

Local Innovation

PROMOTING RECOVERY THROUGH PEER PROVIDED INTERVENTIONS-RAJAH EXPERIENCE

Kavitha M A¹ Nechiylthody Pfizer^{2*}

¹ Consultant Clinical Psychologist, Rajah Rehabilitation Centre, Chavakkad, Thrissur, Kerala.

² Consultant Psychiatrist, Rajah Rehabilitation Centre, Chavakkad, Thrissur, Kerala.

*Corresponding Address: n.pfizer@gmail.com

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ABSTRACT

Peer provided intervention is an additional approach to treatment as usual for mental illness. A peer is someone who belongs to the same social or professional group. Peer provided interventions improve the quality of life and improve the prognosis of mental illness. Rajah Rehabilitation Centre has initiated the coordination of peer provided interventions to individuals with schizophrenia and bipolar affective disorder since 2016. This provides a novel opportunity for help-seeking over and above the conventional one-to-one professional-patient sessions.

Keywords: recovery, mental illness, peer support intervention, self-management

INTRODUCTION

Individuals with mental illness are particularly affected by loneliness and social isolation. It is associated with the occurrence of mental illness, frequent hospitalization and lack of social contacts.¹ The prevalence of loneliness among people with mental illness ranges from 75% to 94%, and it is significantly higher than the general population.² Peer-to-peer interactions can mitigate loneliness and isolation by giving individuals with severe mental illness the opportunity to share their experiences with peers. This type of peer support is based on the assumption that people who share similar experiences can offer each other emotional and informational support and

promote recovery for anyone irrespective of diagnosis.³ It may further facilitate self-management by the individual with severe mental illness.⁴

Self-management in severe mental illness

Self-management refers to an individual's ability to manage the symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent living with a chronic condition.⁵ Objectives for self-management in mental illness include; instilling hope, improving illness management skills, providing information about the nature of the illness and treatment options, developing strategies for self-monitoring of the illness, improving coping strategies and developing

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skills to manage life changes.⁶ Self-management in mental illness has increased in popularity over the past decade, and programs based on this approach have been now widely recommended as a means of promoting recovery and empowering service users. Training in self-management may come from mental health professionals and peer support group workers.⁷

Peer support interventions

Peer support work is social-emotional 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 desired social or personal change. Peers may bring experiential knowledge to help them support others to overcome barriers (e.g., bad experiences, stigma, discrimination), challenge attitudes of clinical staff and contribute to culture change within mental health services⁶. They may also be able to credibly model recovery and coping strategies, thus promoting hope and self-efficacy. The opportunity to help others may also be of therapeutic value to peers providing support.^y

Three broad types of organized peer-provided interventions have been identified³:

- **Mutual support groups** in which relationships are reciprocal in nature, even if some participants are viewed as more experienced or skilled than others.
- **Peer-support services** in which support is primarily in one direction, with one or more clearly defined peer support worker offering support to one or more program participant (support is separate from or additional to standard care provided by mental health services).

- **Peer mental health service providers** where people who have used mental health services are employed by a service to provide part or all of the standard care provided by the service.

However, even within these subtypes of peer support, programs may vary regarding mode of delivering (group or one to one: in person or internet-based), duration, degree of co-location and integration with mental health services and content (whether highly structured and focusing on self-management or less structured with greater focus on activity and social contact).⁷

Commencement of Peer Support Group at RRC

Rajah Rehabilitation Centre (RRC) has started two peer support groups for persons with severe mental illness. The Silver Ribbon Group, a peer support group of recovering Schizophrenia, was launched on 24th May 2016 and the Green Ribbon Group is a peer group of recovering Bipolar disorder which was started on 10th October 2016. Till date, we have organized 8 meetings for both peer support groups.

Peer support group began with the following assumptions;

1. It is a relationship of mutual learning founded on the key principles of hope, equality, respect, personal responsibility and self-determination.
2. It allows therapeutic interactions between people who have a similar lived experience.
3. It facilitates the empathic understanding of other individual's situation through the shared experience of emotional and

psychological pain.

4. Formation of relationships without the constraints of the traditional expert or family member role.
5. It's a service that helps people with mental and behavioral health challenges to lead a longer and more satisfying life by (a) promoting recovery, wellness and healthy lifestyles and (b) reducing the risk of relapse.
6. Overcoming the sense of being alone and not having people who can understand the illness.
7. Sense of relief that group members can discuss their illness experiences in a supportive atmosphere without feeling embarrassed or ashamed.
8. Help to reduce feelings of internalized stigma and improve the confidence to disclose problems to other people through sharing common experiences.
9. It provides the opportunity to get more help than from a one-to-one therapeutic session.
10. It can decrease anti-psychiatry stance through an opportunity for ventilation of anger and hostility towards mental health professionals.

Peer Support Group Program at RRC

Rajah Rehabilitation centre focuses on a collaborative mental health care approach rather than a traditional didactic medical approach. Along with the peer support group of patients with specific mental illness, RRC conducts Carer Support Group for the caregivers of patients. We hold PSG meetings thrice in a year. Around 200 patients and their family members would attend every meeting.

