



Review

Peer workers' perceptions and experiences of barriers to implementation of peer worker roles in mental health services: A literature review



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ARTICLE INFO

Article history:

Received 3 January 2016

Received in revised form 31 March 2016

Accepted 29 April 2016

Keywords:

Barriers
Experiences
Implementation
Mental health services
Patient involvement
Peer workers
Review

ABSTRACT

Objectives: To identify peer workers' perceptions and experiences of barriers to implementation of peer worker roles in mental health services.

Design: Review of qualitative and quantitative studies.

Data sources: A comprehensive electronic database search was conducted between October 2014 and December 2015 in PubMed, CINAHL, Web of Science, The Cochrane Library, and PsycARTICLES. Additional articles were identified through handsearch.

Review methods: All articles were assessed on quality. A thematic analysis informed by a multi-level approach was adopted to identify and discuss the main themes in the individual studies. Reporting was in line with the 'Enhancing transparency in reporting the synthesis of qualitative research' statement.

Results: Eighteen articles met the inclusion criteria. All studies adopted qualitative research methods, of which three studies used additional quantitative methods. Peer workers' perceptions and experiences cover a range of themes including the lack of credibility of peer worker roles, professionals' negative attitudes, tensions with service users, struggles with identity construction, cultural impediments, poor organizational arrangements, and inadequate overarching social and mental health policies.

Conclusions: This review can inform policy, practice and research from the unique perspective of peer workers. Mental health professionals and peer workers should enter into an alliance to address barriers in the integration of peer workers and to enhance quality of service delivery. Longitudinal research is needed to determine how to address barriers in the implementation of peer worker roles.

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What is already known about the topic?

- International mental health policies increasingly promote the involvement of service users. Within this evolution, the implementation of peer worker roles is a fast growing innovation in mental health services.
- Based upon their lived experience with mental health problems, peer workers can have a unique contribution in mental health care, particularly by interacting with service users.
- Multiple challenges, mainly in collaborating with professional caregivers, hinder successful implementation of peer worker roles.

What this paper adds

- Peer workers perceive and experience personal, interpersonal and contextual barriers to their integration in mental health services. An integrative multi-level approach is needed to address these barriers and to establish an authentic integration of peer workers.
- Because of the explicit focus on peer workers' perceptions and experiences within a multi-level framework, this review can inform mental health policy and practice with respect to the unique perspective of peer workers.

1. Introduction

1.1. Background

While traditional mental health policies were predominantly determined by medical models, these policies are now increasingly influenced by value-based recovery models (Farkas et al., 2005; Slade et al., 2008). Compared to medical models, which focus on problems and the alleviation of symptoms of service users, recovery models emphasize social inclusion and self-determination, and the value of expertise gained by managing mental health problems (Davidson, 2005). To establish and sustain recovery-orientation, the policies and mission of mental health organizations must be grounded in recovery values such as the use of lived experiences to realize mutual support and the involvement of service users at all levels of the organization (Farkas et al., 2005). One particular strategy is the development of roles for service users whereby their experience of recovery is given enhanced recognition. Recently, this strategy has resulted in the implementation of peer worker roles in mental health services (Gordon and Bradstreet, 2015; Salzer et al., 2010; Slade et al., 2014).

Acknowledging multiple terms and definitions are associated with peer worker roles, the main feature of the role is the use of lived experiences to support individuals (peers) in similar situations (Davidson, 2005; Repper and Carter, 2011). For instance, peer workers can be employed in residential and community mental health services, and in organizations led by peer workers (Slade et al., 2014). According to the meta-synthesis of Walker and Bryant (2013), peer workers can be role models, establish rapport with service users, reduce stigma, and teach professionals about recovery. Previous reviews focused primarily on the effectiveness of services provided

by peer workers. Low to moderate evidence was found indicating that peer workers can promote service user outcomes including hopefulness for recovery, empowerment, reduction in use of crisis units, and a reduction of substance use (Chinman et al., 2014; Davidson et al., 2012; Lloyd-Evans et al., 2014; Pitt et al., 2013; Walker and Bryant, 2013). In addition, Repper and Carter (2011) found benefits for peer workers themselves including improvement of self-esteem and personal recovery.

Based on this growing body of knowledge, mental health services increasingly implement peer worker roles as an innovation. However, implementing evidence-based innovations can be challenging (Grol and Grimshaw, 2003). As concluded by Davidson et al. (2012), implementing peer worker roles is complicated because it requires a radical change of culture and practice in mental health organizations. It is assumed that professionals operating from medical models, including mental health nurses, have considerable defensiveness toward the integration of peer workers. For instance, while some nurses adopt a patronizing approach regarding the mental health status of peer workers, others feel it is confronting when peer workers question their standards of practice (Bennetts et al., 2011; Roper and Happell, 2007). In addition, stakeholders can have conflicting perspectives on barriers to the integration of peer workers. For instance, in multidisciplinary teams, some professionals perceive they are working as equals while some peer workers perceive they are in unequal positions (Gillard et al., 2013). Conflicts also arise concerning the use of lived experiences with mental health problems. Some professionals recommend that peer workers restrict disclosing their lived experiences in order to maintain their personal wellbeing. However, peer workers indicate that this restriction can cause an impersonal engagement with service users, which reduces the meaningful nature of peer support (Gillard et al., 2015; van Erp et al., 2010).

Gillard et al. (2013) assert that professionals' recommendations are an indication of professional dominance over the position of peer workers. This power imbalance can result in an overly professional definition and interpretation of peer worker roles, which constrains the distinctive contribution peer workers can make based on their lived experiences (Walker and Bryant, 2013). Following this evidence, it is deemed necessary to explicitly capture the peer workers' perceptions and experiences of barriers to the implementation of peer worker roles (Moran et al., 2013; Walker and Bryant, 2013). The authors acknowledge this delineated focus is both strength and limitation of this review, which will be addressed in the discussion section.

1.2. Aim

This literature review is designed to answer the following question: What are peer workers' perceptions and experiences of barriers to the implementation of peer worker roles in mental health services?

The authors aim to explore how peer workers' perspectives are related to: (1) the nature of the innovation (in this study interpreted as characteristics of peer workers

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