Evaluation of Re:Connect and Time and Space Peer Mentoring Projects

April 2014 – August 2017

Mental Health Foundation

gamh
Glasgow Association for Mental Health

actioninmind
changing attitudes changing lives *across Stirling*

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Contents

Introduction

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The Mental Health Foundation commissioned an evaluation of mental health carers peer mentoring project: RE: Connect in Glasgow and Time and Space in Stirling and Clackmannanshire. This report outlines the main findings drawn from interviews and surveys conducted with mentees ,[1] mentors, volunteers, staff members, and referral agencies. It outlines the successes and challenges experienced since its inception and assesses the merits of peer mentoring as a form of support.

Background

The Scottish Health Survey estimates that 17% of the Scottish population are carers (Scottish Government, 2015). Caring can be a fulfilling, positive experience, however it can also impact upon health and wellbeing, opportunities for socialisation, and can have financial consequences (Scottish Government, 2015). The ratification of the Carers (Scotland) Act 2016 recognised the contribution carers make to society and the need for individuals to be adequately supported in their caring role. The Act introduced a range of duties and powers, including the duty to support unpaid carers, subject to local authority eligibility criteria (s.24).

Peer mentoring represents a mechanism to support carers, providing an alternative to traditional forms of support. However, the evidence base surrounding its efficacy is mixed and often lacking. Whilst there is a lack of quantitative evidence to support the proposition that peer mentoring improves outcomes, qualitative research demonstrates its value (Smith and Greenwood, 2014). Smith and Greenwood (2014) conducted a systematic review into the effects of volunteer mentoring on carers and volunteers and found that carers valued having someone with a shared background to discuss their experiences with (Smith and Greenwood, 2014). In a study by Greenwood et al (2013), volunteers experienced mentoring as a rewarding process and mentees were able to develop coping mechanisms by drawing on their peers lived experience.

Background to the projects

The Mental Health Foundation (MHF) secured Big Lottery funding to establish and develop peer-mentoring services across two sites in Scotland. The purpose of the project was to enable

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1. Mentors are responsible for providing support whilst mentees are those receiving support. However, this is not a one directional relationship, and both parties serve to gain from involvement, demonstrating the presence of reciprocity within mentoring relationships. Volunteers are individuals who have completed the training but have yet to be matched.

mental health carers to support their peers in their caring role. MHF was the lead partner organisation and Glasgow Association for Mental Health (GAMH) and Action in Mind were the delivery partners in Glasgow (Re:Connect) and Stirling and Clackmannanshire (Time and Space).

Individuals were required to fulfil particular criteria in order to become peer mentors. This included having experience of supporting a friend or family member with mental distress, as well as meeting residency requirements in the respective areas. Time and Space had a wider remit and also included those who provided support to individuals with dementia or learning disability.

The project ran from April 2014 until March 2017 with a 5 month extension until August 2017 to enable shared learning events to take place and sustainability plans for each site to be initiated.

Project outcomes were:

1. Mental health carers receiving peer mentoring are better supported with improved coping mechanisms, and have better mental health and wellbeing.

2. Peer mentors have improved skills, knowledge and wellbeing, and increased feelings of empowerment.

3. Mental health carers who currently receive little or no service provision, or are a from an equalities group, are better supported in their caring role.

Key aspects of delivery to enable the above outcomes to be met included:

- Development of robust processes and procedures to support matching process. This resulted in being presented with the Scottish Mentoring Network best practice Quality Award. This represents the quality of systems designed to support implementation of the project.

- Development of 6 module training programme for mental health carers to become volunteer peer mentors. Modules covered overview of peer mentoring approach, mental health and wellbeing, mentor communication skills, mentoring process (listening, sharing and goal setting), inequalities stigma and discrimination and project systems and policies including boundaries, beginning and ending mentoring relationships.

- Extensive outreach programme to promote the project(s) to professionals and the general public with supporting publicity materials e.g. leaflets and posters. This included information stalls at community events and volunteer fayres, representation on local planning groups and targeted presentations to services and professional groups, in year 2 and 3 public awareness campaigns ran with advertising on local buses and articles, features and advertising in community newspapers in Stirling and Clackmannanshire and subway advertising and coverage in the Evening Times newspaper in Glasgow.

