Evaluation framework:
Peer support for women living with mental health issues in the ACT

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Contents

1. Introduction

This evaluation framework has been designed to measure the effectiveness of peer support as a means of reducing mental health symptoms and improving overall wellbeing and social connectedness in the lives of participating ACT women living with mental health issues.

Women Supporting Women and the Women And Prisons group have been chosen as sample groups for the pilot. These groups have differing membership and models and consequently provide two unique examples of peer support functioning under differing circumstances.

The selected pilot groups represent a small study sample, making the task of collecting sufficient and representative data difficult. Therefore this evaluation framework will employ a variety of data collection techniques – both qualitative and quantitative – that should yield comprehensive and representative evidence on the effectiveness and impact of peer support on mental health, wellbeing and social connectedness.

Ideally, the evaluator would like to utilise all aspects of this evaluation framework throughout the course of the pilot on both groups; however logistical difficulties[1] and sensitivities in relation to the Women And Prisons model, in particular, may mean that it might not be possible to employ all framework elements (i.e. the questionnaire). In this eventuality, greater emphasis will be placed on the debriefing process and the evaluator will, where possible, include selected questions from the questionnaire in the debriefing process.

[1] The Women And Prisons peer support model will only work if women, upon exiting AMC, engage with WAP members and accept 'peer support'.

2. Questionnaires

The following scales and methods of evaluation have been selected for use in the questionnaire component of this evaluation as they have a strong standardised foundation in social science research. These scales have the capacity to measure both quantitative and qualitative data.
Through repeated implementation of this questionnaire, over a period of six months, the participants will be closely and continuously monitored. The following scales have been compiled into a questionnaire and form one element of the evaluation framework. This questionnaire can either be completed in writing or delivered verbally, one-on-one, with the evaluator.[2]

The questionnaire will be completed by both Women Supporting Women and Women and Prison Group participants. The questionnaire will be structured under the following sub-headings:

1. About Me (Demographics)
2. Mental Health and Wellbeing
3. Social and Community Support
4. Peer Support

See Appendix 1 for a copy of the questionnaire.

2.1 About me (demographics)

The "About Me" or demographics section of the questionnaire is a basic quantitative measure that seeks to identify the types of women who are engaging with peer support programs in the ACT. This section might also indicate sub-groups of women who may not be accessing this kind of support.

2.2 Mental health and wellbeing

The "Mental Health and Wellbeing" section of the questionnaire seeks to identify shifts and in particular, improvements in the participants overall mental health and wellbeing. In addition to general questions relating to mental health experiences, alcohol and other drug use habits and treatment plans, the K10 and the Rosenberg Self-esteem scale will be utilised.

2.2.1 Kessler Psychological Distress Scale (K10)[3]

The Kessler Psychological Distress Scale (K10) is a ten point measure that focuses on non-specific psychological distress, rather than psychosis.[4] Developed by Professors Ron Kessler and Dan Mroczek in 1992 for the United States National Health Interview Survey, this brief

[2] Delivering the questionnaire verbally will be suitable to peer support participants with low levels of literacy.
[3] Kessler, RC, PR Barker, LJ Colpe, JF Epstein, JC Gfroerer, E Hiripi, MJ Howes, SLT Normand, RW Manderscheid, EE Walters & AM Zaslavsky, 'Screening for serious mental illness in the general population', *Archives of General Psychiatry*, vol. 60, no. 2, 2003, pp. 184-189.
[4] Australian Bureau of Statistics, *Information paper: Use of the Kessler Psychological Distress Scale in ABS health surveys, ABS Cat. No. 4817.0.55.001,* ABS, Canberra, 2001, http://www.abs.gov.au/ausstats/abs@.nsf/mf/4817.0.55.001.

questionnaire seeks to assess a person's level of anxiety and depression symptoms in the previous four weeks.[5]

The K10 has been selected for use in the evaluation for a number of reasons. The K10 has been utilised nationally as a standard measure in the Australian Bureau of Statistics' (ABS) surveys, and it has also been employed internationally, in such studies as the World Mental Health Initiative 2000.[6] According to the ABS, the K10 is appropriate for use in general-purpose health questionnaires and has been found to give better and more sensitive results than other short measures.[7] Additionally, the succinct nature of the K10 makes it an accessible, yet well-founded scale, in the measurement of mental health disorders.[8] Hence, the K10 is appropriate for the evaluative purposes of this project.

