# An evaluation of a peer support depression group intervention

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## PEER SUPPORT FOR DEPRESSION

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**Abstract**
This paper is an evaluation study of PeerTalk, a nationwide independent charitable organisation that provides peer support groups for people with depression. A focus group of eight participants was managed from four regional groups and the data was analysed. Four themes emerged. Participants valued the reciprocal way the groups reduced their loneliness, increased their self-efficiency by listening to others coping strategies, and enabled them to be part of something non-judgmental and supportive. Sessions enabled the participants to relieve some of their pressure, take action, and through a shared experience manage their mood better. This evaluation suggests that peer support groups can enable mutually beneficial relationships to develop, that are built on empathy and understanding. Peer support can enable people to feel free to talk about their situation/s and to be a listening ear for others. PeerTalk was commented on as a safe and supportive place to relieve the pressure of depression. Given the impact that the COVID-19 pandemic is having, and the reported increase in mental health problems, policy makers and commissioners should recognise the merits of peer support and ensure organisations like PeerTalk are made available and accessible.

**Key words**
Self-help, depression, group, peer support, interventions

## Introduction

This paper reports on an evaluation of PeerTalk, an independent charitable organisation, providing weekly volunteer-facilitated peer support for groups of individuals living with depression and related disorders.

Established in 2014, PeerTalk's first peer support meeting was held in Bradford in 2016 and has since expanded across England. PeerTalk groups are founded on the belief that peer relationships based on shared experiences offer a unique recovery environment and provide a formidable way of promoting optimism and hope.

The evaluation was carried out by students and staff at Sheffield Hallam University. The support groups typically meet once weekly and are facilitated by two volunteers, whose role is not to provide any counselling or offer to any advice but to ensure the attendees are safe and able to share their experiences between themselves for mutual benefit.

The aim is to raise awareness of and challenge the stigma associated with depression by enabling peers to tell their stories and learn from and support each other.

PeerTalk groups have a shared structure based on the successful model of the 'AWARE Defeat Depression' (https://aware-ni.org) – a Northern Ireland charitable organisation that offers support for people with depression and bipolar disorders.

## Background literature

A comprehensive review of the literature on depression and peer support was undertaken to inform the study using accepted methodologies. Analysis of content and themes of identified papers yielded useful background considerations.

Depression is a state of mind characterised by irritability, feelings of sadness, disenchantment, misery, dysphoria, or despair (Bengtsson, 2016). Other symptoms are loss of appetite, sleep disorder, low energy, anhedonia, low self-esteem, guilt, difficulty concentrating, suicidal ideation and psychomotor changes (Dale et al, 2012).

Depression is a major cause of disability, presenting 50% higher for women than for men (World Health Organization (WHO), 2020). In developing countries maternal depression can be a risk factor for slower child growth (Rahman et al, 2008).

Affecting 4.4% of the global population (WHO, 2017), depression is a leading cause of disability globally. The mental health of people in low-income countries can affect national growth, and the effects of depression may impact multiple generations (Lockhart et al, 2014).

Therefore, studies to determine effectiveness of treatment can potentially help improve the health and lives of millions of people worldwide (Davidson et al, 2012).

Andrews et al (2010) notes that

depressive symptoms can affect several aspects of people's personalities which, in turn, can cause many serious consequences. This is particularly evident in adolescence, a crucial period in an individual's developmental process, and can be common in young people (Crabtree et al, 2010).

Attention given to the mental health of this population has been insufficient given that around 20% of children and adolescents suffer from some psychological disorder (Dale et al, 2012). The COVID-19 pandemic has seen this increase.

Causes of depression are varied and one explanation comes from the evolutionary system theory (EST). EST views depression is an adaptive response to the risks of unresponsive and unsympathetic personal and social consequences by showing insecurities in the social world (Chekroud, 2015).

EST describes the depression state characterised by various neurocognitive and behavioural shortfalls and can occur after several unsuccessful attempts to alleviate distress, which makes patients believe that their social insecurities cannot be resolved (Nettle and Bateson, 2012). A reaction to the fears and threats of damaging societal consequences can reduce the likelihood of interpersonal relations (Badcock, 2012).

Based on a multidimensional model, it is considered that psychological disorders result from the interaction of genetic, biological, psychological and environmental components (Crabtree et al, 2010). This interaction occurs in the relationship of individuals with their social environment and the interaction between their micro and macro systems (Dale et al, 2012).

