

A one-year longitudinal qualitative study of peer support services in a non-Western context: The perspectives of peer support workers, service users, and co-workers

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One-year longitudinal qualitative study of peer support services in non-Western context the perspectives of peer support workers, service users, and co-workers

Abstract

Peer support services are an increasingly popular form of care aimed at facilitating the recovery of individuals with mental illnesses. This study explored the changing views of key stakeholders (peer support workers, their co-workers, and service users) in a non-Western community, using a longitudinal qualitative approach. Five trainee peer support workers, 14 co-workers, and 15 service users were interviewed over a 12-month period under the auspices of the Peer Support Workers Project in Hong Kong. A total of 77 interviews were transcribed and thematic analysis was conducted across participant groups at three time points (training, placement and employment). In the initial implementation of the peer support services, uncertainty and confusion about the role of peer support workers were reported, but they built trusting and beneficial relationships with service users and showed growing resilience and confidence over time. The participants realized that peer support workers' experience of mental illness was a unique asset that helped service users to alleviate their somatic symptoms and improve their connections with others. Family support was reported by the peer support workers as an important factor for them undertake the role. Some of them stated that being able to contribute financially to their family were important in

sustaining their determination. Our findings highlight that the perception of peer support services changed from confusion to an asset, the importance of family support, and implementing such program would benefit service users and peer support workers.

Keywords: mental healthcare; mental health services; peer supporters; recovery; severe mental disorders; workforce development; psychiatric rehabilitation

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1. Introduction

Peer support workers (PSWs) are individuals in recovery from mental illness who identify themselves positively as such and have a strong desire to help others with similar conditions through their lived experience (Firmin et al., 2015; Moran and Russo-Netzer, 2016). They rely on the knowledge gained through their personal lived experiences of mental illness to share their experiences and engage with their peers. Such expertise cannot be replaced by professional training. Over the past two decades, peer support has been considered a critical means of empowering service users to promote their recovery process (Castelein et al., 2015; Gumber and Stein, 2013). Research on the effectiveness of peer-delivered services mostly comes from Western countries, including Canada, the US, the UK, Australia, and New Zealand (Coniglio et al., 2012; Gillard et al., 2013; Landers and Zhou, 2011; Pfeiffer et al., 2011; Walker and Bryant, 2013). Although not conclusive, there is indication that peer support service is effective in raising service users' levels of hope, empowerment, quality of life, engaging people into wider health services (for details see three recent reviews Cabassa et al., 2017; Chinman et al., 2014; Lloyd-Evans et al., 2014). For the PSWs

themselves, too, gain a sense of hope and acquire skills useful for their own situations (Ahmed et al., 2015; Castelein et al., 2015). Walker and Bryant (2013) highlighted the fact that working relationships with peer or non-peer co-workers were an important factor in the success of peer support programs in the mental health context. In a seminal paper, Davidson et al. (2012) added that the uniqueness of peer support services lay in the fact that they instill hope through positive self-disclosure and the role modeling of self-management; and they allow PSWs and service users to form relationships characterized by trust, acceptance, understanding, and empathy paired with “conditional regard”. Furthermore, the authors posed important research questions that the present study seeks to address: do interventions provided by peers differ in any significant way from similar interventions provided by non-peers; what are the essential ingredients of effective peer support; and what outcomes can such support produce over time? (adapted from Davidson et al., 2012, p. 124).

Researchers have used qualitative methods to identify the impacts of peer support services in different models of service delivery, focusing on the new role allotted to PSWs and from their perspective (Corrigan et al., 2005; Jacobson et al., 2012; Moran et al., 2013; Van Erp et al., 2010). While the majority of the studies have focused only on the experiences of PSWs or service users, a few studies have explored the interactions between different stakeholders who contribute to the peer support

programs in the mental health context. Among these few studies, one by Gillard et al. (2013) reported their analysis of the data they gathered from interviews at three mental health self-care sites in England and from different stakeholder groups involved in the peer support services: service users, non-peer staff, and managers. The primary study was a mixed-method project designed to gather data on the expectations and experiences of these stakeholders in supporting self-care in the mental health context (Gillard et al., 2012). The interviews were conducted with 121 service users and 30 staff members, including PSWs, at two time points within a nine-month period; the aim was to explore the interviewees' experiences of supporting self-care. The analysis indicated that peer support services are highly valued by mental health teams and service users; but, at the same time, providing these services represented a challenge to existing mental health workforce practices. Gillard and his colleagues further explored the implementation issues related to peer worker role in ten mental health services and developed a change model to demonstrate the special mechanism of how PSWs work to elicit positive change in service users (Gillard et al., 2014, 2015). However, to date, no study has focused on the change of experiences and perspectives throughout the process of implementing the peer support services from pre-service training to work placement and to paid employment. Furthermore, peer support services are a relatively new phenomenon in

mental health services in many non-Western places, such as Hong Kong, Taiwan, and Singapore. It is uncertain how peer-learning in the mental health context is viewed in Chinese culture and how PSWs are perceived in the existing mental health system. Given that there has been no study investigating these services through the perspectives of multiple key stakeholders or the changes in them over time, the present paper aims to identify the changes in the perceptions (concerning peer support services and their key ingredients) of PSWs, their co-workers (supervisors, mentors of the PSWs, and non-peer professional staff), and service users at different community-based mental healthcare centers in Hong Kong over a 12-month period.