The K10 is comprised of ten negatively phrased questions that refer to both emotional and physical states. The participant is required to rate each question on a five point Likert scale, indicative of the amount of time the problem has been experienced in the last four weeks, e.g. a little of the time, most of the time.[9]

Each response is allocated a score of between one and five. Hence, possible overall scores range from ten to fifty. However, the interpretation of these results is not standardised.[10] Given the extensive research and implementation of the K10 measure by the ABS, the interpretation utilised in their Western Australian Health and Wellbeing Survey of 2000 and the National Health Survey of 2001 will be employed in this project's evaluation.[11] Derived from Andrews and Slade (2001) and Korten, the ABS interpretation seeks to indicate the level of psychological distress experienced.[12] The scoring is as follows:

K10 Score	Level of psychological distress
10-15	Low
16-21	Moderate
22-29	High
30-50	Very High

Once calculated the scores will give an indication of the level of psychiatric distress experienced by the women throughout the course of the pilot. As this questionnaire will be delivered a number of times during the pilot, the successive results acquired from the K10 can be compared and thus give an indication of the impact of peer support on mental health over time.

[5] Australian Bureau of Statistics, 2001.
[6] Australian Bureau of Statistics, 2001.
[7] Australian Bureau of Statistics, 2001.
[8] A. J. Baillie (2005), J. Cairney et al. (2007) quoted in Spies, G, DJ Stein, A Roos, SC Faure, J Mostert, S Steedat & B Vythilingum, 'Validity of the Kessler 10 (K-10) in detecting DSM-IV defined mood and anxiety disorders among pregnant women', *Archives of Women's Mental Health*, vol. 12, 2009, p. 70.
[9] Australian Bureau of Statistics, 2001.
[10] Australian Bureau of Statistics, 2001.
[11] Australian Bureau of Statistics, 2001.
[12] Australian Bureau of Statistics, 2001.

2.2.2 Rosenberg's Self-Esteem Scale (RSES)[13]

The Rosenberg Self-Esteem Scale (RSES) was chosen for use in this evaluation as it is a widely utilised method of global self-esteem research in the field of social science.[14] Originally developed in the 1960s by Dr. Morris Rosenberg, a professor of sociology, this scale was first used to measure the self-esteem of 5,024 high school students from New York State. [15]

According to Rosenberg, self-esteem is defined as the entirety of one's perception and feelings towards oneself, whether these be negative or positive, which have been developed through life experiences. [16] Hence, self-esteem tends to be different in teenagers and adults.[17] A high self-esteem is valued as a positive indication of self-regard[18] and has proven to be connected to and influential in mental health and wellbeing, particularly in relation to feelings of depression and anxiety.[19] The utilisation of the RSES in conjunction with the K10 in this evaluation should further demonstrate this link.

The RSES offers this evaluation a simple, yet sensitive, valid and standardised method of measuring shifts in self-esteem.[20] Whilst this scale is often utilised in demographically specific and large-scale questionnaires, research exists to support a more divergent use. According to Peat and Wesson (2000), the scale has subsequently proven to offer successful findings in different demographic groups, other than those in the initial adolescent category.[21] Additionally, they also found that the RSES can yield sufficiently sensitive and useful results in small samples.[22] These qualities render the RSES an effective and efficient tool in measuring the impact of peer support on the participants' perception of themselves.

Similar to the K10, the RSES utilises a set of ten questions and a four point Likert response scale. The questions are arranged in a two-factor structure, which include five negatively worded and five positively worded statements that relate to the participants' perception of themselves, personally and in relation with others.[23]

The order of the questions produced in the evaluation questionnaire has been taken from Corwyn's analysis of the RSES. According to Corywn, this format is a correlated traits-correlated methods approach, which includes both negatively and positively worded elements.[24] Corwyn

[13] Rosenberg, M, *Society and the adolescent self-image*, revised edition, Wesleyan University Press, Connecticut, 1989.
[14] University of Maryland Department of Sociology, *The Rosenberg Self-Esteem Scale*, http://www.bsos.umd.edu/socy/research/Rosenberg.htm.
[15] University of Maryland Department of Sociology.
[16] University of Maryland Department of Sociology.
[17] University of Maryland Department of Sociology.
[18] University of Maryland Department of Sociology.
[19] Corwyn, RF, 'The factor structure of global self-esteem among adolescents and adults"', *Journal of Research in Personality*, vol. 34, 2000, p. 361.
[20] Sinclair, SJ, MA Blais, DA Gansler, E Sandberg, K Bistis & A LoCicero, 'Psychometric properties of the Rosenberg Self-Esteem Scale: Overall and across demographic groups living within the United States', *Evaluation & the Health Professions*, vol. 33, no. 1, 2010, p. 57.
[21] Peat, KL & DA Wesson, *Self-esteem enhancement research summary*, 2000 www.moretolife.org/uk/Mentors/Images/SEE%20research.pdf.
[22] Peat & Wesson, 2000.
[23] Greenberger, E, C Chuansheng, J Dmitrieva & SP Farruggia, 'Item-wording and the dimensionality of the Rosenberg Self-Esteem Scale: do they matter?', *Personality and Individual Differences*, 2003, vol. 35, p. 1252.
[24] Corwyn.

also suggests that this format is the best fitting model of the Rosenberg scale as it permits a stronger response to the statements.[25]

Overall scores range from zero to thirty and have been interpreted as follows:[26]

Rosenberg Self-Esteem Score	Level of Self-Esteem
0-15	Low
15-25	Normal
25-30	High

By employing the RSES in this questionnaire, data relating to the impact of peer support on the participants' self-esteem and consequently, their mental health, can be collected.