Davidson et al (2012) corroborate this discussion by articulating contributions to the literature regarding attachment, depression and social aspects. It is suggested that having a social support network, and receiving help from individuals who belong to that network, benefits health and wellbeing.

Dennis and Dowswell (2013) found that social support enabled individuals to deal with stressful events and conditions, functioning as a protective agent against common mental disorders such as depression and anxiety.

Effective methods of preventing depression include interventions such as education, problem-solving and reminiscence (Lloyd-Evans et al, 2014; Dale et al, 2012).

Antidepressants are effective in treating depression, but two-thirds of the individuals prescribed antidepressants do not achieve full remission, and among those who do, over half relapse within a year or more (Rush et al, 2008). Therefore, alternative treatments for depression are necessary.

People need each other, therefore when social support decreases, the individual's defence system is compromised. The feeling of not being able to control one's life, together with the feeling of isolation, can be related to the health-disease process, increasing an individual susceptibility to illnesses (Embuldeniya et al, 2013).

Lloyd-Evans et al (2014) defined a social network as a system composed of several individuals, functions and situations, which offers instrumental and emotional support to a person, for their different needs.

Studies have shown that peer support services are effective in reducing hospitalisation rates, reducing lengths of hospital stays, and increasing discharge rates (Shorey and Ng, 2019).

Peer support can improve social support, social function, quality of life, service satisfaction and self-efficacy of patients with severe mental illness (Williford et al, 2012).

Van Mol et al (2015) found peer education to improve the compliance of patients, and mean better nursing compliance and self-awareness than the routine care group.

Peer education plays a positive role in patients' social ability, social interests, personal hygiene, agitation control, withdrawal and improvement of depression (Shilling et al, 2013).

Dukhovny et al (2013) showed that the recurrence rate of depression for outpatients who received peer support services was reduced by 50%, and only 15% of outpatients were rehospitalised in the first year after discharge.

Shilling et al's (2013) follow up study also showed that among patients living in the community, the relapse rate of patients receiving peer services was lower than that of other patients (62% versus 73%).

Peer support services can help patients establish new social relationships, not as patient and healer, but friends who are equal and help each other (Lloyd-Evans et al, 2014).

Chinman et al (2014) pointed out that the functional recovery of patients receiving peer services was better than that of patients receiving services provided by traditional mental health institutions.

Loneliness is one of the most common causes of depression. Peer support, in addition to other benefits, can disrupt loneliness (Van Mol et al, 2015; Williford et al, 2012).

Peer support programmes enable patients to participate more actively in self-care and self-realisation, and offer a higher level of productivity and empowerment (Sowislo and Orth, 2013; Dale et al, 2012).

Several conceptual models exist that suggest how peer support can benefit people with depression. Pfeiffer et al (2011) identified three overlapping mechanisms that can have beneficial effects. According to their analysis, mutually supportive interventions can reduce isolation (direct effects), reduce the effects of stress (buffer effects), increase health information sharing and self-control (direct effects), and provide positive models (mediating effects).

While peer support services have many advantages, they are not without barriers, most notably access and integration. However, the lack of systematic evidence of the effectiveness of peer support is perhaps the biggest cause of underuse of this potentially useful intervention (Lloyd-Evans et al, 2014).

## Method and methodology

An evaluation study was designed to evaluate the impact of the PeerTalk charitable organisation's peer support group. This was a qualitative evaluation (phenomenological) study with a focus group. A service evaluation approach is a systematic and impartial assessment, of an activity, project, programme or service (WHO, 2013). Service evaluations focus

on the accomplishments, practices and contextual factors of the organisation/service to truly understand its achievements or shortfalls (WHO, 2013).

The objectives were to gain an understanding of its effects on attendees' subjective wellbeing, ascertain its impact on the other aspects of attendees' lives, ascertain whether and (if appropriate) how it is contributing to positive narratives, and blend these three objectives with attendees' ideas for service improvements.

A qualitative methodology was adopted. Qualitative research approaches are naturalistic in nature and enable the exploration of individuals' experiences (King et al, 2018; Willig, 2008). They typically use words and text during data collection and analysis (Bryman, 2016).

Service evaluations focus on the accomplishments, practices and contextual factors of the organisation/service to truly understand its achievements or shortfalls (WHO, 2013).

To achieve this, evaluations must offer evidence-based credible, reliable and useful findings that can shed light on the experience of individuals who use the service, and provide the basis for further service improvement recommendations.

Building on the review of the literature, phenomenological data was obtained through a focus group. Powell et al (1996: 499) define focus groups as a group of individuals selected and assembled by researchers to discuss and comment (from personal experience), on the research topic. The analysis was a six-step thematic analysis.

