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Introduction

- Peer-support groups are informal or formal groups where people with similar experiences, or those struggling with their physical and/or mental health, come to support each other in community.
- General practitioners and other clinicians are aware of these groups and often encounter individuals with problems such as isolation and low self-esteem, and 'social prescribing'—helping people find local, non-clinical sources of support—is becoming more commonplace (Kilgarriff-Foster & O'Cathain, 2015).
- Previous research has often looked at peer-support groups through a medical perspective, and has often focused on outcomes relating to overall symptoms of illness. However, an approach focused on 'wellness' rather than 'illness' (Repper & Carter, 2011) may be more useful for investigating members' **authentic experiences** and **shared learning**.
- The peer-support group meets on a weekly basis in a local café in the North-West of England. The group has 2-3 volunteers that sit with the attendees and talk to them (not always, depending on whether the attendee wants to be silent) and the group is entirely confidential.



Aims

- To explore **community**, **shared experience** and **mental health** by using qualitative research methods with a peer-support group for adults.
- To research any characteristics/factors that are significant with regard to how it functions as a unique community group.
- To explore the participants ideas for developing the group which could help inform the creation of other café groups.



Methods and Approach

- Three weeks before any data was collected, the researcher attended the peer-support group as a volunteer to develop a rapport with the members. No data was collected/notes taken during these first few weeks and the researcher explained details of the project to any members interested in taking part.
- During data collection, one-hour discussion groups using visual qualitative methods were used to engage conversation about the peer-support group, about characteristics of the peer-support group that were significant to the participants and ideas about it's positives, negatives and any additional ideas about it.
- Visual qualitative methods act as thinking tools and help people develop their ideas to produce organised visual 'artefacts'—an example of one of the artefacts produced by the participants is given in the figure 1.
- Participants were recruited by the leader of the group.
- The discussion groups were held on separate weeks and both had three participants in each making a total sample of n=6.
- The data was transcribed and analysed by the researcher to develop key research themes.