2.3 Social and community support

The literature review for this project[27] highlighted the interconnecting relationship between social marginalisation and mental health – i.e. low levels of social support are linked to mental illness relapse, as opposed to mental health symptoms.[28] Consequently, this evaluation framework needs to incorporate questions and tools that can measure the impact of peer support on women's social and community support networks. Alongside general questions on support, the Social Provisions Scale will be utilised to establish how women perceive their social connectedness.

2.3.1 Social Provision Scale (SPS)[29]

The Social Provisions Scale is a perceived support measure, which attempts to identify a person's perception of their current supportive network.[30] This includes gaining an understanding of what level of assistance, advice and affectionate support is judged to be available by the subject in such cases as a crisis or on a general day-to-day basis.[31] Young notes 'that perceived social support, but not received support, is more strongly related to life satisfaction'.[32] The SPS was developed by Cutrona and Russell in 1987 and is derived from Weiss's six social provisions that are seen to be integral to social support.[33] These include: attachment, social integration, reassurance of worth, reliable alliance, guidance, and opportunity for nurturance.[34] Arranged around these provisions are 24 questions, which describe both the presence and absence of these forms of support.[35]

[25] Corwyn.
[26] University of Maryland.
[27] Judd K, *Defining gender sensitive peer support (Draft)*, Women's Centre for Health Matters, Canberra, 2010.
[28] L Davidson, 'Peer support among individuals with severe mental illness: A review of the evidence', *Clinical Psychology: Science and Practice,* vol. 6, no. 2, 1999.
[29] Cutrona, CE & DW Russell, 'The provisions of social relationships and adaptation to stress', *Advances in Personal Relationships*, Vol. 1, 1987, pp. 37-67.
[30] Lakey, B, *Social support and social integration*, cancercontrol.cancer.gov/brp/constructs/social_support/social_support.pdf.
[31] Lakey.
[32] Young, KW, 'Social support and life satisfaction', *The International Journal of Psychosocial Rehabilitation*, vol. 10, no. 2, 2006, p. 155.
[33] Cutrona & Russell, 'The provisions of social relationships and adaption to stress'.
[34] Cutrona & Russell, 'The provisions of social relationships and adaption to stress'.
[35] Cutrona & Russell, 'The provisions of social relationships and adaption to stress'.

The SPS has been selected for this evaluation because of a number of beneficial and psychometrically substantiated features.[36] Due to its relatively brief length and simply worded format, the SPS has proven to be an accessible measurement.[37] Hence, it has been used in a diverse range of adult population groups, 'from new mothers to elderly community residents' (Mallinckrodt, 1996).[38] Of particular note are the SPS's strong ties to mental and physical health indication, which will be particularly valuable to this evaluation.[39] Furthermore, the SPS has demonstrated reliability, even within small sample questionnaires and thus is an appropriate measure for this evaluation.[40]

Through a four point Likert scale, that ranges from 'Strongly Disagree' to 'Strongly Agree', participants are prompted to respond to each of the SPS's 24 statements in a manner that best indicates their experience. Like the Rosenberg Self-Esteem Scale, the SPS's statements have a two-factor structure, which includes both negatively and positively phrased statements.

Interpreting the SPS can either be determined by distinguishing Wiess's six social provisions and sub-scaling them or via calculating the responses of the whole scale. Importantly, the negatively phrased questions must be reversed scored in order to obtain these results. [41] For the purposes of this evaluation, it may be beneficial to decipher scores using both methods. This would not only help to indicate the strongest areas of social support provision and highlight those that are less present in the participant's lives but it will also provide a detailed picture of the elements of perceived social support. The two methods are outlined below:
Weiss's six social provisions are sub scaled to include four specific sets of questions each. [42] Overall scores from each of these sets range from four to sixteen. The higher the score the greater degree of perceived social support.

