

Supplementary file 3 – qualitative process evaluation

Figure 1. Examples of output from the LEAP process evaluation workshop

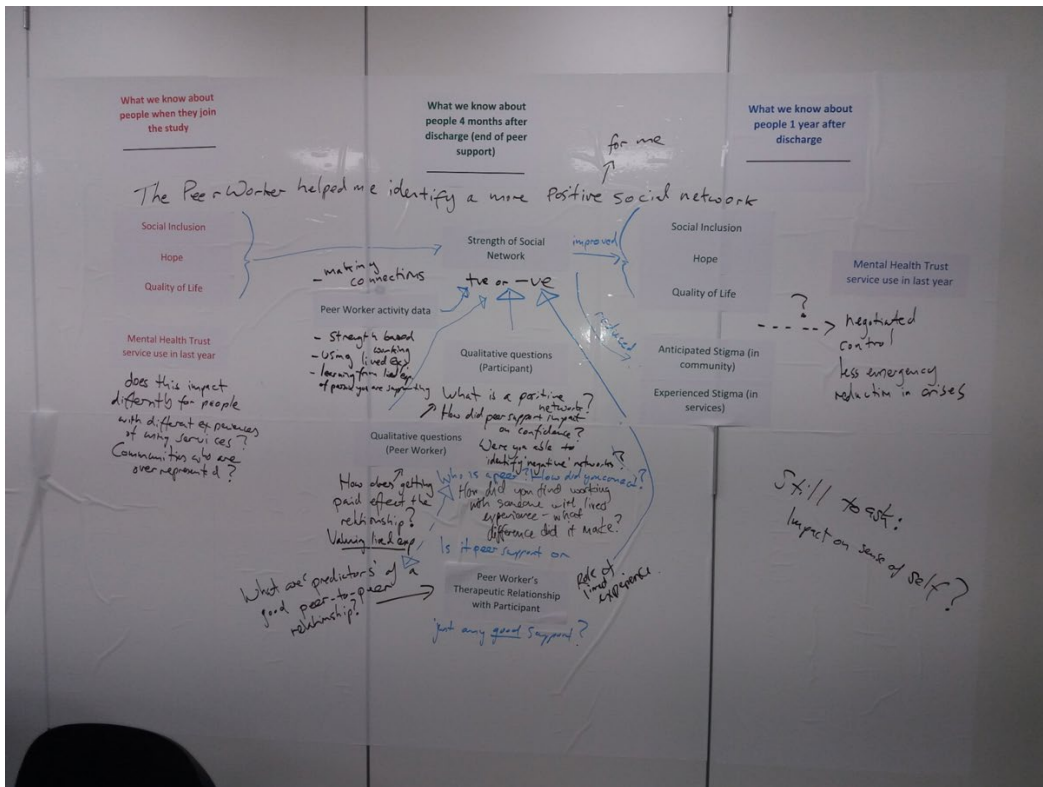
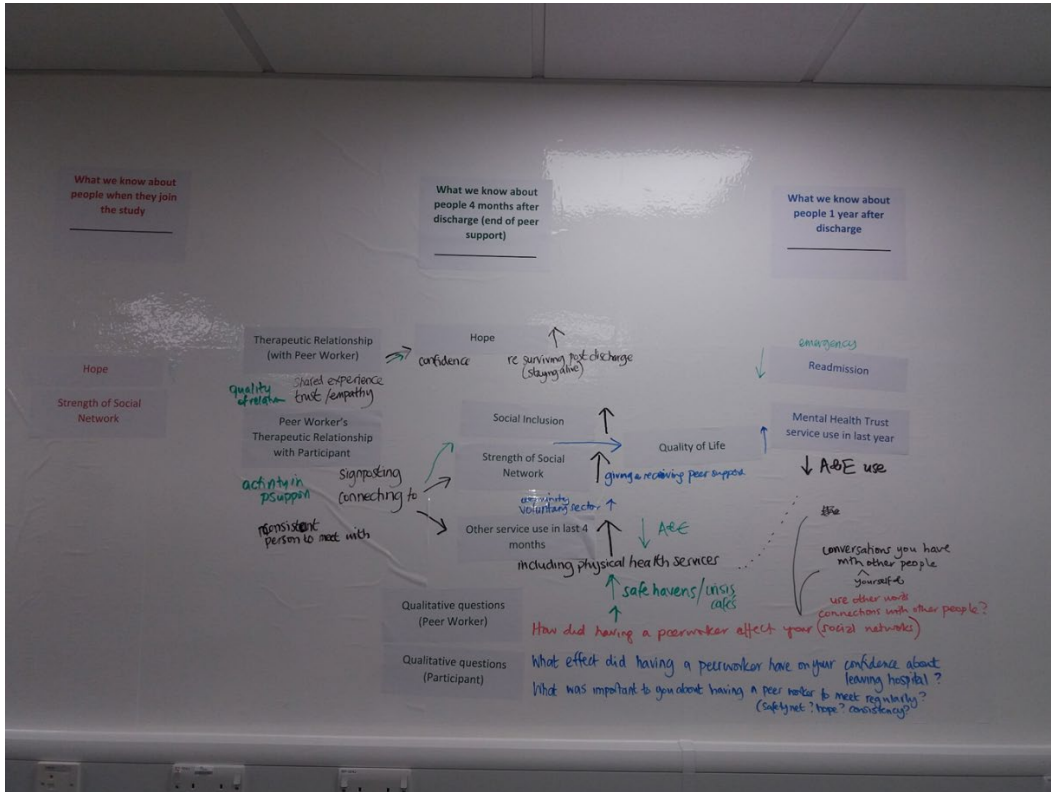


