

Short Report

Challenges to Establishing Partnerships in Peer Support Activities for Individuals with Mental Disorders

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Abstract

This study aimed to clarify the current state of and issues related to establishing partnerships in peer support activities for individuals with mental disorders. An anonymous, self-administered questionnaire survey was conducted among participants of a meeting for peer supporters of individuals with mental disorders. The following aspects were assessed: participant characteristics, motivations and difficulties of engaging in such services, and various other challenges. Free response content in the questionnaire was analyzed with qualitative and inductive methods. Our findings highlight the need to create an appropriate environment for peer supporters to share their recovery experiences in order to assist the formation of relationships with individuals with mental disorders through peer support services.

1. Introduction

The average psychiatric hospital stay in Japan was 274.7 days in 2015¹⁾. This is particularly long, and is nearly 10 times longer than the average stay in other types of hospitals (29.9 days). Given this situation, there are efforts to reform the mental health care system and promote a shift from hospitalization-focused treatment to support for living in the community based on the "Visions in Reform of Mental Health and Medical Welfare", a report published by the Ministry of Health, Labour and Welfare (MHLW) in 2004²⁾. For current community support-based healthcare services, people involved in the treatment of individuals with mental disorders need to be supported actively in order to facilitate interactions with these individuals and help them to acquire the self-monitoring skills needed to manage their own condition and improve their quality of life.

Recovery support for individuals with mental disorders and disabilities must not only address physical recovery, but also help with re-establishing the patient's lifestyle. Recovery is "the process of overcoming the severe effects of mental disorder and finding a new meaning and purpose in life"³⁾. It involves demonstrating

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autonomy and direction, "having hope regardless of one's illness or health state, being able to display one's abilities, and make choices independently"⁴). In one study, greater recovery among individuals with mental disorders was observed in those who lived in the community and received peer support compared to those who did not⁵). This suggests that receiving peer support aids recovery. In addition to the involvement of health care providers, support from peers who share similar experiences is needed for efficient recovery.

Directives for peer support training and implementation are set forth in the publication by the Ministry of Health, Labour and Welfare, entitled "Direction of Future Measures toward the Transition of Regional Long-term Hospital Patients with Mental Disorders"⁶). Although the need for peer support is increasing, engaging in peer support services can be taxing. Therefore, there is an urgent need for further measures that facilitate peer support services.

Against this backdrop, the present study aimed to clarify the current state of and issues related to the process of making connections through peer support services for individuals with mental disorders.

2. Methods

2.1 Definition of terms

Peer support activities refer to activities during which partners provide mutual support that serves as an intention for recovery and promotes empowerment under the self-determination principle⁷). Those involved in peer support activities in Japan are referred to by many titles, including peer supporters, peer specialists, and peer support specialists⁸). In this study, peer support is defined as a mental health and welfare activity aimed at speeding up recovery through learning about the experiences of other people with mental disorder histories. Peer supporters are individuals with mental disorders who engage in peer support with or without financial compensation.

2.2 Participants

Participants of this study were individuals with mental disorders who attended a self-help meeting. We obtained permission for study cooperation from the person leading the meeting after explaining the purpose of the study both verbally and in writing. Following the meeting, we explained the purpose of the study to participants both verbally and in writing. Participants were requested to fill out the questionnaire only if they consented to participate.

2.3 Self-help meeting overview

The meeting targeted those with mental disorders who had an interest in peer support activities, and represents an activity that is conducted and led primarily by those in similar situations, with psychiatric social workers, public health nurses, and nurses attending as supporters. The meeting lasted two hours. Participants broke off into small groups of about six, and discussed themes such as the current state of peer support activities or other relevant themes that were of interest to the group.

2.4 Survey items

Survey items included the following: participant characteristics (age, sex, medical diagnosis, peer support service experiences, general satisfaction with peer support services), whether or not participants requested to continue engaging in available peer support services, and their reasons for participating in such services.

2.5 Study period

The questionnaire survey was conducted in November 2015.

2.6 Methodology

Attributes of the subjects were determined through simple totaling. Free responses in the questionnaire were analyzed with qualitative and inductive methods.