- Shared learning events to raise profile of mental health carers and to promote project information with equality groups. This included in

year two a film screening of 'Mental: A family experience' as part of the Scottish Mental Health Arts Festival and a multi-cultural family fun day and another film screening and two shared learning events in year three.

Project Delivery and Reach

Over three years 109 individuals engaged with the project across both sites as mentors (n= 53), mentees (n=44), or volunteers (n=12). Around two thirds came from Time and Space and one third from Re:Connect. Approximately half of mentees had not previously received support from non-statutory services and for 16 people this was the first time they had accessed support for their caring role.

Other characteristics of the beneficiaries (mentors or mentees) were:

- 65% identified as white British, 26% as white other and 9% as mixed ethnicity

- 82% were female

- 45% were 18 to 24 years old representing successful recruitment from universities, 47% were between 25 and 64 years old and 8% were 65 years plus.

- 12% identified as having a disability.

- 13% identified their sexual orientation as lesbian, gay or bisexual.

- Experiences of caring were brought from perspective of parents, children, partners, siblings and friends and encompassed providing support to those with severe and enduring mental health conditions and those with no diagnosis who experience low

mood, stress and symptoms of anxiety and depression.

- Some beneficiaries had their own mental health problems with some receiving support for this.

Approximately 200 people engaged in wider events including film screenings, multi-cultural day and two shared learning events in June 2017. Each of these events were supported by volunteers through the organisation of the events and/or speaking at them. A number of volunteers, peer mentors and mentees also contributed to wider developments for mental health carers through attendance at local planning meetings, responding to consultations etc.

Future of the Projects

Re: Connect is being piloted within the carers and young carers service within GAMH. Time and Space is exploring funding options to expand the project, both geographically and in terms of capacity.

Methods

This evaluation aims to explore the successes and challenges faced by Re:Connect and Time and Space. It will discuss the advantages and disadvantages of peer mentoring and identify learning points to help improve future practice.

It will specifically focus on:

- The experience and process of being involved in the project

- The impact on mentors and mentees

- The added value of the mentorship model.

Peer Research

The adoption of a peer research model represented an extension of the ethos of peer mentoring, providing development opportunities for volunteers involved in the peer mentoring projects. The quality of the research served to benefit by drawing on experiential knowledge to enhance the research design (Devotta et al, 2016).

Power dynamics evident in traditional research were also addressed through peer interviewing (Faulkner, 2004; Rose and Beresford, 2009). Five peer researchers were recruited from Re:Connect and Time and Space and received research methods training and ongoing support from a research coordinator.

Data Collection Process

Data was collected through a combination of structured interviews and surveys. Interviews were carried out with mentees, mentors, and staff members from the Mental Health Foundation, GAMH, and Action in Mind. Overall, 15 survey responses were received and 21 individuals participated in interviews (see Table 1).

The majority of interviews were face to face, though two were conducted over the phone to fit around participants existing commitments. Care was taken to ensure that peer researchers did not interview anybody that they had a pre-existing relationship with to ensure anonymity and confidentiality.

Surveys were distributed to volunteers and to referral organisations. The volunteer survey received 8 responses, a 75% response rate.

A variety of organisations were invited to participate in the referral agency survey. This included: Community Links Practitioners, Community Mental Health Teams, carers centres across Glasgow, Stirling and Clackmannanshire, and third sector organisations. Despite the survey being widely distributed, only 7 were received.

Table 1: Participant Numbers

Group	Method	Number
Mentees	Interviews	7
Mentors	Interviews	7
Staff	Interviews	7
Volunteers	Survey	8
Referral agencies	Survey	7

Analysis

Detailed notes were taken and written up following the interviews. Data familiarisation enabled themes and subthemes to be identified. The open ended responses from the surveys were thematically analysed and the closed questions were analysed using Excel.

Report Structure

This report is structured in line with the evaluation aims. The first section reflects on the process of being involved in the project, followed by an examination of the impact of peer mentoring on mentors and mentees, before the value of the mentoring model is explored. Key learning points are highlighted throughout and to conclude recommendations for change are outlined.

Limitations

This evaluation is not intended to be representative or make generalisations regarding peer mentoring. Purposive sampling was used to capture a range of experiences of individuals involved with the projects.