Figure 2. Provisional change model adapted following the LEAP workshop

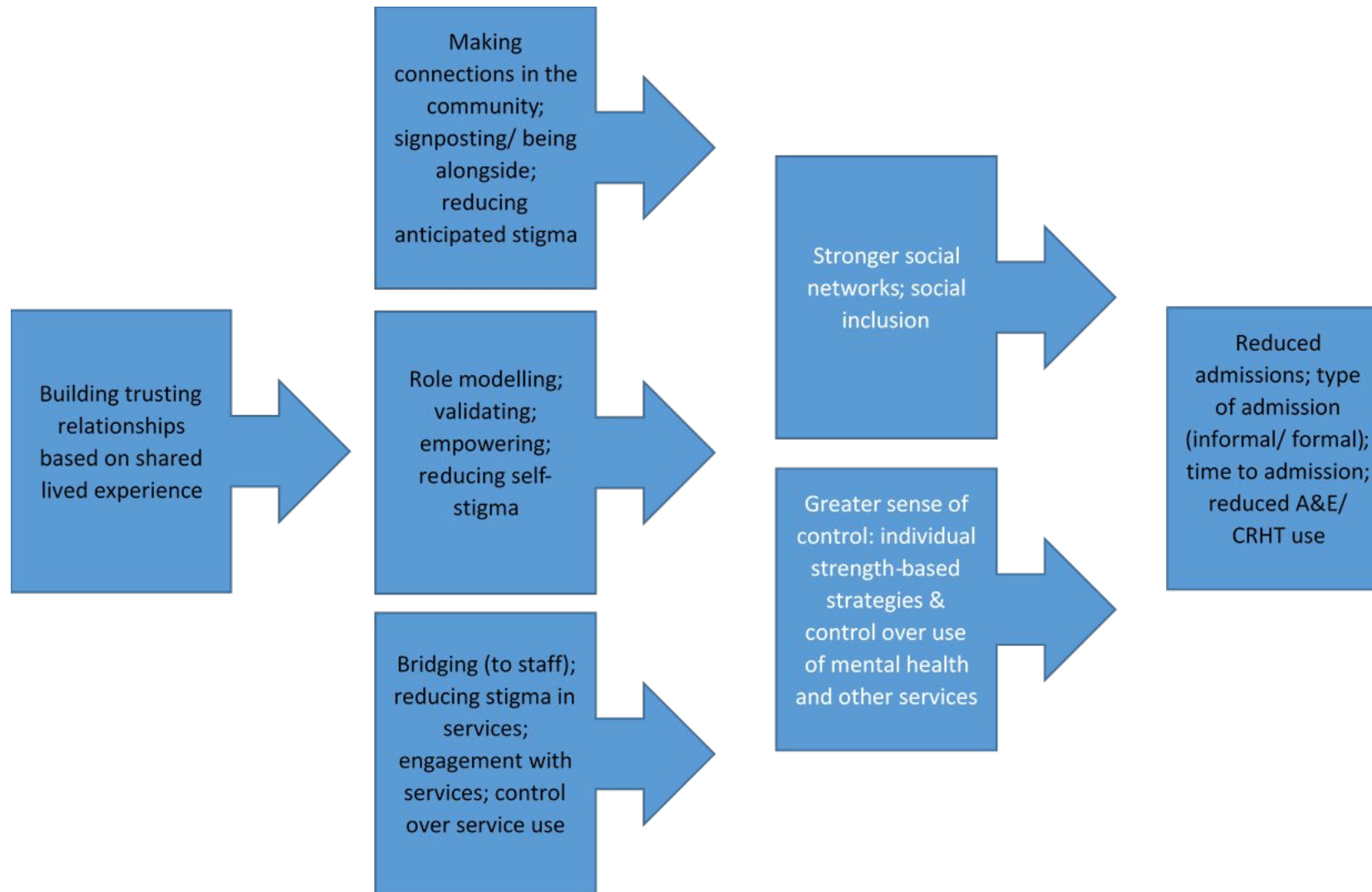


Table 1: sampling frame and characteristics of the service user sample

The table below indicates target numbers of participants sampled to each variable, assuming that 35 people are sampled overall (and therefore 35 in each set of variables), followed by actual number sampled to each variable. We aimed to sample five participants from each of the seven study sites, with actual number given in the first column.

Site/ no	No. of contacts with peer worker			Diagnostic category			Gender			Ethnicity				Sexuality				Age			Social contacts in last week			Therapeutic relationship score			
	1-2	3-8	9-13	A	B	C	Male	Female	Trans-gender	White	Black	Asian	Mixed/other	Hetero-sexual	Bi-sexual	Lesbian	Gay	18-25	26-64	65+	0	1	2+	0-34	35-40	41+	
i / 9																											
ii / 5																											
iii / 7																											
iv / 3	10/3	10/13	15/23	18/16	6/7	11/16	17/17	17/22	1/0	20/24	5/5	6/5	4/5	31/32	2/3	1/1	1/1	6/3	27/35	2/1	10/5	15/4	10/26	10/7	15/8	10/16	
v / 2																											
vi / 8																											
vii / 5																											
Total / 39	39			39			39			39				37				39			35			31			

Key: diagnostic group – A=psychotic disorders; B=personality disorders; C=other eligible non-psychotic disorders

Table 2: Codebook for the qualitative analysis

Code number	Label and descriptor of code	Codes
1	Label	Boundaries
	Descriptor	Negotiating the liminal relationship Negotiating the limits of the role and the relationship (texts, out of hours, social media etc.) Any perceptions of the peer worker as professional v friend