2.7 Ethical approval

Participants provided informed consent before taking part in the study, and explanations on the nature of the study and potential ethical concerns were provided. Considering the burden imposed on the participants, the time allotted to complete the questionnaire was five minutes, and the questions were not invasive. In addition, the researchers constantly monitored the situation, intervened when psychological distress occurred while answering the questionnaire, and made efforts to minimize discomfort. All participants provided informed consent to be interviewed. This study was approved by an Ethics Committee and conformed to the principles of the Declaration of Helsinki.

3. Results

3.1 Participant characteristics

A total of 20 individuals (87.0% response rate) participated in the survey. The mean age \pm SD was 42.1 \pm 14.1 (age range, 29-61) years. Disorders of participants included: schizophrenia (11 participants; 55.0%), autism spectrum disorder (4; 20.0%), mood disorder (3; 15.0%), steroid psychosis (1; 5.0%), and unknown (1 subject; 5.0%). Fourteen participants (70.0%) indicated that they had previous peer support service experience.

3.2 Current state of and issues related to peer support services

Reasons for engaging in peer support services, reasons for feeling a sense of fulfillment through peer support services, and issues related to peer support services were analyzed with qualitative and inductive methods. The results are based on data collected from the 14 participants with past peer support service experiences, and are summarized by category below.

3.2.1 Motivation for engaging in peer support services

The following themes related to motivation for engaging in peer support services were extracted from questionnaire contents: (i) self-disclosure; (ii) self-growth; (iii) meeting other people; (iv) developing a sense of usefulness; (v) returning the kindness, and (vi) experiencing recovery (Table 1).

3.2.2 Reasons for feeling a sense of fulfillment through peer support services

The following themes related to reasons for feeling a sense of fulfillment through peer support services were extracted from questionnaire contents: (i) forming relationships; (ii) meeting people with similar experiences; (iii) receiving gratitude from peers; (iv) hearing personal stories; (v) sharing recovery experiences, and (vi) obtaining a sense of self-efficacy (Table 2).

Table 1 Motivations for engaging in peer support services

Category	Data
Self-disclosure	"The joy of being able to talk about topics I can only share with people in the same situation"
Self-growth	"Improving myself by learning from the experience of others" "Contributing to improvement (of myself and others)" "Putting participants at ease and my own improvement"
Meeting other people	"Making friends"
Developing a sense of usefulness	"Being able to consider living a higher quality life despite my illness"
Returning the kindness	"Since I recovered due to the support of many people in society, I would like to return even a fraction of the kindness that had been shown to me back to society" "I would like to help people who suffer from the same feelings"
Experience of recovery	"Making use of my experience"

Table 2 Reasons for feeling a sense of fulfillment through peer support services

Category	Data
Forming relationships	"I felt a connection with others. Connections are important to me."
Meeting people with similar experiences	"I was glad to meet people who had faced the same difficulties I did."
Receiving gratitude from peers	"When being told 'thank you', I experienced gratitude." "When people thanked me, I was able to build a relationship based on trust." "When I was able to help with a telephone consultation and follow-up support of a discharged patient, I received gratitude and saw the person smile."
Hearing personal stories	"When participants can freely share various things by themselves."
Sharing recovery experiences	"By making someone happy, I saw the person improve, and I felt myself improving too." "When we were able to cheer each other up and smile, even when I was scolded, I felt that it was with good intent." "When I received peer support and smiled at the person supporting me, I felt an overwhelming sense of happiness."
Obtaining a sense of self-efficacy	"When I felt that there were things that I could do too, and when I received my, albeit small, salary." "When I felt that my distressing experiences were being put to good use, I strongly felt a reason for living."

3.2.3 Issues related to peer support services

The following themes related to issues regarding peer support services were extracted from questionnaire contents: (i) need to create a stable environment for self-management; (ii) need to raise awareness in society; (iii) need to train peer support specialists; (iv) need to increase motivation, and (v) need to set up consultation centers (Table 3).