2. Methods

The strength of this research approach lies in its longitudinal design, which makes “change” a fundamental focus of the analysis. Longitudinal nature of this study refers to the same five PSW trainees who were interviewed repeatedly for 26 times in total over 12 months (Figure 1); similarly some same service user and co-worker participants were interviewed again at different times were compared to identify the changes in their views about peer services. The rationale for choosing this approach was to develop a holistic understanding of the way different factors combine to influence the development of the perceptions and behavior of the individuals

concerned (Thomson et al., 2003). Compared to the typical, single “snapshot” data collection methods, the use of serial qualitative interviews allows researchers to better explore the participants’ evolving, complex experiences throughout a research period (Calman et al., 2013; Murray et al., 2009). The study was conducted under the auspices of the Peer Support Workers Project (hereafter the “*Mindset project*”) that was jointly implemented by four non-governmental organizations. The project has three components: (1) a pre-service training program on provision of peer support services and interpersonal skills delivered in 16 three-hour sessions (T₁); (2) 52 hours work placement (T₂); and (3) paid employment (T₃) (Figure 1). Peer support services included individual conversations, in groups (e.g., wellness management, hobby, and life skills groups), through home visits, phone contact, and accompanying service users to psychiatric appointments.

2.1. Participants

The participants in this research study were PSWs, service users, and co-workers of the PSWs (Table 1). They all met the four basic selection criteria: (1) at or above 18 years old, (2) provided or received peer service from one of the four partnered no-governmental organizations, (3) willing to give written consent to participate in the study, and (4) were interested in reflecting on their experience of providing or

receiving peer services or working with PSWs.

First, the five PSW trainees – four women (80%) and one man – were purposefully invited by the researchers (ST and IL) to participate in the study as they broadly represented the 20 trainees in the program in terms of their gender, age and the four partnered organizations. There were four women (80%) among the five PSW participants (the class had 14 women [70%] and 6 men). The five PSW participants had a mean age of 43 years (mean age of the class was about 44 years). All participants completed the training course and were employed either part-time (n=3) or full-time (n=2) in the non-governmental organizations. There was one PSW trainee who refused to accept our invite to participate in the study. The reason for refusal was that he did not intend to work as PSW and he enrolled the course for his personal development. Throughout the work placement and employment period of the present study, the PSW participants had fairly common roles and they were: talking with service users individually, participating in or (co-)leading recovery-oriented activities, sharing their recovery journey at mental health services or in community (e.g., schools, receiving media interviews) and supporting professionals to conduct home visits to outreach clients with suspected mental health issues or chronic illness.

Second, service users of peer support services were recruited from Hong Kong's Integrated Community Center for Mental Wellness and halfway house. PSWs and

case workers were asked to identify eligible service users who met the above inclusions criteria in particular the participants who had received group or individual (e.g., catching up with the service users after the group) peer support services at one of the four non-governmental organizations; we did not stipulate the duration of the individual contacts but they often lasted for more than 15 minutes. Fifteen service users – 12 women and three men – participated in the study during the PSWs' placement and employment period and their mean age was 47.3 years.

Third, 14 co-workers – 12 women and two men – who worked with the five PSWs were invited to participate in this study. They (supervisors, mentors of the PSWs and non-peer professional staff) provided comprehensive data about the impacts of peer support services at both the individual and the organizational level. These supervisors and mentors were from the same peer support workers' agency; in some cases, the same person was both a PSW's supervisor and mentor.

2.2. Procedure

Approval for the study was obtained from the Joint Chinese University of Hong Kong-New Territories East Cluster Clinical Research Ethics Committee (CRE-2012.509). Figure 1 outlines the data collection process and the number of interviews completed in each of the T₁, T₂ and T₃ over the entire 12-month period of

the study. All of the participants were interviewed once and some individuals were interviewed twice or more at various time points (for details, see Figure 1). Fictitious names are used for the five PSWs who were the core participants of the present study.

The interviews were semi-structured, with open-ended questions, and lasted about 40 minutes on average. The respective interview guidelines for the three groups of participants were developed by ST and SL and were approved by the project research committee where two members have lived experience of mental health issues. The interviews were conducted by IL under ST's supervision on site at the four non-governmental organizations where the interviewees worked or received the peer services. The PSWs were asked questions about their experiences of transiting from the training to the employment phase, about the perceived impact on their personal recovery, and about their future aspirations. As for the service users, they were asked about their experiences of receiving peer support services and how these services affected their recovery. Lastly, the co-workers were asked about their experiences of working with PSWs, as well as about the perceived barriers to and factors facilitating the implementation of the peer support services program in their centers. All the interviews were conducted in Cantonese, the mother tongue of participants. Interviews were audiotaped and transcribed verbatim for subsequent analysis and interpretation. Only the direct quotes cited in the present manuscript were translated

into English. The accuracy of the translation was checked by WY and another senior research assistant.

2.3. Data analysis and research rigor

Thematic analysis aided by the NVivo 10 qualitative data analysis software (QSR International Pty Ltd, 2012), was adopted to identify commonalities, relationships and differences (Gibson and Brown, 2009) in the participants' responses. The two researchers (ST and IL) conducted the analysis following Braun and Clarke's (2006) six-phase guide. They were engaged as researchers of the project; they were not involved in the implementation of peer support services except ST was one of the teachers of the training course at T₁.