Weiss' Social Provisions	Question number
Attachment	11, 14*, 17, and 21*
Social Integration	2*, 5, 8 and 22*
Reassurance of Worth	6*, 9*, 13 and 20
Reliable Alliance	1, 10*, 18*, and 23
Guidance	3*, 12, 16, and 19*
Opportunity for Nurturance	4, 7, 15* and 24*

*Indicates questions that are reversed scored.[43]

[36] Cutrona & Russell, 'The provisions of social relationships and adaption to stress'.
[37] Cutrona & Russell, 'The provisions of social relationships and adaption to stress'.
[38] Wills TA & O Shinar, 'Measuring perceived and received social support', in C Sheldon, L Underwood & BH Gottlieb (eds), *Social support measurement and intervention: a guide for health and social,* Oxford University Press, Oxford, 2000, p. 106.
[39] B. R. Sarason, I. G. Sarason &R. A. R. Gurung (2001), Uchino (2004) and Wills & Filer (2001) quoted in Lakey.
[40] Cutrona, CE & DW Russell, *Social Provisions Scale*, 1987, www.iprc.unc.edu/longscan/.../Social%20Provisions%20Scale.pdf, p. 473-474.
[41] Dillon, J & A Swinbourne, 'Helping friends: A peer support program for senior secondary schools', *Australian E-Journal for the Advancement of Mental Health*, 2007, vol. 6. no.1, p. 3.
[42] Cultrona & Russell, 'Social Provision Scale', p. 473.
[43] Cultrona & Russell, 'Social Provision Scale', p. 473.

Alternatively, as an overall measure, items can be scored together. Scores range from twenty-four to ninety-six. The higher the score the greater the perceived level of support.[44]

2.4 Peer Support

A number of questions have been selected from a list of questions used by the researcher in the previous phase of this project – the one-on-one and group interviews.[45] These questions were devised as a means of collecting qualitative data that enriches our understanding of why women choose peer support and how it affects their lives. It includes questions that relate to what they value in peer support and what elements may make it a less than positive experience. Moreover, women will also be asked questions relating to what they have gained from participating in peer support and how peer support has impacted their mental health, well being and social connectedness. This section endeavours to provide a space for personal narrative.

[44] Cultrona & Russell, 'Social Provision Scale', p. 473.
[45] Women's Centre for Health Matters, *Peer Support Project- Focus Groups and Interviews*, Canberra, 2010.

3. Interviews

3.1 One-on-one interviews

Face-to-face or over the phone interviews will be conducted with women participants to gather qualitative in-depth feedback on the impact of peer support on women's health, wellbeing and social connectedness. These interviews will be guided by semi-structured discussion on the women's personal experiences of peer support. This will not only provide space for women to express their own opinions on the elements of peer support that they have found useful in their lives but also highlight areas that limit their engagement. Additionally, this method of data collection should further highlight the interconnecting or interdependent relationship between social connectedness and mental health.

Given preliminary discussion with the facilitator of the Women Supporting Women group, the one-on-one interview method is considered to be more appropriate than group interviews for the evaluation of WSW.

3.1 Group Interviews

Group interviews will contribute to the evaluation by providing vital qualitative knowledge on women's experience of peer support and its impact on their lives. The groups will comprise of an evaluator and a small gathering of women who are actively involved in peer support programs. Whilst the groups will primarily focus on the experience of peer support and its effect on mental illness, wellbeing and social connectivity, the format will be semi-structured. This will allow women to not only express their own personal narrative but also provide space for collective discussion and consensus on the pros and cons of peer support. See Appendix 2 for interview questions.

4. Debriefing

Debriefing provides a safe space for individuals to recollect, digest and analyse the experience and impact of peer support activities on themselves and the wider group and helps to sustain participant's motivation and commitment to the 'program'.[46] Debriefing will be utilised in this evaluation to gather supplementary data from the facilitator of the Women Supporting Women group, and may act as a substitute to the questionnaire component for the Women And Prisons Group. See Appendix 3 for debriefing form (WSW facilitator).

4.1 WSW facilitator

The facilitator of the Women Supporting Women group will be required to complete a structured debriefing form after each get-together. This form will cover basic questions relating to how many women attended, what they did and how they interacted. It will also provide space for the facilitator to record any successes or challenges within the group, and any notable changes in the women participant's lives.

4.2 Women And Prisons

The debriefing method will be employed specifically within the evaluation of the WAP peer support model as it is likely that women exiting prison will not feel comfortable completing questionnaires relating to their mental health, or talking directly to evaluators. The peer support 'leaders', upon connecting with women as they exit prison, will be required to talk with either the evaluator or WCHM's Community Development Worker within a specified time frame after each contact with their peer. Questions within this debriefing process will be semi-structured and will focus on the peer 'leaders' observations of the peer (woman exiting prison) and how providing support to their peer has impacted on them personally.