The referral agency survey received seven responses and some of these had missing entries, though the low number of referrals reflects wider issues experienced in engaging external agencies.

Findings

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The following presents the main findings that emerged from the research. This section is structured in line with the evaluation aims, focusing on the process and experience of peer mentoring, the impact of peer mentoring, and the merits and demerits of the mentoring model. Case studies are presented at the beginning to provide insight into the experience and impact of peer mentoring for both mentors and mentees.

Mentor Case Studies

Annie's Story[2]

Annie came across an advert for Re:Connect whilst looking for both paid and unpaid work during a period of unemployment. She felt she could draw upon her own family experience of mental distress to support others providing care and support.

She found peer mentoring training beneficial, commenting that the safe environment enabled people to reflect on their personal experience: *'I think in general it was just good to hear other people's stories regarding mental health, I think some people, people with mental health issues themselves, carers, they can sometimes think that it's them and them alone'. Annie commented that the volunteer coordinator had been a great source of ongoing support: 'we all receive really great support from the beginning. Like I said, he was very open, very chatty....he was always an email or a phone call away and was very responsive to any messages that I had'.*

Despite there being a delay in the matching process, she was paired with somebody who had similar caring experiences which she felt was important in shaping their subsequent relationship. As she explained: *'Not just getting put with somebody that the coordinator thought we might kind of gel, there is that kind of shared experience so I think that certainly kind of helped the both of us'.*

She described the positive impact peer mentoring had on her in relation

2. All names have been changed to ensure anonymity

to understanding her own experience, but also in shaping her employment choices:

I don't know, it kind of allowed me to analyse what I had been through in the past instead of like as a kid thinking is this normal, is it not normal? So, I would say it's had quite a profound effect on thinking about the past but also on what I'm now doing as well.

Annie stated that she thoroughly enjoyed the experience and hopes to continue peer mentoring in the future.

Emma's story

Emma heard about Time and Space through a volunteer fair at university. For her, volunteering was a way to encourage her own integration within her community. She really liked the idea of peer mentoring and attended training soon after meeting the volunteer coordinator.

Emma was positive about the training, having enjoyed learning about other people's experiences:

To just exchange experience and learn from others was really interesting because I've never, I never really identified as a carer before and then I exchanged with other carers so it was a bit, I guess I really liked it because of the group and the group was really open.

She discussed the importance of getting the right fit in the mentor/mentee relationship and identified two contrasting experiences when paired with two separate individuals. She bonded well with her first match and felt that peer mentoring had been beneficial for both herself and her mentee. She highlighted the positive impact on her mentee:

It meant so much to hear that, that she felt more positive about her life and she, she was more aware of things she could do for her own wellbeing. And she became more able to assess her own wellbeing and then taking steps to improve that if it wasn't how she wanted it to be.

However, she encountered problems with her second match which resulted in

an unplanned ending: *'The second one, [she felt] sad because it wasn't a lot of warning for it to end and I didn't really understand how it, I was kind of left thinking I could have done better'.*

Nevertheless, overall, Emma felt she benefited from peer mentoring. She discussed how it helped her to identify as a carer and how it improved her communication skills and confidence:

It's made me more confident to lead a conversation, to address sensitive issues, to be a better listener and more observant of subtle cues. It's made me generally happier here because I feel more settled and embedded within the community. I feel like it's given me a bit more purpose and it's given me structure in a way.

Mentee Case Studies

Natalie's story

Natalie became a mentee after seeing an advert for Re:Connect on the Glasgow Underground. Natalie provided support to her mother and was struck by the wording of the poster, noting its application to her situation: *'I thought actually that applies to me. That's something could look into, that could be quite good for me'.* She liked the idea of peer mentoring and the potential for personal development, as well as the opportunity for person-centred support: *'I thought it would be geared towards me specifically rather than a generic thing'.*

Within a few weeks she had been matched with a mentor. Although her mentor was younger than her, they connected well and she valued the focus that was placed on her wellbeing:

I get the sense that she understands my position and she understands the way that I respond to things. And what's good is that she always focuses on me paying attention to myself, which is really good because you get caught up in your own situation. Whatever it is that you're trying to deal with. But she' like 'well put that aside for a minute, how are you getting on?'.