ST and IL read all the interview transcripts independently to obtain a basic sense of the participants' experiences of PSW. After the two researchers were familiar with the data, they met several times to discuss and code the interviews. The semi-structured interview guidelines, inspired by existing literature on the topic of peer support services (e.g., experience of providing or receiving peer services, perceived impacts of services on one's own recovery) were used as a basic framework for data analyses. In the meantime, ST and IL also kept open and sensitive to any new themes that emerged from the data. The coding was conducted in the following ways:

(1) all of the PSWs' interviews were coded at T₁ to generate initial ideas, followed by service users and co-workers; the ideas were compared across the three groups. (2) The above was repeated for T₂ and T₃. (3) Finally the tentative ideas coded at T₁ were compared against coding developed at later times. Through reviewing and refining the initial notes, ideas were collated into three overarching themes and eight subthemes (Table 2), namely perceptions about PSW, impacts on service users and role of family in supporting PSWs.

During the whole analysis process, several measures were undertaken to ensure the validity and credibility of the analytic interpretations: (1) the multiple sources of data from PSWs, service users and co-workers were used by the researchers to triangulate the findings of the identified themes and subthemes. The general themes across the participants at T₁ were compared to later time points T₂ and T₃ (Figure 2). There was no preconceived notion that one particular category of participants or time point was more reliable than others; they provided rich, multiple-perspective of the phenomena under study. (2) The initial round of data analyses was performed by the two researchers independently and they were involved in intensive discussion to foster the researchers' reflexivity (e.g., challenging assumptions the researchers might hold, how the interviewer might unintentionally influence the participants' responses and whether the interview was interpreted within the context) and to ensure the

accuracy in our interpretation of the data. (3) The overall findings were presented in the project research committee meeting and several sharing sessions attended by professional co-workers and PSWs who were not involved in the present study. The comments we received were mainly about: How the researchers dealt with the challenges (e.g., some service users had difficulty in elaborating their experience of receiving peer services), otherwise they echoed strongly with the main themes of the findings (e.g., no longer worrying about the boundary issues between PSWs and service users, PSWs' increased their ability to engage users over time). Only five PSW participants were involved in the present study which might be seen as light however the data collected from other categories of participants over the 12-month period achieved the data saturation which was determined by the repeated occurrence of material over the identified themes and sub-themes across the PSWs, service users and co-workers.

3. Results

3.1. Perceptions over time about peer support workers

A service user thought that PSWs were merely more outgoing and caring than regular professional staff; some therefore described themselves as “peer supporters” as they looked after each other at the center or halfway house

(User03/F/50+/T₂/Yvonne)¹. Whereas, another service user (User15) who did not see much differences between PSW and other staff initially (T_{3_1}) could tell the difference after four months (T_{3_2}).

PSW will take the initiative to care for you. (User15/F/50+/T_{3_1}/Sue)

(When talking about certain challenges). Social workers lack first-hand experiences and they can only ask you to relax without really resolving your issues. On the contrary, the PSW has gone through experiences of physical pain and emotional disturbances. Her experiences (e.g., fear of travelling on bus) have encouraged me to face up to my fears no matter how difficult it would be. I want to test myself and did try to travel on my own. (User15/F/50+/T_{3_2}/Sue)

3.1.1. Essential ingredient of PSWs: Turning mental illness-related experiences into an asset

The PSWs' lived experience of mental illness was a special asset that non-peer professional staff did not have. A supervisor (Co-worker06) shared her observations of an impactful interaction between a PSW (Sue) and a service user:

¹ Coding for PSW participants: Name of PSW/gender/age range/interview time point and [timing of interview if applicable, 1, 2, 3] for example, Tom/M/25+/T_{3_3}

Coding for non-PSW participants: Category of research participants (User, Co-worker[Mentor if applicable])/gender/age range/interview time point and [timing of interview if applicable, 1, 2]/name of one of the PSW the participant was related to) for example, User15/F/50+/T_{3_1}/Sue

A member [i.e., a service user] shared the difficulties she encountered when seeing the doctor. She felt that the doctor was ignoring her concerns. The trainee peer support worker, Sue, shared with the member her views on how to tell the doctor about her difficulties, and thus brought home the important message to the member: you have the right to know more (Co-worker06/F/25+/T₂_2/Sue).

3.1.2. Trusting and beneficial relationships

Service users perceived non-peer workers as “others” who were of a higher status and thus there was a greater social distance between them, whereas a PSW was someone with whom they felt more comfortable interacting. In particular, they distinguished between the role of the PSWs and that of the non-peer staff; and they tended to seek help from non-peer professionals only when they had “issues”, for example:

You can only find social workers when “something has happened.” If nothing has happened, they won’t talk to you for such a long time, maybe once in a few months... [but] you can talk to a peer support worker whenever you want. It’s easier to start discussing a new topic with them. (User14/F/50+/T₃_1/Sue)

Experiential knowledge and experience of living with mental illness enabled the

PSWs to build a trusting and beneficial working relationship with service users. For example, deeper level of rapport was identified by a service user when comparing her response at the beginning and later stage of a PSW's (Sue) employment period:

It is good that PSWs could venture out of their comfort zone and help people.

Also they have plenty of patience. (User14/F/50+/T₃_1/Sue)

Before I didn't like to talk much, keeping things close to the chest while shying away from conversations. PSW will take the initiative to start a conversation, asking me questions such as "how have you been lately" and "let's have a chat".