The key elements of PSG meetings are the following;

- Session by peer support group facilitators, who have lived experience of mental health challenges. Peer supporter has extra incentive to stay well because he or she is a role model for others those who provide authentic peer support believe in recovery.
- Psychoeducation classes by mental health professionals and other health professionals including psychiatrists, clinical psychologists, social workers, dietitian, yoga instructor and physiotherapist
- Release of newsletter
- Honouring ceremony
- Group activities for the development of life skills important for wellbeing, self-care, homemaking and social communication
- Experience sharing session by each of the PSG participant
- Therapeutic recreation session
- Feedback session

Session by peer support group facilitators includes brief educational classes along with the experience sharing based on their mental health difficulties and symptom self-management. Videos on psychological and psychiatric disorders and treatments are also showcased.

Psychoeducation classes to peer support group comprises (a) signs and symptoms of schizophrenia and bipolar disorders, available treatments and services, (b) relapse preventive approaches, where service users are supported in identifying early warning signs and in developing strategies for avoiding or

attenuating the severity of relapse, (c) medication management, including identification of side effects and strategies for negotiations with professionals to optimize medication regimes to achieve the best balance of positive and negative effects, and (d) symptom management, including strategies for managing persistent symptoms of psychosis, anxiety and depression.

We publish a *newsletter* in every PSG meeting. It comprises a description of the peer support group including the aims and objectives, minutes of previous meetings, articles by mental health professionals, creative writings (short stories, anecdotes, poems., etc.) and drawings by peer support group members.

We *honour* the best community recovery warriors and exceptional caregivers with mementoes and certificates. This ceremony will improve the acceptance of their illness and reduce the embarrassment from social stigma.

Peer support facilitators along with the help of mental health professionals conduct *group activities* that focus on the life skills for personal, social and occupational functioning of the group members. We have conducted several group activities such as (a) '*Colourful High Five*' as the symbol of togetherness to fight against stigma, (b) '*Positive Self-Talking Flowers*' as to improve the self-expression and self-esteem of the group members in which each member has to write a positive quality of oneself, (c) '*Building Creation with paper glass*' for developing group cohesion, (d) '*My Bhodhi Tree*' in which PSG members have to create a tree by fixing paper leaves with their wish or aim written on it, and (e) '*Cognitive retraining activities*' include word puzzles and

tasks to improve attention, memory, verbal fluency, executive functions etc.

Experience sharing session by each of the PSG participant is the most significant part of the meeting. Each PSG participant shares his/her journey of illness, symptoms, treatment process, difficulties facing during the treatment progress, medication side effects, insight development, familial and social stigma, stressors, success stories of symptom recovery and ongoing difficulties facing by the individual. Other members of the peer support group will address the issues or difficulties of each individual and formulate solutions with the help of mental health professionals.

Therapeutic recreation session comprises activities like artworks (painting, drawing), music, brain gym exercise training, recreation games, therapeutic video presentation, film telecasting etc. We also conduct *Potluck* feast with the members of the peer support group in which they contribute different homemade food to be shared. This activity will enable a feeling of togetherness, socialization and reduce stigma.

In the *feedback session*, each PSG participant shares their opinions about the meetings and future directions.

We incorporate psychoeducation awareness classes and group activities for *Carer Support Groups*. Mental health professionals address the concerns of caregivers including medication adherence, early warning signs of relapse, familial caretaking risk factors, marriage/education and job management etc.

Charts, posters and books on the regional language are exhibited for gaining better knowledge about mental illness. Discussions on advocacy, benefits of disability certificate,

policies for mentally ill patients, subsidized medications are also initiated.

Significance of PSG meetings

By organizing Peer support group meetings (in every three months) decrease in relapses, less severe psychological distress, improved self-esteem, improved intrinsic motivation, insight of illness, stress tolerance, resilience, increased use of primary care, modified lifestyle changes, feeling more socially connected, improved overall functioning and an improvement in the wellness related to mental and physical health. Change in caregivers' attitude is also reported by patients as they are started to experience indifference, togetherness PSG meetings. Moreover, as the patients and caregivers are getting more knowledge about psychiatric illnesses and treatment, the social stigma has been reduced remarkably.

Barriers and Risk factors related to PSG meetings

- Negative symptoms and impairments in neurocognition and social cognition pose barriers to active participation in groups.
- Individuals with severe mental illness might be reluctant to use such mental health care services and may experience distress during face-to-face encounters
- Regular visits to PSG can become burdensome for those who are employed.
- Intolerance of a new member would lead to frequent absence
- Social anxiety/social stigma of patients
- Active symptoms like delusions or hallucinations may hinder their participation.

- Comparison with other PSG member that lower their self-confidence (“you are better than me”).

Elderly members have difficulty in attending meetings due to medical health conditions or forget the date and time of the meeting due to cognitive dysfunction.

CONCLUSION

Peer support for people with mental health issues has been widely advocated internationally by researchers. Provision of peer support is identified as a fidelity requirement for recovery-oriented services, and it has been taken as a part of community mental health programs.⁸ In Kerala, there has been no systematic peer provided interventions introduced as recovery-oriented mental health services, with an emphasis on pharmacological and psychotherapeutic interventions. Despite the limitations and stigma against mental health problems, there is little evidence from current trials about the effectiveness of peer support groups for people with severe mental illness.

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Conflicts of interest

Both the authors are consultants to Rajah Rehabilitation Centre.

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