[46] Cowie, H & P Wallace, *Peer support in action*, Sage Publications, London, 2000.

5. Participant observation and evaluation

5.1 Participation observation

As part of the evaluation framework, WCHM will undertake participant observation of the peer support groups involved in the pilot. This will be conducted with the group's permission and knowledge of the evaluator's role. From this interaction, collective dialogue concerning the purpose of the group and the women's individual experience will be documented. This element of the evaluation framework seeks to gain better understanding of the dynamics, content and purpose of peer support in the lives of women participants.

5.2 Participatory evaluation

An important and innovative feature of the evaluation is participatory evaluation. It involves the direct and active participation of women in constructing their own methods of evaluation.[47] This will contribute to a broader and more in depth evaluation of women's experience with, and perception of peer support. It will also allow for a creative and constructive outlet for their feelings toward the group both individually and collectively.[48] In addition, it will validate their vital role in the evaluation process.

The structure of the participatory evaluation will focus on creative activities, as the Women Supporting Women group already focus their time around creative projects. Possible activities include individual and/or communal expressions through collage, poetry and journal writing – this will be determined by the group themselves.

Possible creative activities with the Women And Prisons group will be negotiated throughout the course of the pilot.

[47] Box, N, 'Executive summary', *Evaluation of the First Year of the Brindabella Women's Group*, Canberra, 2005, p. ii.
[48] Box.

6. Data analysis

The Evaluator will conduct a thematic analysis of all qualitative data collected in the course of this evaluation. Quantitative data collected through the questionnaire (the K10, the Rosenberg Self Esteem Scale and Social Provision Scale), will need expertise in statistical analysis. This will be sourced before the completion of the pilot, if none of the partners are able to provide this expertise.

7. Ethical considerations

7.1 Privacy and Confidentiality

- The anonymity of research participants will be maintained at all times, and all personal information kept confidential. In practice, any names, places or other distinguishing details will be altered to protect the privacy of participants.
- In order to demonstrate their informed consent in participating in this evaluation process, participants will be required to voluntarily sign a consent form that details the nature of the research, its purpose and how the information they provide will be used. This information will also be provided verbally by the Evaluator. See Appendix 4 for a copy of the Consent Form.
- Participants will be informed that they can withdraw from the research at any time without being subjected to any penalty or discriminatory treatment.
- Participants will be reimbursed with a $25 Westfield gift card in recognition of the costs associated with participating in the evaluation process. Cab charges will also be made available to those who require assistance with transportation on those days when evaluation will be taking place.
- On request participants may have access to, and make changes to their interview transcripts. Where participants have poor literacy an audio recording will be made available.
- All documents and recordings that include sensitive or personal and/or identifying information will be kept in a secure safe and will be destroyed at the conclusion of this project.

These standards are consistent with the WCHM Code of Conduct (2008) and the Australian Association of Social Workers Code of Ethics (1999).

Appendices

Appendix 1: Questionnaire

Evaluation Questionnaire 1

About You

1. I am a woman who lives or works in the ACT or Queanbeyan region.
   - ☐ Yes
   - ☐ No

2. My age is:
   - ☐ 15 – 24
   - ☐ 25 – 44
   - ☐ 45 – 64
   - ☐ 65+

3. I am of Aboriginal or Torres Strait Islander descent.
   - ☐ Yes
   - ☐ No

4. I am from a culturally or linguistically diverse background.
   - ☐ Yes
   - ☐ No

5. I have a disability or a long-term/chronic health condition.
   - ☐ Yes
   - ☐ No

6. My highest level of completed education is:
   - ☐ No schooling
   - ☐ Year 8 or less
   - ☐ Year 10
   - ☐ Year 12
   - ☐ Advanced diploma, diploma, certificate or trade qualification
   - ☐ Bachelor's degree or higher
   - ☐ Other (please specify)

7. I am:
   - ☐ Working full time
   - ☐ Working part time/casual
   - ☐ Not currently in paid employment
   - ☐ Retired
   - ☐ Other (please specify)

8. My main source of income is:
   - ☐ From paid employment
   - ☐ A full government pension
   - ☐ A part government pension
   - ☐ From superannuation
   - ☐ Other (please specify

9. My total household income per year (before tax) is:
   - ☐ $12,999 or less
   - ☐ $13,000 to $25,999

- ☐ $26,000 to $41,599
- ☐ $41,600 to $88,399
- ☐ $88,400 to $129,999
- ☐ Prefer not to say

10. My current living situation is:
    - ☐ Privately owned accommodation
    - ☐ Rented accommodation
    - ☐ Public accommodation
    - ☐ Other (please specify)