PSW knows how to talk to people without upsetting them... For example, when I sat quietly in the center, other members would ask me why I was ignoring them as if they were accusing me of being alone. But the PSW would say, "I have done so and so this week, how about you?" Starting the conversation with self-disclosure makes the conversation more natural and less inquisitive. (User14/F/50+/T₃_2/Sue)

3.1.3. Initial uncertainty and confusion

When the PSWs were in initial stage of either work placement (T₂) or employment (T₃), the role of a PSW was often not clearly defined by their supervisors and co-workers and they were usually considered as volunteers or casual helpers in

the organizations. A supervisor mentioned that she was not sure about “the job description of PSWs and how their duties compare to those of social workers” and “the boundary between PSWs and service users.” (Co-worker06/F/25+/T₂_1/Sue)

Sue’s another co-worker captured the concerns and the significant improvements between the two interviews:

I am concerned about the way PSW interact with service users: would it be too personal? Will the boundary be blurred? Is the working relationship well-defined? Are the topic they raise appropriate? ... For example, a female PSW and a member had known each other before and one day they bumped into each other at the center. They were so happy that they walked around the center hand in hand. Other members were confused because the PSW, as a staff member, seemed to be overzealous. A service user was talking about her own experiences, and the PSW responded quickly: “Don’t be upset. I believe you can get over it just like me”. In this case, the PSW could have spent more time listening to the service user’s sharing. (Co-worker07/F/30+/T₃_1/Sue)

The performance of PSW had picked up after the first three months and she, having an eye for detail and the overall picture, had worked smoothly with group members. She was active and knew how to adapt to different situations. Her improvement was remarkable. She also took the initiative to help with different

tasks at the center while maintaining a very good relationship with colleagues.

(Co-worker07/F/30+/T_{3_2}/Sue)

Similarly noticeable improvement in clarity of the duties and functions of PSWs were observed by co-workers between initial and later stage of the employment period.

In the beginning, the PSWs were worried and anxious because the setting was new to them and everybody, including PSW and the staff, was still figuring out what's going on... Personally I didn't know much about PSW and was unclear about their role in the center. I was not referring to the issue of whether they were recovered service users or professional staff but the matter of what kind of work could fully utilize their talents. (Co-worker08/F/40+/T_{3_1}/May and Eliza)

Early on there was some compromise to make to accommodate the new position.

I used to think very hard of what I can do for them (PSWs), what kind of job might be suitable for them. But now, with sufficient communication, such special treatment is no longer necessary. There are many ways that PSWs can contribute.

What we need to do is to communicate more for inspirations, such as inviting PSWs to staff meeting as well as introducing them and their work to colleagues so

people can understand the positive changes they bring about to service users. Now we have found many ways that PSW can help: they can provide more in-depth follow up in mutual support group; they can orientate new arriving service users to ease their anxiety; and PSW can also offer support in programmes that promote recovery. (Co-worker08/F/40+/T_{3_2}/May and Eliza)

At the beginning, there was uncertainty about how to facilitate the shift of role from a service user to a PSW, for example, Yvonne's co-worker witnessed how she underwent the transition between the first and second interview during training placement.

(Yvonne) She was a service user in ICCMW, and now she is here as an intern staff... she was invited by a secondary school to share her experiences with students, and she accepted the invitation before clarifying with us whether she would attend the event on behalf of herself or the center. It takes time for her to comprehend that as a PSW, she is not representing herself but the organization when sharing. (Co-worker05/M/40+/T_{2_2}/Yvonne)

Other uncertain issues were about finding additional resources to offer PSWs on-the-job training. Yvonne's mentor captured the challenge very well especially for

PSWs in non-Western setting who have limited English skills:

I feel that the PSWs really want to learn and would do their own research on, for instance, skills of group work. Some PSWs will borrow relevant books from library. Nevertheless, self-learning is still quite a challenge to them as most resources about PSW are in English. For those who are able to read English, I can introduce them to some English websites. But there are two PSWs who are not fluent in English so I can only show them some Chinese materials related to social work but not specifically on PSW practices.

(Co-worker_mn03/F/25+/T₃_1/Yvonne)

Despite the above-mentioned concerns and uncertainties, most of the supervisors were impressed by the performance of the PSWs when they became regular employees. Moreover, the process of working with PSWs was described by one of the supervisors as “an eye-opening journey”. He elaborated:

We invited PSW to share her own story at the staff meeting, which was very impressive. I still remembered her sharing of needs and perceptions when she was still a service user, and how she withdrew from society and how she was able to reconnect with the community with help from doctors, nurses, occupational therapists and social workers... Her example also convinced me of

the feasibility of employing peer support service, because the recovery experience from the PSW could motivate service user to make change.

(Co-worker05/M/40+/T₂_2/Yvonne)

3.1.4. PSW's growing resilience and confidence over time

The supervisors admitted that they tended to pay special attention to the emotional stability of PSWs because there was a common concern about the risk of relapse. However, despite occasional stress being experienced by a PSW as a new member of staff, most PSWs were able to adjust to their new role smoothly. For instance, Yvonne's supervisor noted the difference between initial and later interviews during placement period:

I am afraid that given her high expectation, she may have difficulty accepting the fact that we may be unable to match her with service users or the request is being rejected. (Co-worker05/M/40+/T₂_1/Yvonne)

I didn't notice any change from PSW (Yvonne) until the social worker informed me of her family issue (PSW's father with mental health issues suddenly moved in to stay at home). She did not bring any negative emotions to work.

(Co-worker05/M/40+/T₂_2/Yvonne)

PSWs' growing resilience and confidence was also evident during the late stage of the employment period.