2	Label	Building confidence and feeling empowered
	Descriptor	Autonomy, choice and control (or lack of) for any party
3	Label	Building trusting relationships
	Descriptor	Processes and experiences of building trusting relationships
4	Label	Carrying responsibility
	Descriptor	Sole recipient of disclosure Feeling overwhelmed
5	Label	Challenges of the Peer Worker role
	Descriptor	
6	Label	Communication styles in Peer support
	Descriptor	Including silences
7	Label	Descriptions of Peer Support
	Descriptor	The things that people do together and the tools that they use including anything that is perceived as missing.
8	Label	Determination and commitment
	Descriptor	Passion for the role Determination to continue when things are difficult
9	Label	Diversity and difference v similarities and mutuality
	Descriptor	Working with assumptions, different experiences and understandings including; gender, race, culture etc. & different understandings of mental health
10	Label	Environment, statutory services
	Descriptor	Any aspect of any environment impacts on the Peer Support (ward, community, office, weather)
11	Label	Feedback and Reward
	Descriptor	Anything related to feedback and/or reward(s) of peer support for any party
12	Label	Feeling part of something
	Descriptor	Feeling included, valued, sense of community, helping others to feel included Any activities or behaviours that reduce isolation and increase any community participation and extend social networks
13	Label	Flexibility and openness