11. My household composition is:
    - ☐ Living alone
    - ☐ Living with a partner
    - ☐ Living with a partner and other family members (i.e., dependent children)
    - ☐ Living with other family members
    - ☐ Other (please specify)

12. How many dependent children under the age of 25 do you have?
    - ☐ 0
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4+

Mental Health and Wellbeing

13. Are you currently or have you ever experienced mental health issues?
    - ☐ Yes
    - ☐ No

    If yes, please specify:

14. Are you currently receiving some form of mental health treatment?
    - ☐ Yes
    - ☐ No

    If yes, please specify:

15. Aside from peer support, have you recently been involved in other activities that have noticeably affected your mental health (positively or negatively), i.e., counselling, other groups hospitalisation?
    - ☐ Yes
    - ☐ No

    If yes, please specify:

16. Are you currently or have you ever misused alcohol and/or other drugs?
    - ☐ Yes
    - ☐ No

    If yes, please specify:

17. Are you currently receiving treatment for issues relating to alcohol and/or other drug usage?
    - ☐ Yes
    - ☐ No

    If yes, please specify:

18. Please indicate how often in the past month you have felt (responses are none of the time, a little of the time, some of the time, most of the time, all of the time):
    - Tired out for no good reason
    - Nervous
    - So nervous that nothing could calm you down
    - Hopeless
    - Restless or fidgety

- So restless you could not sit still
- Depressed
- That everything was an effort
- So sad that nothing could cheer you up
- Worthless

19. Please indicate the response which best shows how you feel about yourself most of the time (responses are strongly agree, agree, disagree, strongly disagree):
- I wish I could have more respect for myself
- All in all, I am inclined to feel I am a failure
- I certainly feel useless at times
- I feel that I do not have much to be proud of
- At times I think I am no good at all
- I feel that I have a number of good qualities
- I am able to do things as well as well as most other people
- I feel that I am a person of worth, at least on an equal plane with others
- On the whole, I am satisfied with myself
- I take a positive attitude towards myself

Social and Community Support

20. Please indicate how the following statements describe your current relationships with other people (responses include strongly agree, agree, disagree, strongly disagree):
- There are people I can depend on to help me if I really need it
- I feel that I do not have close personal relationships with other people
- There is no one I can turn to for guidance in times of stress
- There are people who enjoy the same social activities as I do
- Other poeple do not view me as competent
- I feel personally responsible for the wellbeing of nother person
- I feel part of a group of people who share my attitudes and beliefs
- I do not think other people respect my skills and abilities
- If something went wrong, no one would come to my assistance
- I have close relationships that provide me with a sense of emotional security and wellbeing
- There is someone I could talk to about important decisions in my life
- I have relationships where my competence and skill are recognised
- There is no one who really relies on me for their wellbeing
- There is a trustworthy person I could turn to for advice if I were having problems
- I feel a strong emotional bond with at least one other person
- There is no one I can depend on for aid if I really need it
- There is no one I feel comfortable talking about problems with
- There are people who admire my talents and abilities
- I lack a feeling of intimacy with another person
- There is no one who likes to do things I do
- There are people I can count on in an emergency
- No one needs me to care for them

21. Who are the main people you rely on for support? (please select all answers which apply to you)
- ☐ Family members
- ☐ Friends
- ☐ Neighbours
- ☐ Work colleagues
- ☐ Members of a peer support group
- ☐ Members of a social group
- ☐ Members of religious group
- ☐ Other (please specify)

22. Are there factors that make it difficult for you to participate in social interactions? (please select all answers which apply to you)
- ☐ Work commitments
- ☐ Cost

- ☐ Transport
- ☐ Time
- ☐ Confidence
- ☐ Lack of knowledge and information about options
- ☐ Caring responsibilities
- ☐ Disability
- ☐ Chronic or serious health condition
- ☐ Other (please specify)

Peer Support

23. Where did you find information on peer support programs in the ACT?
24. Why did you decide to participate in peer support?
25. What do you like best about peer support?
26. Is there anything you don't you like about peer support? Tell me more.
27. What kind of impact has peer support had on you and your mental health and wellbeing?
28. In your opinion, would it matter if men were involved in your peer support group? Tell me more.
29. In your opinion, do women and men have different needs for peer support?
30. In your opinion, what benefits have you gained from participating in a womens only peer support group?
31. Would you recommend peer support to other people? Why?

Evaluation Questionnaire 2

Same questions as above numbers 13-22 only.
23. What does social connectedness (social support) mean to you and your life?
24. Have your personal support and friendship networks changed since you joined WSW? How?
25. Have you been motivated to try something new or different, or restart something you had previously done since joining WSW? Tell me more.
26. Have you experienced any changes in your self-esteem or confidence levels since joining WSW? What has changed?
27. What is it about WSW that keeps you coming back? How is it different from other groups or social networks?