Natalie was highly positive about her relationship with her mentor, highlighting the value of being able to offload:

It seems like a very personal thing where I can turn up and just offload anything I need to offload and get someone else's take on it, which is so valuable, especially when that person knows exactly the kinds of stuff that's going on. And they can say 'well I know exactly where you're coming from and believe you me the way you reacted to that is not unusual' . If I've had a really bad experience or something's happened, it's a really good reassurance that I'm dealing with it actually well and everything's ok. I mean, it sounds like a little thing but that's really valuable because you do feel like there's no rule book for this. You don't know how you're supposed to be doing.

Nick's Story

Nick heard about Time and Space through his local carers centre. Nick supported his mother who experienced mental distress, though did not receive any support from his wider family. He described how his caring role impacted his social life due to the associated time and money restrictions experienced. He was attracted to the prospect of socialising with others, hearing about their experiences, and receiving advice and strategies about how to manage his caring situation. Nick illustrated the difficulties that he had experienced and his need for a break from his caring role:

The first year I was looking after my mum I had no organisations or support to go to so basically I was doing everything on my own, taking everything on my shoulders. Em, stress doesnae help ...it's no been an easy ride.

Although the first match did not work out, he was quickly paired with another mentor. He said: '*My new mentor... He's brand new'*. Nick found that having somebody to listen helped him to manage his stress levels, which benefitted his relationship with his mother: '*[your] stress levels come down because you're talking to someone else'*.

The Experience and Process

This section outlines the experience and process of being involved with peer mentoring. It is split into the following areas:

- Recruitment
- Training and support
- The matching process.

Recruitment

A two pronged approach to recruitment was adopted, targeting both individuals and organisations. Mentors were recruited through advertising in universities, the Volunteer Scotland website, and employment search engines. Mentee recruitment involved strategic advertisements on public transport, local news websites, GP surgeries, and pharmacies. Outreach work and community engagement also took place, including the volunteer coordinator at Time and Space being represented on a mental health steering group to raise the profile of the service to local mental health organisations.

Both projects experienced greater success in recruiting mentors as opposed to mentees. Issues with terminology and identification with the term 'carer' are well noted (Molyneaux et al, 2011) and presented a barrier to recruitment. Difficulties were experienced in communicating exactly what the role involved. As one staff member stated: *'We don't really have the language to describe what we mean without it becoming a convoluted sentence'.*

Recruiting mentees was challenging from the outset. This was underlined by a staff member who said: *'The hardest thing was getting people to use the service; it wasn't difficult to get volunteers'.* It had originally been anticipated that a significant proportion of mentee referrals would come internally, through GAMH and Action in Mind, and externally, through community organisations. However, the most common pathway into peer mentoring was through self-referral. Re:Connect faced particular challenges with mentee recruitment, as reflected in the overall project numbers, working with approximately half the number of participants recruited by Time and Space.

In order to combat recruitment issues, outreach work was undertaken with a range of primary and secondary health and social care providers, though this did not have a substantial impact on the number of mentee referrals. This was reflected in the referral agency survey which received seven responses, with two of these indicating that referrals had been made to Time and Space and none being made to Re:Connect. The two respondents who had referred indicated that the referral process was a positive experience.

The siloed nature of service delivery had an impact on engagement. Promoting carers issues to organisations whose remit was focused on those receiving care was challenging. As was highlighted by one staff member: *'You're trying to promote the needs of carers primarily with people who don't support carers as a primary function of their job'.* Members of staff reflected that perhaps less emphasis could have been placed on

connecting with external agencies as routes for referral, and instead efforts could have been redirected on further embedding the service into the host organisations.

This learning point is being taken forward. The model of peer mentoring developed for this project is being mainstreamed within the carers and young carers provision within GAMH. One participant noted: *'We were expecting a bit more uptake initially in a naïve sense because we thought bringing it up, people would come forward but maybe a lot of people don't recognise when it would be helpful'*. This development is in its infancy therefore it is likely that the value of this approach will be better known in the next year.

Time and Space also experienced some difficulties with recruitment, particularly in the early stages, due to a lack of awareness of the project and Action in Mind more generally in local area. This was reinforced by a staff member who said: *'I don't think it had been given enough publicity locally, I don't think people knew about its existence'*. Participants' commented that the creation of a dedicated website and increased leafletting at an earlier stage would have helped to raise the profile of the service locally.