Focus group interviews facilitate the collection of multiple and diverse narratives about a subject through group interaction and the sharing of insights, feelings, thoughts, ideas and attitudes.

These discussions are typically facilitated by a moderator (Morgan, 1996) to help manage group dynamics that may otherwise impact on the information shared and data obtained (Kitzinger, 1995).

It was helpful that the focus group attendees were already part of established support groups, as there is evidence that focus groups work well with existing groups in which individuals are comfortable to converse with each other and articulate their opinions, views and experiences in a group context (NHS England, 2015; King and Horrocks, 2010).

**Ethical considerations**

Ethical approval was obtained from Sheffield Hallam University, and PeerTalk Charitable Foundation's management confirmed (in writing) its support for the evaluation.

Participant information sheets were provided electronically at recruitment, and written consent sought. Informed consent was further confirmed verbally with all the participants.

Participants were informed of their right to disengage and the importance of confidentiality of their data and views expressed during the meeting (King and Horrocks, 2010).

The focus group was scheduled to take place during the COVID-19 national lockdown. At the time, support groups were exempt from these restrictions, and the participants were continuing to meet regularly in a COVID-secure setting.

However, as a precautionary measure, the university stipulated that the focus group would need to be conducted online, using a sufficiently secure video conferencing platform.

Ongoing advances in communication technologies mean researchers are increasingly using Voice over Internet Protocols (VoIP) to collect data successfully. These VoIP include Skype, Facetime and Microsoft Teams, and more recently, Zoom and Webex video conferencing (Archibald et al, 2019), which all allow two or more people in different sites to connect and interact using audio and video imaging in real-time (Nehls et al, 2015). These modes of communication enable researchers to collect data from participants when meeting them in person is not feasible (Deakin and Wakefield, 2013).

**Recruitment and sampling**

NHS England (2016: 3) suggests that when recruiting focus group participants, inviting people through trusted intermediaries can enhance their confidence and provide a sense of security. Consequently, an invitation to participate was posted on PeerTalk's web page.

This sampling method enables information-rich participants to be recruited (Patton, 2014). Prospective participants were asked to email the researcher, or to inform the charities admin staff when booking into their peer support groups. They were then sent a plain English information sheet and encouraged to ask any question about the study.

Participants were accepted if they were: over 18; able to give informed consent; an attendee of a PeerTalk support group; living with, or had previously experienced depression; able to download the WebEx app necessary for the online focus group; and able to express themselves in English.

**Data collection**

The review of the literature informed a semistructured topic guide to steer and maintain focus while allowing sufficient latitude to capture and explore unexpected issues that arose during the focus group.

Nine participants from four regional/locality groups were recruited to the focus group by a familiar PeerTalk admin staff member, who then introduced the researcher and made sure everyone could use the in-meeting controls, thus ensuring everyone felt ready and comfortable to participate. Once the admin staff left, the virtual room was 'locked' and the recording commenced.

**Data analysis**

The transcript of the focus group interview was thematically analysed using Braun and Clarke's (2006) six steps (familiarisation, initial coding, searching for themes, reviewing the themes, defining and naming the themes, and writing the evaluation report).

To enhance credibility, particularly regarding the way conclusions were reached (Polit and Beck, 2004), verbatim quotes were included to show the derivation of each theme (King and Horrocks, 2018; Morse, 2015).

The service evaluation sought to maintain trustworthiness through adherence to Spencer et al's (2004) four guiding principles: contributing to

advancing more comprehensive knowledge or understanding; providing a research strategy that can address the evaluative questions posed; rigorous in conduct through the systematic and transparent collection, analysis, and interpretation of qualitative data; and offering well-founded and plausible arguments about the significance of the evidence generated.

## Findings

Nine participants initially expressed a desire to participate. However, one participant struggled to log on to WebEx and subsequently withdrew at the introductory phase of the focus group, leaving eight participants (six male and two female). These eight people were regular support group attendees and met all the criteria for inclusion.

Four themes emerged: 'Reciprocity and Peer support', 'The right place to lance a boil', 'Rebuilding confidence' and 'Service improvement'.

**Reciprocity of peer support: Understanding one another and building relationships**

Participants described how peers share lived experience of depression or anxiety in their support group sessions, which they described as a non-judgemental, empathic and embracing environment.

