

Family Peer Support in Mental Health: A Supportive Resource to Assist Caregivers Navigate Quebec's Health and Social Services System

Marie-Hélène Morin, Julie Coulombe, Mary Anne Levasseur, Maryse Proulx, Isabelle Harnois and Mireille Brisson (2023)

University of Québec at Rimouski (UQAR) - Team of the Interdisciplinary Chair in Health and Social Services for Rural Populations



Introduction

Navigating the mental health and social services system is often difficult for caregivers who find themselves without a reference point. To facilitate the navigation of this system, the addition of a family peer support worker in mental health services was examined. Family peer support is emerging in Quebec and Canada (Levasseur et al., 2019; Morin & al., 2022). This resource has the potential to be a beneficial and cost effective source of support in mental health services and a useful resource for caregivers and clinical staff (Acri & al., 2017; Leggatt & Woodland, 2016). The study draws on the experience of a family peer support worker turned co-investigator who, thanks to an innovative research engagement program from the Quebec Research Fund (Fonds de recherche du Québec), was able to learn more about research.

Research objectives

- 1) Develop knowledge about the practice of family peer support
- 2) Co-facilitate two focus groups with family peer support workers who practice peer support in the healthcare system
- 3) Promote the practice of family peer support by disseminating research results

What is family peer support work ?

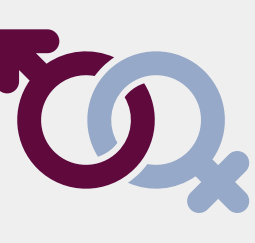






"Family peer support workers (FPSW) accompany family caregivers who care for a person living with a mental health disorder. Their strength in facing their personal situation, and their lived experience, have guided them along their own path of recovery. Family peer support workers tap into their experiential knowledge which allows them to offer hope and support to other family caregivers in mental health." (Morin, Coulombe, Levasseur & Proulx, 2022)

Methods

Data analysis of the Focus groupe makes it possible to have a clearer picture of family peer support in Quebec and identify the issues inherent in this new form of support in mental health clinical settings.

- Two virtual focus groups (N=11 participants) for a duration of 2 hours
- Data collection instruments: socio-demographic questionnaire, interview guide on 5 themes (description of practices, Family Peer Support service offer, challenges of the practice, training, policy)
- Data analysis: transcription and analysis of thematic content (Sabourin, 2009)

Description of the participants

-  Family peer support workers identifying as women (n=11)
-  Trained for FPSW role: yes (n=10), no (n=1)
-  Hours worked per week as FPSW: 15h or less (n=5), between 16h and 40h (n=6)
-  Ages between 29 and 70 years old, average of 55 years old
-  Practice settings: community organizations (COs) (n=9), CIUSSS/CIUSSS (n=1), COs and CIUSSS (n=1)
-  Years of experience: between 6 months and 1 year (n=1), between 1 and 2 years (n=6), between 3 and 5 years (n=2), more than 5 years (n=1), no answer (n=1)
-  Persons supported: parent (n=11), spouse (n=9), sibling (n=4), children (n=4) and friend (n=2)

Results

1. Experiential knowledge at the heart of the practice

The use of self-revelation (n=5) makes it possible to:

- give hope and inspiration (n=6)
- foster openness (n=3)
- allow one to feel understood (n=2)

Be the voice of families within treatment teams (n=7)

"It's a cultural revolution among practices [...] Because it also creates an evenness, that is to say, that the knowers are no longer the only people who communicate with patients and families, but that there is a person who has an experiential knowledge, and in fact I see that the teams have very quickly accepted and integrated me, that they listen to me, and that gives a place to the family which did not exist before. In fact, this is what's new, a cultural revolution in practices and a making a place for the family in the institution" (FPSW07)

2. Know-how - interventions permitting discussions about: needs (n=5), expectations (n=4), concerns (n=2), experienced suffering (n=2), sharing lived experiences of FPSWs (n=2) with family caregivers.

3. Emotional intelligence - demonstrating supportive attitudes: active listening (n=6), welcoming (n=4), flexibility (n=4), empathy (n=2).