4. Discussion

4.1 Sharing personal stories of recovery through peer support services

With respect to mental health peer support services, our findings highlight the need to raise awareness of peer support services among patients, providing opportunities to share their recovery experiences, and establishing a support system for these services. Individuals who received peer support in the past listed meeting people with similar experiences, sharing personal stories of recovery, and obtaining a sense of self-efficacy through changing their perceptions as main reasons for engaging in peer support services and experiencing fulfillment through these services. This suggests that those with previous peer support experiences are able to share effectively their recovery stories with other patients by participating in peer support services. In order for peer support to be effective, both friendly support that provides a sense of companionship and active support based on acquired skills and first-hand experience are needed⁹⁾. In order to speed up the recovery of those with mental disorders in the future, multi-institutional and multi-occupational efforts are needed to advocate for mutual understanding in local communities and to establish a platform that allows patients to share freely their recovery stories.

4.2 Future issues of peer support services

Our findings suggest that the main issues in current peer support services include setting up independent locations, increasing motivation, and establishing consultation centers. Those with active peer support experience often question the meaning of peer support, even while benefiting from it themselves,

Table 3 Issues related to peer support services

Category	Data
Creating a stable environment for self-management	"Carefully checking my health status and controlling my emotions (my tasks as a peer supporter). Providing a place that can offer help. Taking care of myself. Meeting face-to-face."
Raising awareness in society	"I hope that peer supporters are fully recognized in society." "Peer supporters are not well recognized in the northern part of my prefecture. I hope that they will achieve better recognition."
Training peer support specialists	"I hope that peer supporters can gain more knowledge and experience, so that they can carry out discussions with PSW, nurses or physicians on an equal footing." "A division-of-labor system must be developed."
Increasing motivation	"Although people can find meaning or purpose of life through peer support, a majority of them give up due to low wages. Prefectural or city governments should increase the budget."
Setting up consultation centers	"A consultation office is needed so that peer supporters have a space for consultation (and be able to continue working with a stable income)." "I sometimes have trouble with boundaries between peer supporters and patients."

and are uncertain about how to proceed while engaging in peer support services. We speculate that those with mental disorders erect interpersonal psychological boundaries when gaining skills and experiential knowledge through peer support activities. Recovery, which is the main purpose of these activities, can be hindered when such boundaries are present. Thus, peer support services require the help of counselors and expert supervision that take into account these boundaries.

Peer support is essential for helping patients move beyond their patient role and find an empowered sense of personhood¹⁰.

In order to create a stable environment for peer support services, participant safety must be ensured. Our findings suggest that personal information must be protected and that participants need to be offered a comforting environment when engaging in these services. Indeed, one issue with forming relationships through engaging in peer support services is the need for a stable environment for peer supporters to share their personal stories of recovery.

Various terms (e.g., peer supporters, peer specialists, peer support specialists) are used in the mental health and care field in Japan, and various qualification systems and training programs are available⁸. Peer supporters typically perform peer support activities, which can be divided into mutual support groups or self-help groups, through peer-provided services, regardless of whether the services require a fee or not¹¹. For example, peer specialists in the United States with a peer support background and certified qualifications to assist the recovery of mentally disabled people reportedly face poor compensation, limited employment opportunities, work-related stress, emotional stress in helping others, and issues with personal health maintenance^{12,13}.

Certification systems and training programs for peer support in Japan are mainly overseen by prefectures, municipalities, and organizations that specialize in peer support activities, which carry out peer support workshops and training courses. After attending these courses, many peer supporters register regionally or with offices and receive compensation while being involved in activities aimed at promoting discharge or community transition. Currently, peer specialists and peer support specialists often sign employment contracts with hospitals and offices which conduct peer support activities¹⁴. Yet, our findings highlight the need to raise awareness in society and train peer support specialists. When peer support activities require a fee in Japan, financial side assurance and guarantees cannot be obtained¹⁵. Indeed, Japan

is far from having an established system in which society shows an awareness towards these specialists. Although peer support services are becoming more common in the field of mental health and welfare in Japan, awareness of the importance of these services as a recovery method should also be strengthened.

4.3 Limitations of this study

Although our study assessed peer support activities, due to the limited study population, there may have been bias in how the details of activities are clarified and in answers by participants. Future studies should define peer support activities in further detail, and participant selection should be conducted based on a better understanding of each participant's background.