Staff members across both projects felt that recruitment could be enhanced by greater emphasis on targeting individuals directly, as opposed to relying on referrals through external organisations. Although this approach was trialled in both areas, with direct advertising campaigns (on the subway

in Glasgow and buses in Stirling and Clackmannanshire), it was difficult to identify any specific impact on self-referrals. Overall, a more strategic approach was recommended involving wider advertising through Facebook and community resources.

Training

Training was positively received, with mentors and volunteers commenting on the value of its content and in fostering an inclusive, safe, space for volunteers to open up about their own experiences:

I felt the training was really, really, beneficial and I did enjoy it (mentor)

Really fantastic confidence booster for me (mentor)

Volunteers shared their personal experiences with one another during the training and felt that doing so enabled them to have a better appreciation of the various issues faced by carers. One mentor, for example, discussed their own experiences of mental distress, something that they had struggled with in the past due to anticipated stigma: *'The group made me feel like it was OK... I felt understood and it gave me a chance to share something I wouldn't normally do'*. Others found aspects of the group dynamics challenging, in particular, opening up about personal experiences and witnessing others becoming upset. It was also noted that group dynamics sometimes posed challenges with strong personalities at times dominating discussions, although the facilitators managed this well with everybody having the opportunity to contribute.

Participants commented that they felt very well prepared for the peer-mentoring role, describing how it enhanced their communication and interpersonal skills, with one participant commenting *'I think in general it did prepare me really really well'*. It also provided the opportunity to undertake a role-play exercise to explore potential issues that could arise in practice. As one mentor noted *'Everyone was very animated and contributed to conversation. Having a big group was good for roleplay'.*

The volunteer survey also emphasised the value of the training, with all respondents indicating that the training had an impact on their skills and confidence and that they had learned something new from engaging with the project. All survey participants agreed that they were well prepared for the role and did not require any additional training or support to undertake peer mentoring. The survey comments also reinforced the strength of the training:

The training was excellent in preparing for peer mentoring, it included skills training such as active listening, boundaries, ethics, empathy, sympathy and judgement (volunteer)

The course enlightened me on how I viewed and judged others. It included many factors of a counselling approach which I found to be fundamental for peer mentoring (volunteer)

(Volunteer coordinator's name) was there the whole way, made everyone comfortable, was very accessible and answered all questions. He was great. (volunteer)

Support

Participants were positive about the ongoing support they received from the volunteer coordinators through catch up meetings and debrief opportunities, and assistance with arranging meetings and claiming expenses. The volunteer coordinators also attended the first mentor/mentee meeting. Having a familiar contact to facilitate the initial meeting was viewed as essential in helping to build relationships, particularly given the sensitive nature of the issues being discussed. As one mentee highlighted: *'It is important to have someone there to carry out the introductions, explain the process and allow for questions from both sides'.*

Mentors expressed that the volunteer coordinators were approachable and they could seek advice around mentoring relationships. For instance, one participant discussed the support they received after their mentoring relationship ended unexpectedly: *'I found (volunteer coordinator's name) really really supportive...we done some reflection work which was really helpful'.*

Although, overall, participants were positive about the support they received, areas of improvement were also identified. Three out of four mentors interviewed from Time and space commented that support could have been improved at certain points in time. Time and Space had three volunteer-coordinators over the course of the three years. Whilst the project tried to ensure as smooth a transition as possible between coordinators, the change led some mentors to feel that there was a disruption to their support.

This was reinforced by one mentor who said: *'we have to have a plan of action when someone [coordinator] moves on'*. Throughout the project issue of boundaries was highlighted with this covered in the training and explored through regular supervision meetings between the coordinators and mentors. The importance of this was highlighted by a participant who felt that provision could be improved by strengthening the mentor/coordinator relationship to ensure mentors aren't adversely affected by the mentoring role:

I think the relationship between the coordinator and mentor [could be improved] cause I think with a good relationship the support is more tailored. Plus, because it's such a sensitive topic, I think there needs to be a certain amount of trust between the mentor and coordinator... I think there needs to be closer monitoring to make sure there's not too much burden for the mentor...It's easy to feel very connected and to have a very positive relationship [with the mentee] but that kind of makes the mentor perhaps a bit more vulnerable to being in a situation where they feel overwhelmed by the experience of the mentee (mentor)