For many, this shared experience was crucial in helping them to feel understood and, in turn, empowered. Attending the group sessions resulted in the creation of a culture of openness, companionship and a sense of belonging:

> "...by helping other people, you kind of also help yourself as well as it helps you tease things out and think about things from their perspective" (Participant 2).

Attending PeerTalk support sessions enabled most participants to exchange experiences of coping with depression in a supportive environment and to learn from each other's shared lived experiences:

> "...it's just nice to get other people's points of view and their coping strategies with depression. Sometimes you can go away and potentially put some of those ideas into practice and then the week after, or even two weeks after, you can feed it back to people and actually, it might not work, not everything works for everyone... The simple ideas are the most effective ones as well" (Participant 8).

A strong emphasis on support sessions facilitating freedom of expression with most participants referring to their support group as a platform from which to support and be supported without fear of judgement:

> "You are in a safe space, and you have not got anybody there that is going to judge what you are saying" (Participant 2).

Being heard and listening to others was highly valued:

> "Sometimes people just need to be listened to" (Participant 2).
>
> "If you can listen actively, as everybody does seem to in the group that we are in, then you are contributing even if you say nothing" (Participant 5).
>
> "It's a team effort, and we all listen to each other, and we all give our views freely" (Participant 4).

Attending support groups helped alleviate loneliness, social isolation, and created a shared experience. Most participants viewed the mutuality and reciprocity of peer support as a means of learning about their condition, their strengths and aiding their recovery:

> "...going to the group just helps me feel not alone, that I am not in this on my own, that there are other people going through what I am going through" (Participant 4).

The exchange of lived experiences of depression enabled a sense of connectedness between peers:

> "...It is that interaction... It gives you a real feeling of being joined up with other people that are going through similar situations." (Participant 2).

Consensus that support sessions were enriching, fulfilling and meaningful experiences was noted. Some spoke about how sharing their experience could help others while others found sessions facilitated self-reflection. Sometimes, attending support groups afforded the opportunity to speak openly about their circumstances for the first time:

> "I spoke for the first time, we got a chance to sit down and talk openly and honestly about the condition, how it affected you, how it affected other people without prejudice or anything else... it just gives you an open platform to talk about how you feel... and also to listen to other people going through the same thing" (Participant 3).

The importance of mutual relationships permeated the focus group discussion. For many participants, peer support groups felt like a small family. The connection between peers was not just knowing each other, but looking out for each other:

> "It feels like a small family, you know when people do not go for a couple of weeks, and you are there you are wondering are they ok, you know, you are always checking up on other people and stuff. It's a benefit for everybody, you know, it's a win-win for everybody" (Participant 7).

Peer support sessions simply helped individuals get to know others and build supportive relationships, and to break out of their own world and become more socially connected and alleviate their loneliness:

> "I find going to the group just helps me feel not alone, that I am not in this on my own, that there are other people going through what I am going through" (Participant 4).

Overall, attending group sessions was universally valued, and typically seen as a mutually beneficial symbiotic process:

**The right place to 'lance the boil' : Relieving the pressure**

This metaphorical title from one of the participants encapsulates the way PeerTalk's sessions enable attendees to ventilate and relieve the pressures

associated with their depression. The groups offers a stable and familiar environment in which to release their bottled-up feelings:

"…being able to go there and lance that boil and squeeze it and get rid of some of the infection every week, I feel it is a quite useful thing to do" (Participant 2).

Attendance was a source of positivity, allowing group members not only to divulge their own problems and experiences of mental health but also to see things differently by learning about their mental illness from others:

"…we all need help to be able to look at things in a different way. So, being depressed sometimes can feel as if you have almost got emotional tunnel vision…to know that there are different ways of approaching problems and different ways of thinking things by sharing that with other people" (Participant 7).

Most attendees found the groups helped them to develop coping strategies for their depression:

"…to get other people's point of views and their coping strategies with depression… put some of those ideas into practice… it might not work, not everything works for everyone, but you tend to find some of the ideas do" (Participant 8).

Sessions 'opened their eyes' and offered breathing space to reflect and realise that other people were also confronting the challenges of depression:

"I thought it was only me, and that is the most common statement you hear. To say, 'I thought it was only me who felt this way'… that is the biggest thing" (Participant 3).

Most participants noted the groups relieved loneliness, but also enhanced their understanding that others faced the same challenges:

"…to know you are not alone. Depression can be the loneliest illness that you can have because you just think you are on your own, you are isolated… you realise there somebody who might be living down the road, you know, somebody who might be doing really well who is struggling, you know what I mean? Everybody is the same" (Participant 7).