At the beginning Eliza reported her difficulty to go to sleep. She was a bit nervous and worried. But now she is more energetic and competent to deal with challenges at work. (Co-worker08/F/40+/T_{3_2}/Eliza)

They became more confident and less nervous. They became more familiar with the daily operation of the center and were able to interact with colleagues. They knew who to turn to when they encountered problems. (Co-worker_mn01/F/30+/T_{3_2}/May and Eliza)

Sharing at university gave the PSW a sense of fulfillment... She reflected on stigma against people with mental illness and she also knew how to adjust the content to inspire the students. She felt a strong sense of mission after sharing. (Co-worker_mn01/F/30+/T_{3_2}/May)

Moreover, in some of the organizations, PSWs were assigned to run mutual support groups independently; and some of these groups had a higher attendance rate

than those run by non-peer professional staff (Co-worker_mn05/F/25+/T_{3_2}/Tom).

3.2. Service users' changes over time: the challenge and promise of peer support services

The interviews with service users revealed that their experiences with PSWs might not be positive initially. Some service users reported that they were unsure about the role of PSWs in the organization and hence did not know what to expect. There were also occasions when social comparisons were not helpful for some service users, as they felt inferior to the PSWs:

Their [the PSWs'] conditions were not as serious as mine..., [they were] taking less medicine, only one pill per day, but I take 11 pills each day. They have a better ability to understand others and are more observant. They have the ability to work, but I don't (User09/F/40+/T₂/May and Eliza).

However, it was more common for the service users to mention the specific benefits they derived from peer support services over time.

3.2.1. Reduced levels of stress and pain

About one-third of the service user participants emphasized their perceptions of somatic improvements, such as experiencing less physical pain and sleeping better. It

was frequently mentioned that these were brought about by talking with PSWs or participating in activities led by them.

When you have some (negative) thoughts, she (PSW) will help you handle them. So whenever I feel confused, I will remind myself of what she has shared with me about physical pain, anxiety, thoughts and fears. I will try using strategies she employed before and some of them are helpful. Now I have also developed better relationships with others. I used to be quite irritable, but after talking with her I felt more relaxed. (User15/F/50+/T_{3_1}/Sue)

As we have similar symptoms, I feel more at ease talking with her. So sometimes if I couldn't see her at the center, I would feel lost. I get upset quite often, usually feeling nervous and disturbed; sometimes I will suffer from severe back pain and will hear voices, and the experience is really uncomfortable. But after talking with PSW, I do feel better because she also has the same problem and she can teach me some exercises to ease the pain. (User15/F/50+/T_{3_2}/Sue)

I am getting better at getting along with people. I have more friends because more people are joining the activity. It's probably because PSW is the group leader. As I become more involved in the activities, I feel more spirited and can

sleep better. My sleep quality has improved over the past two to three months. I used to wake up in the middle of the night. (User22/F/50+/T_{3_2}/May and Eliza)

3.2.2. Improved connections with others

First of all, service user mentioned that the PSWs were “on the same wavelength” that they could engage in “deeper conversation and it’s amazing how the PSWs can articulate what is on my mind.” (User19/F/40+/T_{3_2}/Yvonne) Then, many service users reported that they made more friends in the organization after the introduction of the peer support program. Co-workers noticed that PSWs played a significant role in enhancing service users’ connections with others including those isolated individuals.

PSW paid visit to several service users at their homes along with the social worker. These service users had refused to go out but after the visit they were willing to come to group activities. This was a change brought about by the PSW. (Co-worker_mn01/F/30+/T_{3_2}/Eliza)

When probed about how the increase of social interaction was made possible by the PSWs, the service users ranked “feeling understood” as the chief reason. One of the service users recalled “I used to think that no one would ever understand me.... Now I don’t.” (User19/F/40+/T_{3_2}/Yvonne)

When service users were asked about whether they would recommend PSWs to other clients, 12 out of 15 (80% during the T₃ period) user participants gave affirmative responses. It is worth noting some of the users changed their mind from “not recommend the service as I am not sure of what PSW is” (User16/M/20+/T_{3_1}/Tom) to recommend the service to their fellow members “as it may help people” (User16/M/20+/T_{3_2}/Tom) between the initial and later interview.

3.3. The vital role of the family in supporting peer support workers

When the PSWs were interviewed during training period, they described how their families had influenced their decision to become PSWs which was not investigated before in existing body of literature.

3.3.1. Supporting PSWs

Their families not only supported the decision of the PSW participants to undertake the PSW role but also sustained their determination to work as PSWs. Eliza described how her daughter encouraged her: “seize this rare opportunity and give it your best shot.” (Eliza/F/50+/T₁).

My families have witnessed the progress I make – I used to be very stubborn –

now they are very supportive of my role as PSW. (Eliza/F50+/T₂)

My families have seen me improving a lot. There was one day when I was cooking in the kitchen. I overheard my families' commenting on news about people with mental illness, and their views were far from correct. So I walked out of the kitchen to share with them my views. They were quite impressed by my behavior and I felt my improvement has been recognized by them.

(Eliza/F/50+/T_{3_2})

Sometimes the family support could be in both tangible and intangible form. Sue said that she was released from household chores so that she could take the job. Sue also recalled her family members saying to their friends that "people with mental illness are not useless; they can also make a contribution to society." (Sue/F/45+/T₁) This positive comment further encouraged her to play an active role in her work.

3.3.2. Family's concerns

Despite the fact that the family members generally supported their relative's decision to become a PSW, they did have several concerns at the beginning. The major one was that the family members worried that they might not be able to handle

the workload and stress associated with being a PSW. A PSW (May) explained the specific worry expressed by her mother: “[You] take in negative energy yourself every day while helping others get rid of theirs.” (May/F/40+/T₁) Another concern was about the low salary and it led to May’s resignation from the job thus the third interview in T₃ was conducted to better understand the issue.

