áras Folláin began as small, focused community projects with the simple aim of increasing opportunities of people with mental health difficulties to socialise. Since then, Áras Folláin and Gateway have incrementally developed into established peer-led projects boasting extensive portfolios of self-directed recovery-oriented activities; all of which are strongly underpinned by the practice of peer support and peer modelling.

At the heart of the projects' development has been an unwavering commitment to the peer-led ethos. Both projects have implemented structural and operational strategies to ensure that the peer-led ethos is meaningfully and genuinely realised at every level of the project, including

governance. The peer-led ethos is also bolstered by the projects consistent nurturing of innovative partnerships between people with self-experience of mental health difficulties, statutory and non-statutory organisations, and local communities. Such partnerships have provided the projects with invaluable expertise, support, and resources which, alongside the passion and drive from local champions and staff members, have enabled the project's incremental development over time.

The projects today are partially funded by the Heath Service Executive through their Community Health Care Organisation (CHO) areas or Section 39. In addition, in order to address their ongoing monetary deficits, the projects have also successfully applied for smaller programme funds from a number of statutory and non-statutory organisations.

Model of peer support in Gateway and Áras Folláin

Given Gateway's and Áras Folláin's governance and operational processes, as outlined in chapter four, it is fair to say that both projects fulfil the criteria to be defined as 'peer-led and partnership managed' models of peer support (see chapter 1 and Table 1). Gateway and Áras Folláin do share values common across other models of peer support services, such as 1) the promotion of inner strengths; 2) a reliance on helping each other; 3) a rejection of hierarchy; 4) a sense of community; 5) empowerment and participation, and; 6) self-acceptance and openness (Brown, 2007). However, they differ in the _extent_ to which peer support as a value system is embedded within their organisations. For example, unlike peer support services offered within non-peer organisations, Gateway and Áras Folláin have structural and operational strategies which ensure that the peer-led ethos permeates into _every_ level of the project, including governance. This means that people with lived experience are not only supported to lead the day to day activities and running of the projects but are part of the decisions around the strategic direction of the projects.

In terms of the managed aspect, unlike some other peer-led organisations, Gateway and Áras Folláin are not independent entities and are not administratively and financially controlled by people with lived experience of mental health difficulties. Instead, the projects draw on fiduciary support from external host agencies (i.e. Mental Health Ireland and North Tipperary Community Service). Their partnership with these host agencies enables them access to HR/employment, legal, financial and governance expertise. They also draw on support from other statutory and non-statutory agencies. Representatives from these agencies together with representatives from the fiduciary hosts, form the majority percentage on the projects' respective steering/management committees. Consequently, whilst the projects are peer-led, they are 'partnership managed'. The projects' community based location, peer-led ethos, recovery orientation, and partnership approach to

management means they are strongly aligned to the priorities outlined in national mental health policy and HSE service plans.

Impact of the projects – stakeholders perspectives

Quantitative and qualitative data indicated that the vast majority of people who attended the projects were very satisfied with all aspects. Participants particularly valued that the projects created a 'safe', 'non-judgemental' and 'non-prescriptive' place, wherein choice, respect and freedom was promoted. In the survey data, on a scale of 0 to 7, participants gave the highest helpfulness ratings[37] to 'receiving support from peer workers' (M=5.71), 'opportunities for involvement in social activities' (M=5.67), 'opportunity to provide support to others' (M=5.47), and 'seeing how other people coped with their mental health difficulties' (M=5.47). Similarly, survey participants also deemed the opportunities to 'receive support from other attendees', 'hear other people's stories', 'share their own stories' and 'opportunity to participate in the organisational aspects of running the service' as very helpful, with mean ratings all above 5.

In relation to other outcomes, survey participants reported that the projects had positively impacted on their; 1) Knowledge and skills; 2) Personal recovery; and 3) Clinical recovery. In the survey, people reported that attendance had enhanced their knowledge of their own mental health (5.75), the mental health services (M=5.22) and their rights and entitlements (M=5.05). They also indicated improved skills in making friends (M=5.57), enhanced empowerment to deal with their mental distress (M=5.48) and increased coping skills (M=5.24).

Particularly encouraging were participants' reports that the projects had positively impacted on their personal recovery. On a scale of 0-7[38] , participants rated the impact on all items associated with their personal recovery above 5, including a sense of belonging (M=5.69), hope for the future (M=5.69), sense of ownership of recovery (M=5.67), sense of purpose (M=5.59), self-worth (M=5.56), self-confidence (M=5.51), and self-empowerment (M=5.43). Survey participants' positive ratings were affirmed by findings from the focus groups. Focus group participants expressed their appreciation for the projects' recovery orientation, citing the projects' strengths based focus as particularly helpful and uplifting. Participants indicated that they had experienced an overall improvement in their emotional wellbeing, with many reporting a noticeable change in ownership of recovery, hope for the future, sense of purpose, self-confidence, and self-worth. Further,

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[37] Participants were asked to rate how helpful they found various aspects of the projects on a scale of 0 (Not at all helpful) to 7 (Extremely helpful).

[38] Participants were asked to rate the impact of attending the projects on aspects of their personal recovery on a scale of 0 (No impact) to 7 (Positive impact).

participants' growing confidence not only encouraged them to participate in activities within the projects but also helped them to engage in activities outside in the wider community. There were also indications that not only was attendance positively impacting on participants' personal recovery outcomes but they were also benefiting in terms of their clinical recovery. The vast majority (>90%) of survey participants reported that, as a result of participation in the service, they experienced either 'no change' or 'some/significant reduction' in their mental health symptoms, their medication regime, and their attendance at mental health services, GP, and hospital. Importantly, attendance at the projects did not negatively impact on clinical recovery.