4. FPSW Training

Currently in Quebec, it is not mandatory to take family peer support training to be a family peer support worker. However, a large number of family peer support workers have received one or more trainings related to this position. Training:

- Offers a good basis from which to start (n=7)
- Clarifies the FPSW role (n=3)
- Develops fluency in intervention (n=3)
- Demonstrates how to use experiential knowledge (n=2)

Many consider that there are other learning opportunities such as continuing education (n=6), interactions with colleagues (n=3) and with the community of practice (n=3).

5. Challenges/issues

Challenges of integration in teams:

- Work in collaboration with teams and reluctance of professionals (n=10)
- Recognition of role (n=5)
- Lack of visibility (n=6)
- Changes in practices (n=5)
- Ineffectual referencing (n=4)

"I think it's the reluctance of health professionals, not only the reluctance of people who may not believe in this service, but also the fact of just not changing the way things are done. It's new to have to think about families, to prioritize families. There is an intense mental load and intense workload in this area, which means that to come and establish and integrate a new way of doing things, it is not necessarily natural or automatic in the way of doing things, despite management being ready to implement, management that then wants to work collaboratively" (FPSW05)

Issues experienced in intervention

- Identify and meet the needs of family caregivers (n=5)
- Share experiential knowledge (n=2)
- Dealing with confidentiality (n=1)

"One of my issues sometimes, in the references I receive, is the limit between the role of the healthcare worker and my role as a family peer support worker, in identifying the needs of the people referred to me (...) There are sometimes grey areas in the actions we take and the type of support we offer." (FPSW09)

6. Toward greater recognition of the role of FPSWs

Proposed solution pathways:

- Be included in mental health action plans (n=5)
- Be included in mental health budgets (n=6)
- Have family peer support positions in CIUSSS and CIUSSS (n=3)
- Be patient partners in research to promote the role of family peer support (n=4)
- Advocate for recognition of the needs and importance of families in the recovery process (n=3)

"I would say to be recognized for sure, [...] that they take the time to see the good we can do for these people, to remove their stress, so they are able to accompany their loved one, that's the goal, because it's important" (FPSW02)

"My wish would be [...] really to be recognized and even hired by the CIUSSS and CIUSSS, so we would really be part of the team." (FPSW06)

Conclusion

- The analyses from the two focus groups conducted with FPSWs highlight the importance of the experiential knowledge used by family peer support workers to benefit the family caregivers they support.
- To better understand this emerging supportive practice, it is necessary to document the effects of the intervention of family peer support workers with family caregivers and healthcare workers in mental health services.
- Future developments resulting from this new knowledge include practice guidelines and tools for evaluating family peer support interventions in order to support the development of the practice of the family peer support in Quebec and elsewhere in the world.

References

- Acri, M., Hooley, C., Richardson, N. & Moaba, L. (2017). Peer models in mental health for caregivers and families. *Community Mental Health Journal*, 53(2), 241-249.
- Geoffrion, P. (2008). Le groupe de discussion. Dans Gauthier, B. (dir.), *Recherche sociale de la problématique à la collecte de données* (5e éd., p. 391-414). Presses de l'Université du Québec.
- Leggatt, M. & Woodland, G. (2016). Family peer support work in an early intervention youth mental health service. *Early Intervention in Psychiatry*, 10(5), 446-451.
- Levasseur, M. A., Ferrari, M., McIlwaine, S. & Iyer, S. N. (2019). Peer-driven family support services in the context of first-episode psychosis: participant perceptions from a canadian early intervention programme. *Early Intervention in Psychiatry*, 13(2), 335-341.
- Martin-Caron, L., Morin, M.-H., Bergeron, A.-S. & Levasseur, M.A. (2023). Les pairs aidants famille : État de l'élaboration et du déploiement de cette pratique de soutien en effervescence au Québec. *Le Partenaire*. 28(1), 114-127
- Morin, M.-H., Coulombe, J., Levasseur, M.-A. & Proulx, M. (2022). Les pair-es aidant-es famille : Une source de soutien essentielle en santé mentale [Infographie]. https://semaphore.uqar.ca/id/eprint/2080/1/Marie-Helene_Morin_et_al_2022.pdf
- Sabourin, P. (2009). L'analyse de contenu. *Recherche sociale : de la problématique à la collecte des données*, 415-444.