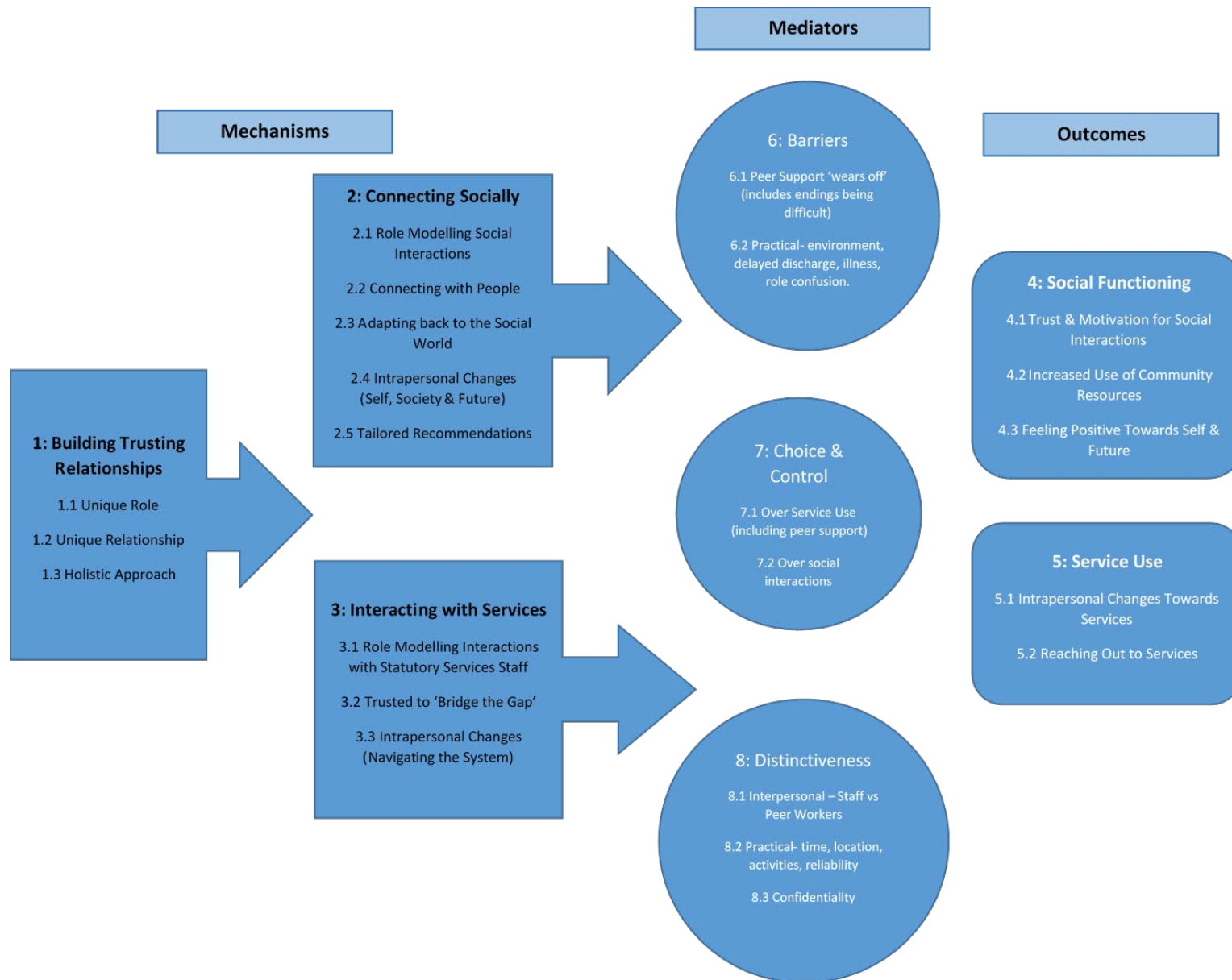
	Descriptor	Being flexible and/or curious about working in different ways and open about the possibilities of the role. Adapting to individual supported peers, one size doesn't fit all. Holistic nature of peer support working around multiple issues; housing, money, life skills, social care, drugs and alcohol
14	Label	Impact of being a part of a research project
	Descriptor	Any reflections on the Peer Support being delivered as part of a research project, including working with SUR/RAs
15	Label	Impact of working with crisis, distress or risk
	Descriptor	For any party
16	Label	Instilling hope and looking to the future
	Descriptor	Any activities, experiences and perspectives that add purpose and meaning etc. for the Peer Worker or Supported Peer Seeing opportunities or ways of moving forward. Inspiring peers
17	Label	Instinct and Judgement
	Descriptor	Making judgement calls, whether a success or a challenge Including acceptance of tough choices
18	Label	Learning from doing Peer Support
	Descriptor	Learning from other people's understanding of life and mental health Recognising knowledge gaps and taking initiative to learn something new Including views and experiences of SPs
19	Label	Making a connection; building a rapport
	Descriptor	Gut feeling Liking each other Less obvious/subtle factors that check authenticity (of person/role/project/peer support/character etc.) Finding out about someone Trust and respect based on experiences that people can relate to - and are often eluded to. Anything that helps or hinders making a connection with someone- shared interests/matched interests Reciprocity
20	Label	Motivation for taking part in Peer Support
	Descriptor	For any party Including expectation of what peer support is - for any party
21	Label	Organisational practicalities of the Peer Worker role