Evaluation Questionnaire 3

Same questions as above numbers 13-22 only.
23. In your own words please describe what the WSW group is, what it does, why you like it etc.
24. In your opinion, what kind of women would benefit from joining a group like WSW? What will they get out of it?
25. In your opinion, what kind of relationship exists between mental health and wellbeing and social support networks (incl. groups like WSW)?
26. Please feel free to contribute any other comments you would like to make in relation to the benefits of groups like WSW?

Appendix 2: Interview questions

1. What do you think peer support is? i.e. models, practical examples, theories, principles

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Peer support definitions:

Peer support "…is a system of giving and receiving help founded on key principles of respect shared responsibility, and mutual agreement of what is helpful." (Mead & Copland, 2000)

Peer support is "a form of social network therapy where advice and support on community survival and advocacy occurs." (Leung & De Sousa, 2002)

Peer support is "social emotion support, frequently coupled with instrumental support, that is mutually offered or provided by persons having a mental health condition to others sharing a similar mental health condition to bring about a desired social or personal change." (Solomon, 2004)

"Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations." (Davidson et al., 2006)

"Peer support is about normalising what has been named as abnormal because of other people's discomfort."(Dass and Gorman, 1985)

"Peer support is rooted in the belief that significant interpersonal relationships and a shared sense of community lay the foundation for the process of healing."(Adame & Leitner, 2008)

"Peer support carries the intrinsic belief that recovery from mental illness is possible, and that someone really understands because of the common experiences of overcoming distress" (H. Glover & D. Turner - Auseinet, 2008)

"Peer support is an inclusive model that creates room for all people to fully experience 'being who they are', growing in the directions of their choice and, in the process of being support in these goals, begin to help restructure larger systems." (Mead et al., 2001)

2. What do you think the purpose of peer support is?
3. What kinds of peer support have you been involved in? i.e. support groups, activities/exercise/craft groups, one-on-one, hospital-to-home, advocacy/political consumer-run organizations.
4. Why did you decide to participate in <WSW/WAP> or <other model>?
5. Did you experience any difficulties or barriers in accessing peer support, including <WSW/WAP>?
6. What do you like about <WSW/WAP> or <other model>?
7. Is there anything you don't like about <WSW/WAP> or <other model>?
8. Would you recommend it to other people? Why?
9. In your opinion, what kind of people would suit the <WSW/WAP> model/group?
10. In your opinion, what kind of people do you think would benefit from <WSW/WAP> or <other model>?
11. What kind of impact did <WSW/WAP> have on you/your mental health and wellbeing?
12. What was your doctor/psych's response to you participating in <WSW/WAP>? If applicable.
13. In your opinion, what kind of principles/characteristics/critical ingredients are essential to the functioning of <WSW/WAP>?

14. In your opinion, do men and women have different needs for peer support?' i.e. caring/parenting responsibilities, domestic/sexual violence etc.
15. In your opinion, are there enough peer support options for women in the ACT? Why? Why not?
16. In your opinion, where do you get information about peer support options in the ACT?
17. What kind of peer support options should be available to women in the ACT?
17. Where should they be available?
18. What kind of risks or issues do you think are associated with peer support?
19. What have been the highlights in <WSW/WAP>?
20. Has there been any challenging moments in <WSW/WAP>? Tell me more.
21. What would assist you/encourage you to take up/continue participating in peer support in the future?
22. What are your views on peer support in a hospital/medical setting?
23. What are your views on 'professional' peer support workers? i.e. people who have received 'training' and are paid to provide peer support.
24. What are your views on peer support being 'externally supervised' by mental health professionals? i.e. psychiatrists, psychologists, counsellors, social workers etc.

Appendix 3: Women Supporting Women facilitator debrief form

Date:
Number of attendees:
Number of absentees:

Were there any reasons given for being absent today? If so, what were they?
Were you made aware of any significant changes in the participant's lives today? i.e. employment opportunities or health improvements. If so, what were they?
What did the women do during the session today? i.e. scheduled activity or other.
Were there any changes in the women's participation levels compared to other sessions?
What were the highlights of today's session?
Were there any difficulties or challenges in today's session?
If yes, what did you and the women do to overcome them?

Appendix 4: Consent forms

Women's Centre for Health Matters Inc.
Peer Support project evaluation
Consent form

- Women's Centre for Health Matters (WCHM) is a non-government organisation that aims to improve the health of ACT women by identifying the gaps in health services/information available to them and using this information to advocate for improved services.