My mother was concerned about the low salary of PSW and she worried that I would be unable to support the family as much as I used to. But after explaining to family members the meaning of PSW as a way to promote positive thinking, they finally supported my decision. (May/F/40+/T₁)

If you ask whether my salary is able to support my living, I have to say no. When I first took up the job, I used to believe that I could strike a financial balance by cutting my expenses. But it turned out to be impossible (I am short of several thousand dollars each month). Hence I decide to resign. I have notified my supervisor and will quit in February. I will return to my previous post as clerk. (May/F/40+/T_{3_3})

Yvonne experienced similar pressure to take up another position as Wellness Recovery Actions Plan advance facilitator (upon further training) due to the fact that

her father had been unwell requiring hospitalization and likely expensive operation in near future. In the fourth interview during the employment period Yvonne revealed:

My (monthly) salary at Mindset was HK\$8,500 (US\$1,095). It had remained the same after I changed the position at the agency but there was an annual increment of a few hundred dollars. Nonetheless, even after two or three years of working, the salary still won't exceed HK\$10,000 (US\$1,288). I only hope that there will be a pay raise or me being promoted to at least the position of advance facilitator of the Wellness group. Otherwise, I'll quit. (Yvonne/F/30+/T_{3_4})

4. Discussion

Addressing the questions posed by Davidson et al. (2012), this qualitative study was aimed at investigating the changes in the perception about PSWs within an organization and the unique contributions of PSWs to the recovery process of service users. The present study also contributes to the current literature (e.g., Lloyd-Evans et al. 2014; Reppel and Carter, 2011) on two counts. It is the first longitudinal study from the introduction of peer support services to a year after with a non-Western sample, to examine the experiences of peer support services from the perspectives of PSWs, service users, and non-peer professional staff. Also the present study begins to investigate the influences exerted by family on PSWs in joining and remaining in the

peer support workforce.

PSWs are a relatively new part of the workforce in Hong Kong's mental health system, so the role of PSWs has not been clearly defined. This study revealed that supervisors and non-peer professionals were uncertain about the duties of a PSW in their organization and that the initial phase of the peer support program was challenging. The challenges did not stem only from the organizational environment – where members of the professional staff were figuring out how to incorporate the expertise of PSWs into their daily practices – but also from the confusion of the service users. The service users' accounts confirmed that they had not understood the special role PSWs can play in the recovery journey and had viewed them only as casual helpers. The frustrations of the PSWs were also noted in the interviews: they perceived that other staff did not trust their abilities, there was lack of clarity about the PSW's role in the organization and difficulty in accessing information about PSW in their own native language. Slade et al. (2014) and Davidson et al. (2012) warned that a lack of organizational commitment to PSWs could undermine their effectiveness, as they would feel disrespected and marginalized. Nonetheless, the contributions of the PSWs to the mental health services evolved over time, through increased interactions with both their co-workers and service users. Organizations that implement peer support services should allow for a transition period to let PSWs adapt to their new

working environment, to build their competency, and to establish trust with their co-workers and service users.

The interviews showed that the service users felt that the PSWs were empathetic and they were more empowered as time passed. The present findings echo those of previous studies that during the delivery of peer support services, sharing relationships (Davidson et al., 1999) and mastery of experiential knowledge (Coatsworth - Puspoky et al., 2006) for example the stress coping skills create a bond between PSWs and service users and help users feel empowered to better manage their wellness.

Consistent with the findings in Western societies (Chinman et al., 2014; Valenstein et al., 2016; Walker and Bryant, 2013), we found that the individuals who received peer support services reported increased motivation and positive thinking. The present study also expands current knowledge by showing the Chinese service users tended to talk about the alleviation of their physical symptoms, such as their reduced levels of pain and improved quality of sleep, after receiving peer support services. This pattern seems to be influenced by Chinese culture, that individuals are more likely to somaticize their psychological distress in the forms of tiredness, aches and pains, and loss of appetite, as well as to attribute their distress to an organic course (Cheung, 1982; Leong and Lau, 2001). Hence, they tend to place more

emphasis on physical well-being than on the emotional adjustment of a person to understand and describe their recovery experience (Bian et al., 2015; Sun et al., 2016; Tseng and Hsu, 1969).

Previous studies have demonstrated that social comparison may bring motivational benefits to service users (Proudfoot et al., 2012). Social comparison allows individuals to find similarities between themselves and others, and helps them to understand their situation. It is also a process by which an individual form a sense of identity within a group who are similar to them. In our study, some of the service users said that they felt inferior to their PSW and that they were different, suggesting positive effect social comparison on self-efficacy could be compromised if individuals only saw how bad their performances were, compared to PSWs (Dennis, 2003). It has been shown that peer support workers could have a complicated relationship with other service users initially, as the service users resented the PSW's success (Chinman et al., 2008). Nevertheless, through more communication and sharing with PSWs as time passed, most of our service user participants made an "upward social comparison": they believed that modeling themselves on PSWs could bring them positive outcomes, such as a greater sense of hope and enhanced self-efficacy, which subsequently increase their engagement in treatment. (Dennis, 2003; Watson et al., 2007). The longitudinal nature of this study enabled this social comparison to be

explored and understood better.