	Descriptor	All the day to day things people need to manage their role; Negotiating pay, benefits, expenses Office environment Access to funds Delay in appointment
22	Label	Processes of managing crisis/risk
	Descriptor	To include policies and procedures or any additional resources needed Not the experience or feelings about (coded as 15)
23	Label	Power dynamics
	Descriptor	Presence, or lack of power between the peer worker and all others, or between anyone and anyone else! Plus any issues of leadership (or lack of)
24	Label	Returning to; work and/or training, volunteering
	Descriptor	For any party
25	Label	Routine and structure
	Descriptor	Peer worker role infrastructure Technique(s) to deal with a crisis
26	Label	Self-care
	Descriptor	Any self-care activities that anyone uses
27	Label	Sense of Peer Worker team
	Descriptor	Experiences of being part of a Peer Work team
28	Label	Sharing lived experience; the purpose of
	Descriptor	
29	Label	Sharing lived experience; choice and control
	Descriptor	Feeling safe, confident, able to talk and share openly (or not)
30	Label	Sharing lived experience; impact of
	Descriptor	
31	Label	Stigma; experiences of
	Descriptor	In the community In services Re-stigmatization and self-stigma
32	Label	Stigma; impact of peer support on
	Descriptor	Any way peer support normalises experiences of mental health, life struggles, social issues
33	Label	Stigma; negotiation with the peer support relationship
	Descriptor	How peer worker and/or supported peers experience stigmatizing views, self- stigma, and how these create tensions within the peer support relationship
34	Label	Tensions between peer support and any statutory processes
	Descriptor	Any examples of practice, policy, record keeping, risk management, language use

35	Label	Descriptions of training
	Descriptor	And any feelings resulting from training
36	Label	Learning from training
	Descriptor	Identifying skills, knowledge and experiences that equipped Peer Workers need for the role. Plus, any feedback on principles framework
37	Label	Missing from training
	Descriptor	Suggestions for improving the training and why
38	Label	Uncertainty and Self Doubt V Confidence and readiness
	Descriptor	Skills, practice, working with professionals
39	Label	Uniqueness of the peer support in comparison to other support
	Descriptor	In comparison, unique values or activities underpinning Peer Support Permission to be oneself, authenticity 'Like a friend'
40	Label	Using insight from life and mental health as a skill
	Descriptor	For any party
41	Label	Workplace support
	Descriptor	Including 1-2-1 and team supervision and any other support for anyone, by or in the workplace.
42	Label	Change and Transformation / Stability and Calm
	Descriptor	How people make sense of an reflect on the way in which peer support (including training) has changed things for them. i.e. about the process Ways in which peer support provides a person's sense of stability - for all parties
43	Label	Endings
	Descriptor	Of the peer support relationship; practical, emotional, length of relationship
44	Label	Impact of doing peer support on Peer Worker
	Descriptor	Including; burnout, wellbeing, mental health, feeling positive - from all parties
45	Label	Impact of peer support on supported peer
	Descriptor	Any perceived positive or negative impact from any party perspective Limitations of the peer support
46	Label	Working alongside other professionals
	Descriptor	For all parties from any perspective
47	Label	Experiences of the Peer Worker Coordinator role
	Descriptor	

	Label	Comparing with others
48	Descriptor	Anyone comparing or making comparisons (positively or negatively) between themselves and any other on any of the following: Self and social Mental health Symptoms/diagnoses Potential achievements
	Label	Deciding together what peer support will be
49	Descriptor	How PW and SP work out what happens
	Label	Identity
50	Descriptor	Perceptions of change/no change in identity for anyone. Importance of any identity issues (or lack of).
	Label	Impact of peer support relationship on other relationships
51	Descriptor	
	Label	Implications of peer support on organisational culture/practice
52	Descriptor	Impact for future organisations, peer support, lived experience in statutory services
	Label	Peer Support, symptoms and diagnosis
53	Descriptor	
	Label	Preparation of the Clinical Team/Service for Peer Support
54	Descriptor	
	Label	Support and Supervision for PWC
55	Descriptor	