During their interviews, other stakeholders (internal and external) also commented on the valuable supports that the project offered to people experiencing mental distress, as well as noting the commitment of the projects' staff and volunteers. However, internal and external stakeholders did identify a number of challenges pertaining to the projects' sustainability, which are discussed in the next section.

Sustainability of the projects – governance and resourcing

As described in chapter four, both projects have strong governance structures and processes which draw upon the expertise of multiple partners, including people with lived experience of mental health difficulties, family members, and representatives from statutory and non-statutory organisations. Whilst this partnership approach has informed the development of the projects to date, this study has identified a number of factors which have the potential to impact negatively on the projects' long term sustainability. The principal challenge cited by most of the stakeholders was fiscal uncertainty. With the diminishment of the community development sector, potential eligible funding sources or funding sources that provide sufficient money to cover the costs of the projects are limited. Consequently, to meet costs the projects are investing significant resources (staff and time) in continuously applying for funding and running fundraising activities. While fundraising activities provide much needed resources and facilitate increased community involvement, the search for funding was perceived to disproportionately divert time and staff away from the everyday activities of the projects and limited the time available to develop new activities within the projects. Furthermore, fiscal instability and uncertainty hindered the projects' capacity to plan strategically for the future and make decisions regarding staffing of the projects and the safeguarding of their premises.

In addition to experiencing challenges in recruiting and retaining sufficient volunteers to run the service, stakeholders at Áras Folláin also noted that they are currently debating whether they continue with their current partnership model or gradually transition to complete independence and

company status by limited guarantee. They were of the view that funding security was necessary to allow them to engage in any level of meaningful strategic planning.

Strengths and Limitations of the study

In establishing the value and significance of the findings of the study the following strengths and limitations need to be considered.

Strengths:

- The diverse methodology (survey, interviews, and documentary analysis) has made it possible to compare findings from one source of data with the other. This has added considerably to the strength of the evidence;

- The involvement of three groups of stakeholders in this study (participants, internal and external stakeholders) has enabled the researchers to include three different perspectives on the services and their impact;

- The study's collaborative approach of peer researchers working in partnership with an academic researcher has assisted to ensure that this study and its findings were co-produced. This co-production has strengthened the study findings' validity and reliability.

Limitations:

- A pre- and post-research design was not feasible for the present study, consequently the study relied on retrospective questions;

- There is potential for a response bias, with those more positively disposed to the value of peer support potentially more likely to complete the survey and volunteer for interviews;

- Whilst the study had a high response rate, there is no way of knowing how representative the survey participants are of those who attend both projects. In addition, the profile of survey participant suggest that a large number were educated to a third level.

Recommendations

Based on the findings of this review, the following four recommendations are put forward to ensure ongoing development and sustainability of the projects;

- Gateway and Áras Folláin must be provided with secure, long-term financial support to meet the projects' core costs;

- Áras Folláin and Gateway are examples of good, evidence based practice in terms of incremental development, governance and ethos of peer-led projects. The processes and methods used to develop the projects should be used to inform the establishment of similar peer-led projects;

- All stakeholders connected to the projects need to work continually to maintain and protect the integrity of the peer-led ethos, actively ensuring that the peer-led ethos continues to permeate through all of the projects' processes, procedures and strategic developments; and

- Any future research conducted into the projects should utilise a participatory action research framework and be led by peers involved in the projects.

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Appendices

Appendix I – Group/Individual Interview Participants Profile

	Gender	Duration of relationship with project
People who attend the projects		
	Gender	**Duration of relationship with project**
Focus Group 1		
1	Female	7 ½ years
2	Male	11 years
3	Male	8 months
4	Female	7 years
5	Male	3 years
6	Male	10 years
7	Male	1 years
Focus Group 2		
8	Male	10 years
9	Male	10 years
10	Female	10 years
11	Female	8 months
12	Female	2 ½ years
13	Female	2 ½ years
14	Male	6 years
15	Female	11 years
Focus Group 3		
16	Male	7-8 years
17	Male	10 years
18	Male	3 years
19	Male	7 months
20	Female	7 months
21	Female	1 year intermittingly

	Gender	Occupation
Internal Stakeholders		
	Gender	**Occupation**
Focus Group 1		
1	Female	Steering Committee Member - North Tipperary Community Services
2	Female	Steering Committee Member - Principal Social Worker, HSE
3	Male	Steering Committee Member - Peer Representative
4	Male	Past Steering Committee Member
5	Female	Past Steering Committee Member
6	Male	Steering Committee Member - Peer Representative
7	Male	Steering Committee Member - Peer Representative
8	Female	Past Steering Committee Member
9	Female	Past Steering Committee Member
Individual Interview		
10	Female	Staff member
Focus Group 2		
11	Male	Volunteer
12	Male	Volunteer
13	Male	Past Volunteer
14	Female	Past Volunteer
15	Female	Volunteer
Focus Group 3		
16	Female	Development Worker
17	Female	Project Worker
18	Female	Project Worker
19	Female	Project Leader
20	Male	Administrator
21	Female	Co-ordinator

		External Stakeholders	
		Focus Group	
	Gender	**Organisation**	
1	Female	Manager, North Tipperary Community Services	
2	Female	Regional Development Officer, SHINE	
3	Female	Community Education Facilitator Tipperary Education and Training Board	
4	Female	Principal Social Worker, HSE	
		External Stakeholders Electronic Questionnaire	
	Gender	**Organisation**	
5	Male	Dublin City Council	
6	Female	Mid-West Regional Drugs & Alcohol Forum	
7	Female	Rathmines' Community Partnership	
8	Female	Childhood Development Initiative CLG	
9	Female	Dublin City Council	
10	Male	Past staff member and Advisory Committee Member	
11	Female	Past staff member and Advisory Committee Member	