5. Conclusion

This study aimed to clarify the current state of and issues related to peer support services by surveying participants of a peer support meeting. The motivations of those with previous peer support experience for engaging in peer support services included self-disclosure, self-growth, meeting other people, developing a sense of usefulness, returning kindness, and sharing recovery experiences. Issues related to peer support services included creating a stable environment for self-management, raising awareness in society, training peer support specialists, increasing motivation, and setting up consultation centers. Our findings highlight the need to create stable environments for peer supporters to share their recovery experiences in order to allow the formation of relationships by engaging in peer support for individuals with mental disorders.

Conflict of Interest

The authors declare that there is no conflict of interest.

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References

1. Ministry of Health, Labour and Welfare : *2015 Summary of static/dynamic surveys of medical institutions and hospital report*.
<http://www.mhlw.go.jp/toukei/saikin/hw/iryosd/15/dl/gaikyo.pdf>, [2016]. (June 25, 2017) (In Japanese, translated by the author of this article)
2. Ministry of Health, Labour and Welfare : *Vision for reforming mental health care and welfare*.
<http://www.mhlw.go.jp/topics/2004/09/dl/tp0902-1a.pdf>, [2004]. (March 25, 2017) (In Japanese, translated by the author of this article)
3. Anthony W : Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, **16**(3), 11-23, 1993.
4. Fujita E, Kuno E, Suzuki Y, Hisanaga F, Sakamoto A, Uchino T, Isoda S, Kato D, Uehara K, Yoshimi A and Hirayasu Y : Introduction of Illness Management and Recovery (IMR). *Clinical Psychiatry*, **50**(7), 709-715, 2008. (In Japanese)
5. Chiba R, Miyamoto Y and Kawakami K : Comparison of recovery by people with mental illness who live in the area, with or without peer support experience. *The Japanese Journal of Psychiatric Nursing*, **38**(2), 48-54, 2011. (In Japanese)
6. Ministry of Health, Labour and Welfare : *Future direction of concrete measures toward the transition of regional long-term hospital patients with mental disorders*.
<http://www.mhlw.go.jp/file/05-Shingikai-12201000-Shakaiengokyokushougaihoukushibu-Kikakuka/000051138.pdf>, [2014]. (March 25, 2017) (In Japanese, translated by the author of this article)
7. Oshima I : Challenges of peer support, its effectiveness and tasks. *Clinical Journal of Psychiatric Services*,

- 13, 6-10, 2013. (In Japanese)
8. Tsuchiya T : Efforts to broaden activities of peer supporters, trainings and mutual support system in Japan. *Clinical Journal of Psychiatric Services*, **13**, 111-116, 2013. (In Japanese)
 9. Matsumoto M and Ueno T : The effect of the peer support in the project of resettlement of the long-stay inpatients with mental disabilities: The significance of peer support and expert support. *Japanese Journal of Psychiatric Rehabilitation*, **17**(1), 60-67, 2013. (In Japanese)
 10. Austin E, Ramakrishnan A and Hopper K : Embodying recovery : A qualitative study of peer work in a consumer-run service setting. *Community Mental Health Journal*, **50**(8), 879-885, 2014.
 11. Solomon P : Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal*, **27**(4), 392-401, 2004.
 12. Repper J and Carter T : A review of the literature on peer support in mental health services. *Journal of Mental Health*, **20**(4), 392-411, 2011.
 13. Ahmed AO, Hunter KM, Mabe AP, Tucker SJ and Buckley PF : The professional experiences of peer specialists in the Georgia Mental Health Consumer Network. *Community Mental Health Journal*, **51**(4), 424-436, 2015.
 14. Harada I : Peer support. Editorial board of Mental health medical welfare white paper, *Mental health medical welfare white paper 2016*. Chuohoki Publishing, Tokyo, 79, 2015. (In Japanese, translated by the author of this article)
 15. Specified Nonprofit Corporation peer-sapo Chiba : *Creation of surveys and guidelines related to how to improve systems such as human resource development and employment management in the area of peer support*. <http://www.mhlw.go.jp/bunya/shougaihoken/cyousajigyoku/dl/seikabutsu12-1.pdf>, [2011]. (June 25, 2017) (In Japanese, translated by the author of this article)