The Matching Process

Participants emphasised the importance of getting the right match for the mentor/mentee relationship. Some mentors felt they had a compatible match from the outset. One mentor, for example, had been paired with two mentees and said: *'it seemed that they took a lot of different factors into account, like personality and background, so yeah, it was really,*

really good'. Others experienced issues with the matching process. Two out of the seven mentees interviewed were not compatible with the first person they were matched with, though this was resolved with replacements being found within a short period of time. One mentee, for example, did not connect with her first mentor, although was paired with someone else *'like magic'*. Although issues around compatibility are covered in the training, it was clear that this can be challenging to manage in practice.

Mentees expressed that they would like more choice and control over whom they were matched with, with two specifically wanting more choice in relation to the age of their mentor. One participant, for example, commented: *'(mentor's name) is a lot older than me. I was wanting somebody my age, the same age level as me'*. However, positive examples of different ages of mentor and mentee were also given with staff members highlighted issues with matching according to age, particularly due to the recruitment of students as mentors. Having more mentors than mentees also presented a barrier to the matching process; this resulted in a more flexible approach being required, which involved considering age alongside other factors such as type of caring experience:

It took a bit of thinking about how best to place them. Firstly, we weren't getting a lot of referrals to match them up with but also because it's peer based you can also get into generational issues, but age isn't the only factor... it's important to pitch the relationships in the right way.

The Impact of Peer Mentoring

Both mentors and mentees highlighted that peer mentoring positively contributed towards their personal development. Mentors talked about positive factors, including: enhanced skills, knowledge and confidence, improved job prospects, and greater community connectedness. Mentees discussed the positive impact on the development of coping mechanisms, confidence and self-esteem, and in making social connections.

Impact on Mentors

Personal Development

Several mentors noted that their skills and confidence had improved as a result of peer mentoring. They were able to refine their existing skill set and help others at the same time, which generated feelings of positivity and purpose, and increased confidence in their ability.

For example, one mentor noted that their communication skills had improved and that they had more confidence in addressing sensitive issues: *'[I] really felt validated and felt like my experience was relevant to the role'*. Another mentor commented on their attitudinal change, having become more empathetic as a result, a quality that served to benefit their wider relationships: *'It certainly made me less judgemental...I went from being the person who was trying to find the solution to the person who was trying to find the power within the person'*.
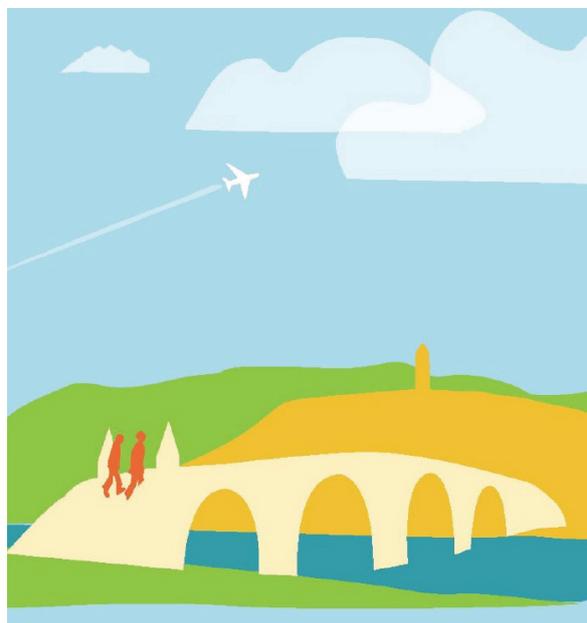
Employment

Mentoring experience also influenced employment choices and opportunities. One mentor, for example, changed the direction of their career to work in the mental health sector and attributed this shift to their mentoring experience. Whilst they had family experience of mental distress, undertaking peer mentoring marked the beginning of their involvement in mental health in a professional capacity.

Another mentor also secured employment as a result of peer mentoring, commenting: *'It's the best job I've ever had and I can't imagine having a better job in the future. To be paid to be doing what I'm doing, it almost feels cheeky'*. Others highlighted that mentoring helped to give them structure during times of unemployment.