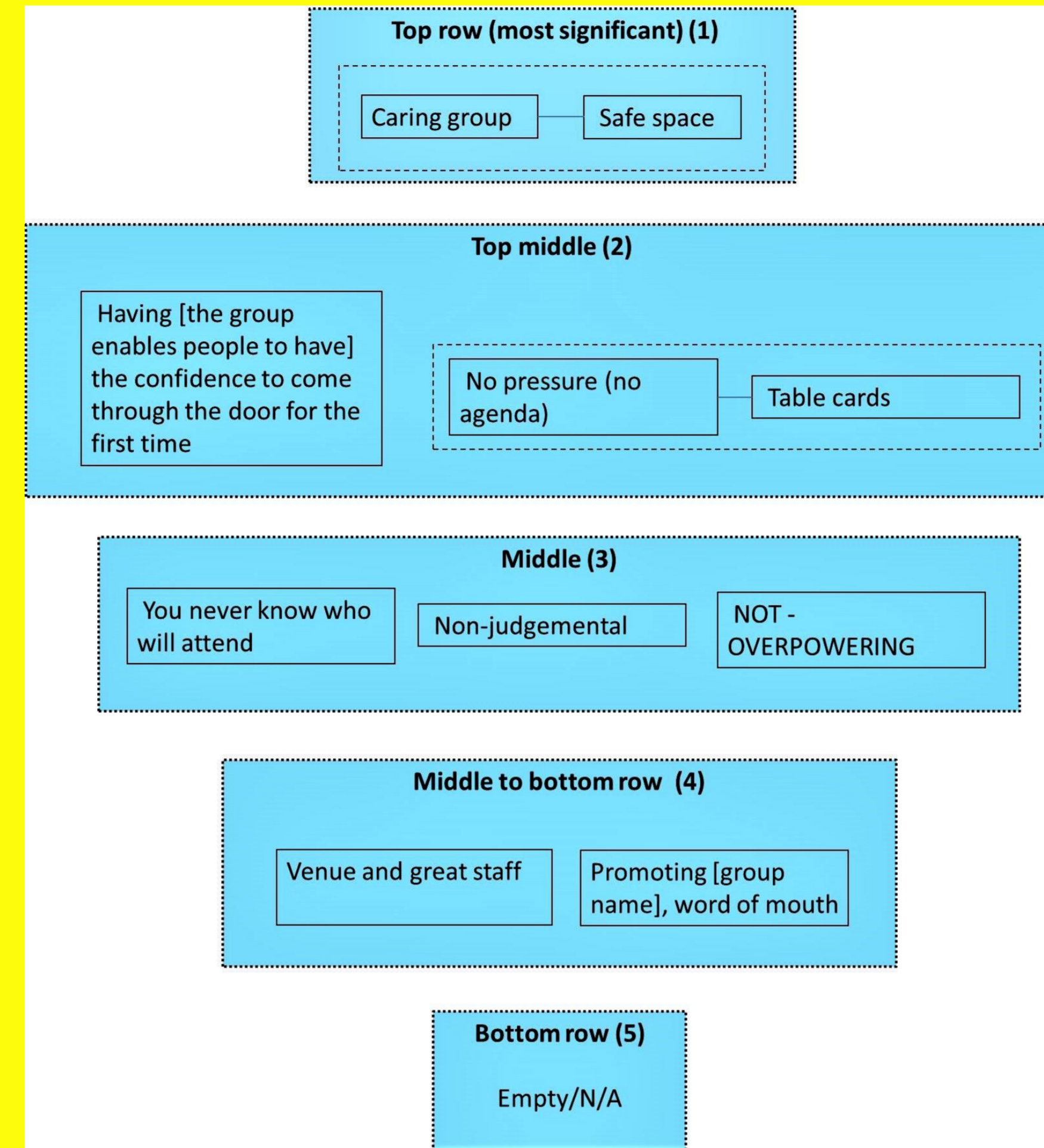


Figure 1: One of the transcribed diamond ranking visual artefacts from the discussion groups. Note that the diamond arrangement allows some flexibility for ranking the statements/phrases.



Figure 2a,b: The set up of the tables in the café. Note the linear layout.



Results and Discussion

Friendship

- The theme of friendship was significant to the group in a number of ways.
- Some spoke about and recommended the group to their friends which meant that the support network the group created carried on during the days where the group did not meet.
- Others referred to the new friendships made from attending the group:
 - '[I became] friends with people...[discussion group 2]
 - 'Meeting new people' [discussion group 2]
- Those in discussion group 2 felt that the words 'Friendly' and 'Making friends' deserved a lot of significance in relation to the peer-support group. They gave these phrases the rank of 1 and 2 respectively in the diamond ranking activity.

Shared experience and learning

- Members of the group benefit from sharing knowledge from others and having access to leaflets about other local services and prescribed social activities:
 - 'Getting knowledge from other people of ways of dealing with issues!' [discussion group 1].
- Being able to talk to others struggling with their mental health is also of significance to the group:
 - 'It is a fantastic place to come and engage with others who have/or are going through mental health problems.' [discussion group 1].

Table cards

- The table cards were considered to be both a significant and clever tool for the group, and was ranked as 2 on the diamond rank in discussion group 1.
- Members indicate (by placing either a yellow or green card on the table) whether they want to sit in company and not talk or engage in conversation freely, removing barriers to communication for anxious individuals:
 - 'Table cards—makes [group name] unique.' [discussion group 1]
 - 'Table cards are a fantastic idea.' [discussion group 1]

Judgement-free

- One of the important aspects of the group is that it is judgement-free and aims to be inclusive. This seems to help members feel comfortable in themselves and supported:
 - 'Chance to be yourself and not judged' [discussion group 1]
 - 'No one passes judgement.' [discussion group 2].



Conclusions and Recommendations

- The unique format of the group creates a relaxed environment for attendees.
- Members of this group are able to relate to each other's experiences and share knowledge, creating a strong community and support network.
- The table cards are an ingenious tool to ease communication between group members, and could be used in the creation of new similar groups.
- Contact details of the attendees are not usually taken to avoid putting pressure on them, however, taking contact details would extend the support network offered by the group outside the group's meeting times.
- Offering more activities and advice was suggested to develop the group:
 - Layout of the group (see figure 2a,b)—some participants recommended that the table set-up could be changed to make it more of an inclusive space.
 - Ways of encouraging newcomers to keep attending were suggested.
 - Growth—people moving on from the group and expanding their networks—can act as a springboard to other opportunities.

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