Some wished they had known about the group earlier, and delays in accessing PeerTalk could have delayed recovery:

"I wish I had this sort of group a long time before November last year" (Participant 5).

"I have been going to the doctor for donkey's years talking about depression… I was asked if I wanted to see the social prescriber, and I had heard of that person before, so, I said yes, please, and it was the social prescriber who pointed me to PeerTalk" (Participants 1).

**Rebuilding confidence: Enhanced sense of worth, purpose and meaning**

This theme encapsulates participants' strong belief that meeting a group of people facing the same situation rebuilt their confidence generally:

"…helped me to communicate with people again. I lost confidence in having a conversation with people outside my family group… I feel much more confident to have a chat with somebody" (Participant 1).

"Once I went to my first meeting and sat around with people who are going through similar things to you, it brings so much more confidence" (Participant, 7).

Overcoming their fear to attend their first group session seemed particularly challenging:

"…the only problematic thing, is getting that confidence in yourself to go to the meeting… I think getting over the initial fear of going is really hard, but sometimes you have got to push yourself to want to get better" (Participant 7).

In part this was due to uncertainty about what the group sessions offered and doubts about being judged. However, once this was overcome, confidence levels were quickly improved by the openness and non-judgmental nature of the meetings:

"…you do not know what is going to happen and people are going to be saying, whether people will be judgmental to you, and you soon realise over a couple of sessions at first, that actually people can just be open and honest and there is no retribution" (Participant 3).

"It has given me a lot of confidence. I would not normally go into a group, so, now I go by choice" (Participant 5).

Other attendees went further than talking about confidence, saying attending group sessions had helped them to start believing in themselves as well as relieving the pressures caused by depression:

"It actually gives you the belief to actually make that next step forward, and what that enables you to do is actually unlock the fear and the tightness in your chest" (Participant 6).

Some described this as cultivating a sense of self-worth, while others talked of an improved sense of purpose:

"…it gives everybody actually a sense of worth" (Participant 2).

"…gives you a sense of purpose… doing things in a different way… insight to the way you think, you can change the way you think, just you can view things from a different angle" (Participant 7).

"…valuing each other means you will value yourself as well, so it gives you a sense of purpose" (Participant 3).

The mutual exchange of experiences created a real sense of achievement and was often reciprocal in that people's confidence grew through seeing other people's confidence improve:

"…we do not always feel it… to go and share with people and hear them share gives you that real – yes, it's that high five together, all for one, one for all kind of thing, musketeers" (Participant 4).

"You work as a group to try and help them, and when you see them growing confidence, it helps your confidence grow as well" (Participant 7).

**Service improvement with peers as facilitators: Improving the availability and accessibility of peer support group sessions**

The issue of group sessions being facilitated by people with a shared experience was regarded as a fundamental characteristic of PeerTalk support groups. For participant 2, it was a principle that like-minded people lead the sessions – peers themselves:

> "…the fundamental bit of professionalising the group is that it does not work, so, do not mess it up by changing… like-minded people together to talk about common issues, and just talking as peers, literally, it works (Participant 2).

As a result, most participants felt that PeerTalk should limit the 'professionalisation' of the support groups. They explained that, even though trained facilitators were essential at times, sessions should be about those with a lived experience:

> "…agree with what Participant 2 said… in the beginning the facilitators were more needed than they are now. Not that they are not needed… it's about the members of the group" (Participant 4).

Facilitators needed to take a more passive role in the groups but still be there to step in to stimulate the group whenever necessary:

> "…I do not think they need to be very proactive really, they need to be able to sit back… if it goes very quiet, perhaps just to throw bits and pieces out there to try and tease people's thoughts out a little bit. But less is more facilitating" (Participant 6).

Participants also made several suggestions about improving the availability and accessibility of support groups. For example, participants favoured the use of video conferencing to overcome the impact caused by the current COVID-19 lockdown or even just bad weather:

> "…in the current situation, the option to be able to join a Zoom meeting is a good thing. It may also be nice… wherever you have the meeting (in person), if we could open that up to known members on Zoom as well" (Participant 2).
>
> "But we could have the webcam in the group… then that would give us the best of both worlds, would it not?" (Participant 8).

Combined virtual (Zoom) and face-to-face sessions/meetings were advocated by some, but others made it clear that virtual sessions should not be regarded as a substitute for face-to-face meetings:

> "…so, yes, combine the Zoom-type technology with the live meetings as well. I would not want to see the live meetings disappear (Participant 5).