This study also revealed an intriguing phenomenon of how families exerted significant impact (e.g., over the concern about below-expected salary) on PSWs' decision on undertaking the career in peer support services, which has not been studied in the Western literature. Consistent with the literature that individuals in collectivist culture usually weave their family responsibilities and filial loyalty tightly into their recovery aspiration as well as personal development (Davison and Tse, 2014; Tse et al., 2010; Tse et al., 2012), our findings has shown that family members' view over the reputation and prospect of peer support services could significantly shape PSWs involvement into this career. Some PSWs admitted that they left their job because of the discouragement from their families, especially when they could not fulfill their responsibility to financially support their family on the modest salary. Family support, care, and acceptance could facilitate the utilization of social capital and foster the individuals' recovery (Lloyd et al., 2006; Pernice - Duca, 2010; Tse and Ng, 2014; Tse et al., 2015), but it may also contribute to dysfunctional interactions and conflicts that hinder the recovery process (Lam et al., 2010).

This study has several limitations. First, more women than men participated, and this imbalance affected all the categories (PSWs, service users, and co-workers); this might affect the representativeness of the sample and the generalizability of the results.

Second, some of the service users exhibited difficulties in describing their experiences; this might have limited the depth and richness of the data. Also in T₃, five of the ten service users did not want to be interviewed again that might indicate selection bias in this particular aspect of finding. Thirdly, the findings regarding family support were based only on the accounts given by the PSWs. Lastly, the findings collected from this philanthropically funded project may not be applicable to the regular peer support services funded by government for example, PSW does not have a work placement transition prior to paid employment or the workplace has very limited knowledge about PSW. Nonetheless, the insights gained by this study incorporate three important perspectives: those of PSWs, their co-workers, and service users. This study highlights the challenges posed in the initial stages of implementing a peer support services program, and it shows how some of the teething problems were resolved over time. Suggestions for future studies are to: (1) include the family members of PSWs and service users in order to investigate the views of the key stakeholders more comprehensively; and (2) examine the critical factors that would facilitate the implementation of peer-based intervention in non-Western mental health setting.

Authors Contributions

The present research study was a result of collaboration across FOUR non-governmental organizations (Sania Yau, Kimmy Ho, Sau-kam Chan & Stephen Wong) and TWO university research teams (Samson Tse, Winnie Mak, Iris Lo, Lucia Liu & Winnie Yuen) in Hong Kong. Authors must meet all three of the following ICMJE authorship requirements: 1) substantial contributions to conception and design, or acquisition of data, and analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published.

Conceived and designed the study (criterion 1): Samson Tse, Winnie Mak, Sania Yau, Kimmy Ho, Sau-Kam Chan & Stephen Wong. These individuals represented the two university researchers and the four agency senior staff members. Conducted the study and collected the data (criterion 1): Samson Tse & Iris Lo (research assistant). Analyzed the data (e.g., entering data to NVivo, performing the comparisons) and critiqued the interpretations in various research committee meetings (e.g., reviewing the interpretation against the study objectives/ research questions) (criterion 1): Samson Tse, Sania Yau, Kimmy Ho, Sau-Kam Chan, Stephen Wong, Winnie Mak, Iris Lo, Winnie Yuen (post-doctoral fellow), Lucia Liu (post-doctoral fellow).

Wrote the first draft of the manuscript (criterion 2): Samson Tse, Iris Lo, Lucia

Liu, Winnie Yuen. Provided comments critically with important intellectual contents (criterion 2): Samson Tse, Winnie Mak, Iris Lo, Lucia Liu, Winnie Yuen, Sania Yau, Kimmy Ho, Sau-Kam Chan & Stephen Wong. Examples of critical inputs included: checking accuracy of the writings, rewriting major sections, reorganising the sections/ paragraphs, using wordings to conform to the recovery paradigm, checking translations and quotes cited in the manuscripts and providing additional literature to deepen the discussion etc. The final manuscript was sent for professional English proof-editing. The entire team approved the final version of the manuscript (criterion 3).

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Table 1 12-month longitudinal study of five peer support workers and other personnel

Research participants' characteristics	Peer support workers	Service users	Co-workers
Number	5	15	14
Gender			
Male (%)	1 Male (20%)	3 Males (20%)	2 Males (14.3%)
Female (%)	4 Females (80%)	12 Females (80%)	12 Females (85.7%)
Number of individual interviews completed	26	20	31
Mean age (age range)	42.6 (29-60 years old)	47.3 (26-70 years old)	Not available (25-45 years old approximately)
Self-reported diagnoses	3 Depression (60%) 2 Schizophrenia (40%)	6 Schizophrenia (40%) 5 Depression (33.3%) 2 (Schizophrenia and depression) (13.3%) 1 Adjustment disorder (6.7%) 1 Not available (6.7%)	Not applicable
Mean Years from on-set of illness (range)	11.6 (3 - 31 years)	10.34 (9 months - 34 years)	Not applicable
Roles	3 Part-time (60%) 2 Full-time (40%)	Not applicable	The co-workers* had the following roles of the PSW: 7 Supervisors (50%) 5 Mentors (35.7%) 2 Non-peer colleagues (14.3%)

Service Settings

Placement:	13 were recruited from	11 were based in ICCMW (78.6%)
4 in integrated	ICCMW (86.7%)	3 were based in HWH
community center for	2 were recruited from HWH	(21.4%)
mental wellness	(13.3%)	
(ICCMW) (80%)		
1 in half-way house		
(HWH) (20%)		
Employment:		
5 in ICCMW (100%)		

* Among the 14 co-workers, 12 were social workers (85.8%), 1 was clinical psychologist (7.1%) and 1 was occupational therapist (7.1%)