Figure 3. Final adapted change model for peer support for psychiatric discharge



Mechanisms

1: *Building trusting therapeutic relationships*

1.1: Unique role

I didn't feel that she was standing above looking down on me, she was just on the same level. ... and there was a definite ease in the relationship ... I could open up to her and talk my thoughts ... The fact that she had a history of her own ... because then you know what you've gone through is not unique to you that a whole lot of other people have had it as well. Then the hope factor comes in that they've come through it ... I think the fact that this person has been through their own ordeal and that they've come through because that builds hope and the hope when you are in that stage is everything. It's that light at the end of the tunnel ... And the fact that she disclosed it because by disclosing it then she takes away my shame as well ... [SWL-SP2031]

1.2: Unique relationship

It's not a clinical relationship so there isn't that sense of deference towards a clinician but on the other hand you are not a friend or family so it's not so emotional that you are going to burden other people with it. You've got this very, very neutral platform to be able to discuss anything you want in a safe way. (CNW-PW05-T3)

1.3: Whole-person approach

I don't want to know what their diagnosis is before they tell me. So, I have no preconceptions so when I first meet them ... I'm walking into a blank canvas and it's up to me to start drawing on the canvas and them to start painting it in ... So, if I draw the lines on the outside of what I think is going on they can say yes, that's right, no that's wrong and we start painting it in together sort of thing. [ELN-PW07-T3]

2. *Social connections*

2.1: Embodying recovery and hope

I think when you are in that state you look forward to any human contact and especially someone that understands you, especially someone has been in the place where you've been ... When [my PW] told me her story and what she'd been through and I realised that actually she'd got a lot more issues than me ... and I thought well she's now pretty normal, she's come through it and she's now working and doing something that's worthwhile and if she can do it then I can do it too ... [SWL-SP2031]

... somebody said to me you've made me realise that recovery is possible, that you can even still be not 100% OK all the time and you are still so much better than you were ... that can be very powerful to people to realise you are talking to somebody who has had a lot of different difficult experiences and actually the possibility for recovery is available to anyone. [CNW-PW01-T2]

2.2: Connecting to people

When I was unwell I didn't talk to anyone at all, that was my problem. But then after having a peer support worker I can talk to someone ... I do talk a lot to my friends now. I just talk about what I've been through and they try and help me out as well. They know that I'm getting better

... It's been a big relief because from going from not talking to anybody to talking to my friends, talking to my family more, just people help me out as well. [SWL-SP0902]

2.3: Adapting back to society

I had one peer whose personal hygiene wasn't great in terms of how they used to dress. So initially when I first started seeing them they were quite unkempt, grooming wise ... But slowly you got to see that this person started to make an effort in their appearance in what they wore, they started to change how they dressed and having a haircut, cutting their nails, that sort of thing. And they were smiling a lot more. A bit more talkative because they were quiet. [CNW-PW04-T3]

2.4: Intrapersonal changes towards community resources

I managed to get out places where I probably wouldn't normally go...Like getting on the bus, I didn't get on a bus until I had [peer] support, but now I've had the support I can get on a bus now. [CNW-SP0379]

2.5: Tailored recommendations

... I'd go to a library or community centre with somebody and we'd pick up a lot of leaflets and then we'd have a coffee and a discussion about some of the things that we've picked up and then maybe arrange for the following week to actually go to a class together or familiarise ourselves with a building that they might be nervous about going to or just doing a shared activity together. [CNW-PW01-T2]

3. *Connecting to services*

3.1: Role modelling interactions with clinical staff

... sharing my experience of being in hospital and what I'd found helpful how to communicate with the clinical teams ... and what I'd found more effective in doing that ... it was really trying to delicately put across maybe different ways of communicating with the staff to get the outcomes they want ... [CNW-PW02-T3]

3.2: 'Bridging the gap'

She was just so, she listened attentively to what I had to say and made perceptive comments. I told her about things that I was doing and she, well 'why are you telling me about this', I said 'because you are listening to me', and she said 'would you tell your care coordinator?' I was messing around with my medication a bit and I said 'no I wouldn't'. She said 'why not if you are talking to me?' That's a good point. So, I told my care coordinator and then carried on taking it properly. But, you know, for such a young woman she had a good head on her shoulders. [SWL-SP2119]

3.3: Intrapersonal changes to 'navigate the system'

