

# **Peer support as a resilience building practice with men**

## **Structured Abstract:**

### **Purpose**

This paper presents findings from an evaluation of a mental health resilience intervention for unemployed men aged 45-60. The paper examines the place of facilitated peer support within a men's mental health programme, and explores implications for resilience building approaches for men.

### **Design**

The paper draws on before and after survey data and qualitative interviews, to report results concerning effectiveness in changing men's perceived resilience, to consider project processes concerning peer support, and to situate these within wider environments.

### **Findings**

The programme significantly raised the perceived resilience of participants. Project activities promoted trusting informal social connections, gains in social capital arose through trusting relations and skill-sharing, and peer-peer action-focused talk enhanced resilience.

### **Practical and social implications**

The paper discusses gender-sensitive approaches to engage men and build resilience by focusing on doing and talking and peer support, and highlights the need to consolidate gains with a focus on individual and community resilience.

### **Originality/value**

The paper adds fresh evidence of gendered intervention approaches with a specific focus on facilitated peer support, including effects on male resilience.

### **Keywords:**

Men's health, resilience, peer support, social interventions, health promotion

## **4000 with references**

### **Introduction**

Existing evidence about peer support in mental health is mainly non-gendered. However, many peer support initiatives occur within environments often perceived by men as feminised, compounding men's initial reluctance to disclose emotional vulnerability. In mental health programmes, an offer of support can then be perceived by some men as potentially emasculating. This paper explores how these challenges can be met to enhance men's social capital and resilience, drawing on the example of a resilience intervention in specific male contexts. It considers facilitated peer support in relation to men's resilience, examining findings from an evaluation of a mental health resilience pilot programme aimed at unemployed men aged 45-60.

## **Background**

Peer support has been defined in terms highlighting reciprocity: '*a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful*' (Mead, 2003: 1). Within mental health, peer support can contribute towards personal or social change (Solomon, 2004).

Peer support potentially facilitates empathic and trusting relationships (Mental Health Foundation, 2012). Evidence (Repper and Clark, 2011) suggests benefits in: self-management (Corrigan, 2006); de-stigmatization (Verhaeghe et al, 2008); quality of life and social functioning (Resnick & Rosenheck, 2008); community integration (Nelson et al, 2007); admission rates (Lawn et al, 2008.) The importance is emphasised of 'lived experience', and supporting peer supporters (Faulkner and Kalathil, 2012).

Various peer support models have been proposed. Mind (2013) and the Mental Health Foundation (2013) highlight self-help groups; befriending/buddying; facilitated peer support; peer mentoring; peer led support groups; and formal peer support.

Facilitated peer support involves a non-peer professional enabling mutual peer support by service users in a group setting. This model does not require training or formal roles for peers.

This paper considers a resilience programme with peer support facilitated by a coordinator throughout a coping strategies course and programme of activities. The social support situation of men compared to women may involve greater reliance on fewer networks, and less ready confiding about vulnerability (Conrad and White, 2010). For middle-aged men, contexts for trusting talk are restricted. A recent scoping study (BLINDED) found that, within mental health programmes for men, peer support is often preferable to professional support alone, given the stigma and challenge to masculine identities in using mental health services. Peer support may contribute to creating a safe space for trusting talk, not experienced as overt help-seeking.

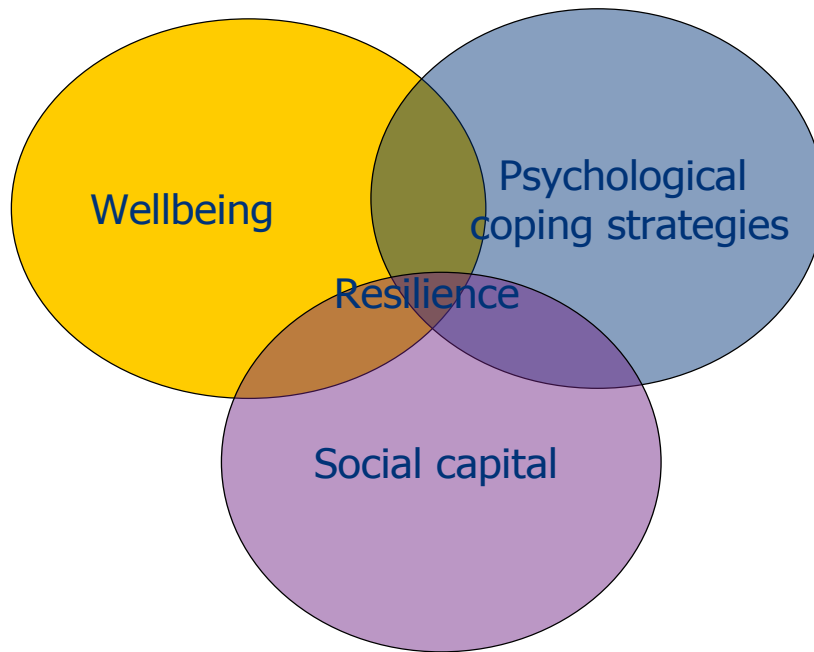
Many men find it easier to reciprocate support in activity-embedded contexts. Community-based organisations such as men's sheds offer support within shared activities, (re-)creating valued male identity (Golding, 2011). A systematic review (Galdas et al. 2014) found that self-management interventions engage men most in a trusted setting, with action-orientation, and peer support. Effective male peer support needs to embrace complex, gendered identities (Seebohm et al. 2010).