## Discussion

It is important to note that the majority of previous studies have principally been quantitative in nature, mainly focusing on efficacy of groups rather than the experiences of group attendees.

Pfeiffer et al's (2011) meta-analysis showed that peer support could assist in reducing the symptoms of depression. This study's qualitative approach adds to the literature in that phenomenological data encompassing diverse attendees' experiences were gathered and analysed.

Data suggests that being in a non-judgemental, understanding and empathetic environment where people with a shared experience listen to each other's stories relating to an array of everyday challenges, feelings of loss, anguish, and grief caused by depression has a positive impact on people's lives.

Dennis (2003) reported three closely related mechanisms of peer support groups, including: lessening social isolation; decreasing the intensity of everyday life stressors; and enhancing information.

Participants in this evaluation mentioned all three but added the importance of having peers to offload some of their challenges to, as a way to improve self-management of depression.

As described in Austin et al (2014) and Repper et al (2013), the nurturing nature of the groups created a place for attendees to develop confidence to talk freely about their experiences without fear of judgment. Creating positive narratives about depression helps to reduce the stigma attached to the mental illness (Corrigan et al, 2013).

Being listened to and understood was vital to participants' subjective wellbeing, enabling them to ventilate while learning from other people's ways of coping with depression.

Similarly, Shorey and Ng's (2019) qualitative evaluation of a technological peer support intervention for postnatal depression reported that engagement with the programme enabled the mothers to develop enhanced coping abilities due to a mutual exchange of experiences.

Participants in this evaluation reported richer and deepened personal insights from the process of peer support, and it therefore supports previously reported benefits of peer support groups for people with depression, such as the alleviation of social isolation, empowerment, improved self-efficacy and openness (Bracke et al, 2008).

Most participants in this evaluation emphasised how PeerTalk groups triggered a sense of self-worth, purpose and meaning, which they associated with an increased understanding of their condition and circumstances, self-efficacy, and coping skills enhancement.

Similar findings were documented in a recent systematic review of ten RCTs where Huang et al (2020) concluded that peer support groups could reduce the symptoms of depression.

Given such evidence, peer support services should be recognised for the impact they have on the wellbeing of patients with depression that, for some, can be as important as medication (Filson and Mead, 2016).

This evaluation contributes to current evidence base and supports a claim made by Lyass and Chen (2007) that peer support groups can provide opportunities for openness about mental health, thus promoting an open dialogue about experiences that may not be easily shared in other contexts (Shalaby and Agyapong, 2020; Repper et al, 2013; Walker and Bryant, 2013).

Pfeiffer et al (2011) and Yalom (1995) have described peer support groups as having comparable features to that of group psychotherapy, including altruism,

cohesiveness, universality, imitative behaviour, instillation of hope, and catharsis.

Lyass and Chen (2007) reported that peer support programs might also be a source of empowerment for individuals with depression to be actively involved in their self-care, with a potential of reducing admission to hospital (Sledge et al, 2011).

Given the current pressure on mental health services in the UK, an organisation like PeerTalk could alleviate the increasing demand for services, especially post the COVID-19 pandemic.

This evaluation suggests that peer support groups can enable mutually beneficial relationships to develop, that are built on empathy and understanding.

These relationships provide the basis by which the individuals with depression feel free to talk about their situation/s and to be a listening ear for others.

It also reinforces the current view that peer-support groups have the potential to enhance social connectedness, leading to improved quality of life and overall wellbeing (Repper and Carter, 2011; Pfeiffer et al, 2011).

Finally, the fact that the groups were deemed a safe and supportive place to 'lance the boil' adds to the positive outcomes reported by Dyble et al (2014) and Repper and Carter (2011).

## Conclusion

This qualitative evaluation confirms many of the conclusions drawn by the likes of Walker and Bryant's (2013) analysis, which found that peer support groups enhanced hope, confidence, social connectedness and subjective wellness as well as reducing the symptoms of mental illness.

There is growing recognition of the positive impact and cost-effectiveness of services provided by organisations such as PeerTalk. The positive contribution made by voluntary organisations could reduce the burden on and demand of statutory services.

However, a commonly cited challenge in our ever-changing economic situation is how to maintain the availability of such services and improve their accessibility so that distressed individuals can be supported.

Given the impact that the COVID-19 pandemic has had, and the anticipated upsurge in mental health problems, policy makers and commissioners should recognise the merits of peer support and ensure voluntary organisations are supported and enabled to be more widely available and accessible. ■

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