Social Connectedness

Participants illustrated that peer mentoring engendered a greater sense of social connectedness; involvement in peer mentoring encouraged individuals from different backgrounds to connect who otherwise would not have had the opportunity. Mentors also reinforced the importance of mentoring in developing social connections, which for one mentor played a pivotal role after his wife passed away:

[It] got me out doing something, losing my job was a big thing cause that helped me through after my wife died, so I only had roughly a year of working after she died. The projects helped get me back out and meet up with other people.

Another participant commented that mentoring had facilitated greater integration into the community, fostering a greater sense of belonging: *'It's made me happier in Scotland, I feel more embedded in the community, it's given me a bit more purpose'.*

Mentors also provided insight into what would have enhanced their mentoring experience; this related to building connections between the mentors themselves, exchanging ideas and experiences. It was expressed that there was a missed opportunity to develop a network of support amongst mentors. As one mentor explained: *'it would have been nice to have contact [with other mentors]'.*

Impact on Mentees

Self-awareness and Skills Development

Mentees described positive changes in relation to personal development through increased self-awareness about their own needs and through the development of their interpersonal skills, becoming better listeners and being more patient. For some, this enabled them to be more confident in their caring role and having a positive influence on their relationships.

When I think about how I'm doing now compared to a year ago, I certainly feel a lot more positive, a lot more in control...it's given me a certain amount of self-awareness as well in thinking 'you know what, I'm not going to let myself slip into any downward spiral. I'm aware from this and other things that I need to look after myself (mentee)

[Mentoring has provided] A stepping stone forward in my life – I never look back, I'm a different person, I've gained different things...I can't be anything to other people if I can't help myself (mentee)

It made me a better carer (mentee)

These quotes demonstrate the increased awareness that mentees had about the importance of self-care and looking after their own needs, and how this impacted upon their ability to care.

The Development of Coping Mechanisms

Participants described how person-centred support helped them to develop coping mechanisms. Mentoring meetings provided the opportunity for mentees to discuss issues that they were experiencing and devise strategies to address these. This was facilitated by the use of IROC, an outcomes measurement tool designed to track recovery journeys (Monger et al, 2013). IROC measures a range of indicators relating to wellbeing, such as mental health, purpose and direction, and hope for the future (Monger et al, 2013). Mentors assisted mentees to complete the self-assessment tool and revisit it at various points in time to reassess changes to their situations. Participants viewed IROC as a powerful tool, which visually represented areas where mentees were functioning well and areas of improvement:

[IROC] points the finger at you and tells you where you're going wrong… it was very good…it focuses on the individual who is talking, it focuses on you… it's self-care in a way (mentee)

I knew what I had to do and that I needed to work on stuff. Like, that thinking process, you know? But actually getting it on paper, making it official. It wasn't too bad but it wasn't where I wanted to be. But by the end of it I was more assertive (mentee)

[It] made me see stuff from the outside rather than being stuck in the problem… it's almost like your stuck in a glass of water and you can't see the edge (mentee)

Due to the peer mentoring model being goal focused and time-limited, focus was placed on enhancing self-efficacy. This was reflected in participants' narratives surrounding the impacts of peer mentoring:

The way I'm going to get better is by getting the coping mechanisms and the knowledge to do it for myself as there isn't always going to be somebody (mentee)

She [mentee] was actually leaving the project more capable than when she joined (mentor)

It's given me armour, it's given me strength (mentee)

The Mentorship Model

One of the key aims of this evaluation is to explore the merits and demerits of the mentoring model. The findings revealed that participants were positive about the mentoring model. One of the fundamental messages to emerge was the value generated through shared lived experience. Both mentees and mentors described benefiting from taking part in peer mentoring.