Table 2 Summary of themes and sub-themes

Themes	Sub-themes
Perceptions over time about peer support workers	<ol style="list-style-type: none"> 1. Essential ingredient of PSWs: Turning mental illness-related experiences into an asset 2. Trusting and beneficial relationships 3. Initial uncertainty and confusion 4. PSW's growing resilience and confidence over time
Service users' changes over time: the challenge and promise of peer support services	<ol style="list-style-type: none"> 1. Reduced levels of stress and pain 2. Improved connections with others
The vital role of the family in supporting peer support workers	<ol style="list-style-type: none"> 1. Supporting PSWs 2. Family's concerns

	Number of interviews (number of participants)			Total number of interviews
	T ₁ , Training Course on Peer Support Services (16 sessions): 3 months	T ₂ , Placement: 2 months	T ₃ , Employment: 7 months	
Peer support workers (n=5): Tom (25-35 years old*, schizophrenia, agency 1) Yvonne (30-40 years old, depression, agency 2) May (40-50 years old, schizophrenia, agency 3) Sue (45-55 years old, depression, agency 4) Eliza (50-60 years old, depression, agency 3)	5(5)	5(5)	16(5)	26
Service users (n=15)	0	5(5)	15(10)	20
Co-workers (n=14)	0	16(9)	15(8)	31



Figure 1. Data collection over 12 months.

* Age range instead of exact age was used to protect the participants' identity.

Peer support workers

- All of the five participants were interviewed across T₁, T₂ and T₃
- In T₁ and T₂, each participant was interviewed once respectively
- In T₃, four participants were interviewed for three times (beginning, midway and end of the 7-month); one participant was engaged in the 4th interview before as she left the position as PSW

Service users

- None of the participants was interviewed across T₂ and T₃
- In T₂, five participants were interviewed once
- In T₃, five participants were interviewed once and they refused to be seen again; five participants were interviewed twice (beginning and end of the 7-month)

Co-workers

- Three supervisor participants were interviewed across T₂ and T₃
- In T₂, seven supervisor participants were interviewed twice (beginning and end of the 2-month); two non-peer colleague participants were seen once
- In T₃, seven supervisor participants were interviewed twice (beginning and end of the 7-month); one supervisor was engaged in the 3rd interview before she left the service

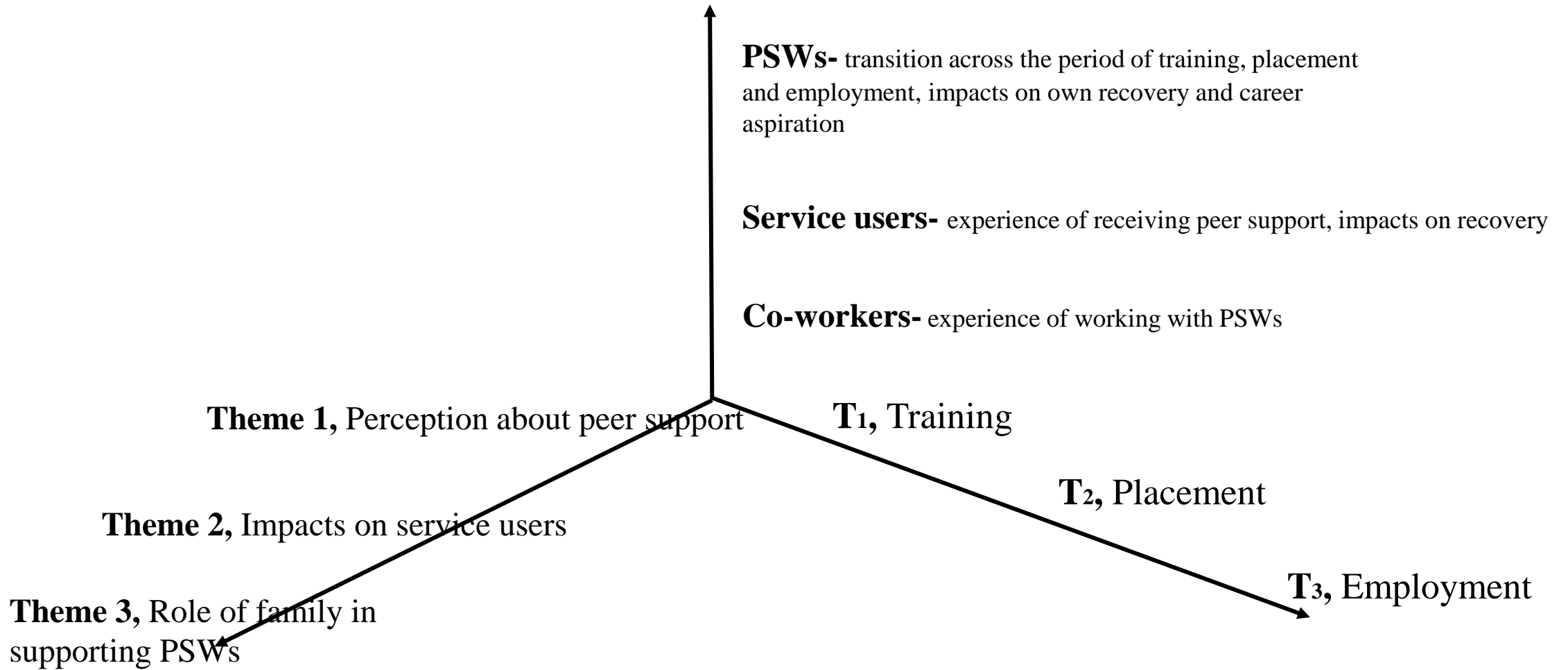


Figure 2. Data analysis plan.

The three general themes were generated in the initial round of data analysis, then the themes/ data were compared across the participants (PSW, service users and co-workers) and various time points (T₁, T₂ and T₃).