- We are currently conducting research on the effects of peer support on the mental health, wellbeing and social connectedness of ACT women.
- As part of this research we want to evaluate the WSW/WAP peer support model. This evaluation process will involve collecting data through questionnaires, interviews, observations and activities over a period of seven months. Your personal stories and views on peer support are key to developing an understanding of the impact of peer support on your health and wellbeing and your social support networks.
- We would like you, as a peer support participant, to be involved in this evaluation. You will be reimbursed with a $25 Westfield gift card in recognition of the costs associated with participating in the evaluation process. Cab charges will also be made available to those who require assistance with transportation on those days when evaluation activities will be taking place.
- During the evaluation we may take notes or record discussions. Recording will only occur with your permission and we will not make any record of your name or other identifying characteristics. This will ensure that the information you provide will be kept anonymous and confidential at all times.
- Any personal or identifying information you do provide (i.e. consent forms) will be kept in the strictest confidence at all times and will never be shared with anyone.
- The information you provide will be used by WCHM for research purposes and may be published in a report, however your name or any other identifying information will never be used.
- Please feel free to ask any questions at any time throughout the course of the evaluation. Your comments will always be listened to and you will be able to withdraw from the evaluation at any time, for any reason, if you want.

References

Australian Bureau of Statistics, *Information paper: Use of the Kessler Psychological Distress Scale in ABS health surveys, ABS Cat. No. 4817.0.55.001,* ABS, Canberra, 2001, http://www.abs.gov.au/ausstats/abs@.nsf/mf/4817.0.55.001.

Box, N, 'Executive summary', *Evaluation of the First Year of the Brindabella Women's Group*, Canberra, 2005.

Corwyn, RF, 'The factor structure of global self-esteem among adolescents and adults"', *Journal of Research in Personality*, vol. 34, 2000.

Cowie, H & P Wallace, *Peer support in action*, Sage Publications, London, 2000.

Cutrona, CE & DW Russell, *Social Provisions Scale*, 1987, www.iprc.unc.edu/longscan/.../Social%20Provisions%20Scale.pdf.

Cutrona, CE & DW Russell, 'The provisions of social relationships and adaptation to stress', *Advances in Personal Relationships*, Vol. 1, 1987, pp. 37-67.

Davidson, L et. al, 'Peer support among individuals with severe mental illness: A review of the evidence', *Clinical Psychology: Science and Practice,* vol. 6, no. 2, 1999.

Dillon, J & A Swinbourne, 'Helping friends: A peer support program for senior secondary schools', *Australian E-Journal for the Advancement of Mental Health*, 2007, vol. 6. no.1.

Greenberger, E, C Chuansheng, J Dmitrieva & SP Farruggia, 'Item-wording and the dimensionality of the Rosenberg Self-Esteem Scale: do they matter?', *Personality and Individual Differences*, 2003, vol. 35.

Judd, K, *Defining gender sensitive peer support (Draft),* Women's Centre for Health Matters, Canberra, 2010.

Normand, RW Manderscheid, EE Walters & AM Zaslavsky, 'Screening for serious mental illness in the general population', *Archives of General Psychiatry*, vol. 60, no. 2, 2003, pp. 184-189.

Lakey, B, *Social support and social integration*, cancercontrol.cancer.gov/brp/constructs/social_support/social_support.pdf.

Peat, KL & DA Wesson, *Self-esteem enhancement research summary*, 2000 www.moretolife.org/uk/Mentors/Images/SEE%20research.pdf.

Rosenberg, M, *Society and the adolescent self-image*, revised edition, Wesleyan University Press, Connecticut, 1989.

Sinclair, SJ, MA Blais, DA Gansler, E Sandberg, K Bistis & A LoCicero, 'Psychometric properties of the Rosenberg Self-Esteem Scale: Overall and across demographic groups living within the United States', *Evaluation & the Health Professions*, vol. 33, no. 1, 2010.

Spies, G, DJ Stein, A Roos, SC Faure, J Mostert, S Steedat & B Vythilingum, 'Validity of the Kessler 10 (K-10) in detecting DSM-IV defined mood and anxiety disorders among pregnant women', *Archives of Women's Mental Health*, vol. 12, 2009.

University of Maryland Department of Sociology, *The Rosenberg Self-Esteem Scale*, http://www.bsos.umd.edu/socy/research/Rosenberg.htm.

Wills TA & O Shinar, 'Measuring perceived and received social support', in C Sheldon, L Underwood & BH Gottlieb (eds), *Social support measurement and intervention: a guide for health and social,* Oxford University Press, Oxford, 2000.

Women's Centre for Health Matters, *Peer Support Project- Focus Groups and Interviews*, Canberra, 2010.

Young, KW, 'Social support and life satisfaction', *The International Journal of Psychosocial Rehabilitation*, vol. 10, no. 2, 2006