One participant, for example, commented that traditional forms of support had failed her and that peer mentoring allowed her to learn from her mentor as much as they learned from her. This was also reinforced by staff members. One participant commented: *'for some of them it got them out the house and doing something instead of staring at the walls. It was as much for the volunteers as it was the mentees'.*

Trust was highlighted as an important asset in peer relationships. Mentees described being able to open up to their mentors due to their shared experience of caring, which provided a depth of understanding not often available from professionals. Participants noted that whilst professionals can empathise, they lacked the level of knowledge and understanding that can only be generated through lived experience:

People respond really well to someone who has been there (staff member)

Just getting out and somebody to talk to, somebody who gets what you're going through. Way back in the beginning I didn't really have that. I got to talk to a lot of nursing staff... but they don't actually have the practical experience of going home and caring for someone that has mental health problems (mentor)

Others underlined that whilst trust could be generated through shared experience, it was also advantageous to have support from someone out with their social and familial circle:

You have a little bit of distance where you can be a sounding board without being a burden to the person...You're peers, you're getting it from someone who understands the challenges (mentor)

Friends can try to understand but because they've not been there themselves, as much empathy as they can give you, they don't have that 'yeah I get it, I've been there' kind of factor on it. And also the fact that if like me

you've only got a small social circle you don't want to keep burdening the same people all the time (mentee)

Whilst the strength of peer mentoring was embedded in peer relationships and shared experience, the nature of relationships also represented the greatest challenge. Particular issues were identified in relation to boundaries. It was noted that there was potential for mentees to become reliant on mentoring, despite mentoring being a time limited intervention. Although discussion on boundaries and the ending of relationships is a core aspect of the peer mentoring training, this is an issue that requires revisiting, through ongoing supervision, to prevent boundaries becoming blurred.

A further issue that was identified was reliability and how this influenced mentoring relationships. One participant, for example, talked about how their mentee was unreliable and had cancelled meetings at short notice, noting: *'I was expecting reliability and sometimes I wasn't getting that'.* This was particularly problematic as their shifts had been scheduled around the planned meetings and therefore had wider financial implications. It is not always possible to prevent disruptions to relationships due to the nature of caring. Carers often have to juggle multiple roles and so this particular concern is often an unavoidable aspect of the mentoring experience and is covered in the training.

Conclusion and Recommendations

This evaluation has highlighted the benefits and challenges of using a peer-mentoring model to support mental health carers. Key achievements were made in relation to establishing processes around recruitment, training, and creating support structures for mentors.

The training model was particularly successful; the knowledge and skills developed throughout the training helped to strengthen confidence and prepare individuals for the mentoring role. Mentoring experience also helped to shape the direction of employment for some mentors. Skills were enhanced throughout the mentoring process, which was viewed as advantageous for employment opportunities and personal development.

Participants described peer mentoring as an enjoyable process from which they experienced real outcomes. Mentors liked using their caring experience to help others, and mentees valued the insight that could be gained from being supported by someone who had occupied a caring role. Both groups were able to learn from each other, demonstrating the importance of reciprocity in peer mentoring relationships.

Mentees benefitted from person-centred support to identify areas where they were struggling and were given assistance to devise manageable strategies and strengthen their coping mechanisms. The importance of self-care was reinforced, with mentees acknowledging how this served to benefit their wider relationships. This finding reflects existing research, which demonstrates the role of peer mentoring in the development of coping strategies (Greenwood et al, 2013).

Mentors were positive about the on-going support they received through review meetings and debrief opportunities, however it is essential that mentor/mentee relationships are closely monitored to ensure mentors are fully supported to deal with the sensitive nature of the mentoring role.

Challenges were faced in relation to recruiting mentees, despite direct advertising and outreach work being conducted with a range of providers and in community settings. This impacted the matching process due to there being higher numbers of mentors in comparison to mentees. Matching individuals based on their experience and interests is clearly important, and, where possible, mentors and mentees should have more choice and control. However, this is reliant on greater recruitment of mentees. Overall, this proved to be a successful project, demonstrating the potential of the peer-mentoring model for future provision.

Recommendations

1   Greater awareness raising of the benefits of peer mentoring through community engagement and social media to increase mentee referrals

2   Increased mentor and mentee involvement in the matching process, where possible, although this is dependent upon the success of recruitment.

3   In addition to training, ongoing communication with mentees surrounding the purpose and expectations of peer mentoring, including boundaries and relationship endings.

4   Contingency planning to ensure adequate support arrangements are in place to respond to staff changes or absence.

5   A strengthening of support structures for mentors, including the development of ways to facilitate greater connections between mentors to foster a supportive mentor community.

6   Continuation of the development and creation of roles for unmatched mentors to address issues with volunteers being unmatched for long periods of time.

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