I have got a little bit more friendly, a little bit more laid back with appointments I suppose after the meetings with the peer support worker. I was quite distant before, so maybe I have changed a little bit ... I find it safer to do that. [CNW-SP0266]

Outcomes

4: *Social functioning*

4.1 Intrapersonal changes towards others

I've made some friends because of how she suggested, I ... meet people there. So, I've got a friend now and I'm a bit outgoing. Normally I wouldn't go out. But I do go for a drink ... It's opened my eyes a bit. I'm a bit more open to new things. Although I've still got the problem I've got and struggling now and again, it, kind of like, I've got options. She gave me options. [CNW-SP1072]

4.2 Increased Use of Community Resources

Since I started peer support I managed to find activities that will be filling up my routine so I manage to do the schedule because the activities that I found with my peer worker I put them in my diary, I start doing them and now of course I'm getting better. It helps to get better. And now for six weeks or seven weeks I don't feel I have any symptoms anymore ... I don't get withdrawn anymore. [CNW-SP0423]

4.3 Intrapersonal changes towards self and future

... it was just something nice to do every week, just a nice interaction with someone and made me feel a little bit like I've got worth. I've got value to myself ... It made me want to do better, so yes, I suppose it has made me feel about things a bit differently ... It made me want to change, want to have something to tell her that I had done during the week, it made me feel like I had a bit of a purpose and I had a structure and somebody was going to listen to me. So in that respect it did make me change my ways. [CNW-SP0266]

5: *Service Use*

5.1 Intrapersonal feelings towards services

I do know that people have found it easier to seek help from other services after ... a lot of people had no trust in the health service because they'd had bad experiences or nobody had ever replied to them or things like that. There was quite a lot of people like that but then maybe just being able to get on with me for 16 weeks they kind of realised actually do you know there are some people who will help and I'm going to go off and find some more. [ELN-PW07-T3]

5.2: Service Use

I feel like I'm able to talk to people more and I'm able to trust people more. The place I'm at now all the staff I feel comfortable to talk to them ... So, she just gave me that trust that I needed with people ... [SWL-SP2284]

Mediators

6: *Barriers*

6.1: Temporality

... but when it finished I couldn't relate to anybody again ... Because there's no one there ... [BMS-SP0177]

6.2: Environmental & practical barriers

A lot of it I don't remember when I was inside [the ward]. I've forgot a lot of it until I got better... It's just like a blur. I was off my meds for a bit because ... I had trouble getting prescriptions ... [BMS-SP0055]

I think when the person is really unwell, when they've relapsed, where they've been quite manic ... Or where they've been in the system ... for a lengthy period of time it can become very challenging because it's the same repetitive cycle. So, you do feel like you are going over the same things over and over again every time you meet. [CNW-PW04-T2]

7: Choice & Control

7.0 Choice & control

She was just easy going. When I wanted to talk I would talk and when I didn't want to talk she was just patient. [CNW-SP1072]

... the questions they were asking were spot on without feeling like I was pressured to say anything that I felt uncomfortable saying. [SSX-SP0769]

7.1 Lack of Choice & Control

... as time went on I got really, I kind of got quite ... dependent on the peer support worker ... I felt quite sad. I didn't know what I was going to do with myself afterwards. I felt quite down ... [CNW-SP1072]

8: Distinctiveness

8.1 Interpersonal interactions

The interaction is talking on the same page because the care coordinator cannot talk about things. [CNW-SP0423]

I'm not scared with my peer worker but when I go to the duty doctor or other place I was quite scared ... because when I was with my peer worker I'm not worried, I'm buzzing, a good time, but when I was in the other services it's not like that, it's not friendly, it feels like it's stressful ... [ELN-SP2770]

8.2 Practical

I was really annoyed when I first came out of hospital my CPN was hounding me for appointments and he wanted to see me all the time but then as soon as you start getting better they don't care and I see him once every six or seven weeks now. But with the peer support worker it felt like ... if I was having a bad day then I could give her a call or a text and if she was available and in town then she would meet for a quick coffee. [SSX-SP0769]

8.3: Confidentiality understood differently

I call them spies. They're not really, it's just a word. ... Confidentiality. It always seems to get broken with the CPNs and GPs and psychiatric nurses at the hospital and stuff like that. I lost trust in everybody but with my peer worker there was trust as soon as he met me. I trusted him. (BDF-SP0190)