Individual and community resilience are intertwined (Bennett, 2015). Individual mental health 'resilience' involves negotiating, managing and adapting to stress or trauma (Windle, 2011) to create a new balance (or worldview) (Mind, 2012). Protective factors include self-efficacy; coping strategies; emotional management; and supportive community resources (UCL, 2006; Herrman, et al. 2011; Harrop, et al. 2009). Community resilience involves the collective ability to adapt and recover from adversity (Rolfe, 2006). Mental health programmes confront a challenge building individual resilience within fractured local communities.

Evidence suggests gender variation and overlap in resilience risk and protective factors. More studies focus on women (Bennett, 2015). Unemployment may affect men's resilience more adversely, leading to greater isolation (Gulliford et al, 2014). Since working-age men are less likely to visit their GP concerning mental health (Wang et al, 2013), alternative supports are required (Mguni et al, 2013).

Mind's evidence-based resilience programme (Mind and Mental Health Foundation, 2013) advocates 'upstream' interventions to build supportive social relationships, and develop coping skills. The Mind resilience model foregrounds:

- activities known to drive wellbeing
- building social networks and social capital
- developing positive psychological coping strategies



**[INSERT ABOVE] Figure 1. Mind’s Resilience Model (Mind, Mental Health Foundation, 2013, p. 20)**

Mind’s Local Resilience pilot programme included one strand aimed to support unemployed men, aged 45-60, in areas of high deprivation. Practical group-based activities would engage men, enhance their wellbeing, and support developing social connections. The project would then deliver a core resilience coping strategies course. The primary focus is on individual resilience, although building social capital implicates community resilience.

The resilience programme established five Mind projects supporting unemployed men. The geographical spread of the projects included: a town in South East Wales; a city in Yorkshire; two London boroughs; a town in North East England.

Each project across 12 months delivered the programme to more than one 'cohort'. The projects had the same core elements, with minor variations in: cohort length (averaging eight weeks); coping strategies course (e.g. balance of CBT and Mindfulness); 'activities' (e.g. gardening, sport, refurbishing); location.

## **Methods**

The evaluation employed a mixed methodology design. Ethics approval was obtained from [BLINDED] University Ethics Committee. A baseline and follow-up survey of all participants was conducted for each cohort. Interviews were held with stakeholders and participants from each project. 19 interviews with stakeholders and 21 with men were completed.

The survey, administered for each participant at the start and at completion of project involvement, examined how far the programme resulted in gains in participants' self-perceived resilience. The questionnaire comprised 3 sub-sections related to well-being; self-efficacy; and social support. Each participant's response scores were added together to give a total for each section. A combined overall resilience score was calculated by adding together the totals from the 3 sections. 95% confidence intervals of the mean change in the scores from baseline to post stage were calculated. Paired (related samples) t-tests were used to assess whether there was a statistically significant difference in the mean scale scores from baseline to post stage. For all inferential tests a p value of 0.05 was taken to be statistically significant.

Full results from the quantitative analysis have been reported elsewhere. This paper focuses on survey and, principally, interview data on social support from the men. The interviews explored participants' experiences, views on programme processes, gains, and expectations moving forward. After information was provided in advance and consent obtained, participants were interviewed on project premises. Interviews lasted between 45-80 minutes and were transcribed.

Mind nationally proposed three evaluation measures to cover wellbeing, self-efficacy and social capital. Concerning social capital, items were constructed after consultation between the evaluation and programme teams, some modelled on the 'multidimensional scale of perceived social support' to include support quality (Zimet et al, 1988). The draft was amended after piloting. Quantitative analysis was conducted using SPSS. Qualitative data was analysed thematically (Braun and Clarke, 2006) using NVivo.

**Findings. Self-perceived resilience.**

Baseline and post stage data from 53 participants were analysed.

Participant numbers by age across projects were as follows:

Participants aged below 45=8, 45-49=13, 50-54=14, 55-60=17, 61+=1

While projects, overall, achieved a good spread of men aged 45-60, several men were recruited above and below the original age boundaries to boost numbers.

Social support score (Section 3: Q1-Q8) (n=53)

The mean change in social support score was 3.83 (SD=7.11). The 95% confidence interval was 1.87 to 5.79, indicative of significant change. A paired t-test also suggested statistically significant improvement in social support score from baseline to post stage (t=3.923, df=52, p<0.001).

Overall combined score (Section 1-3) (n=49)

The mean change in overall score was 11.76 (SD=14.08). The 95% confidence interval was 7.71 to 15.80, which is indicative of significant change. A paired t-test also suggested statistically significant improvement in overall score from baseline to post stage (t=5.845, df= 48, p<0.001). The overall combined score therefore shows significant gains in perceived resilience.

Overall, change was significant across all resilience dimensions, including social support. This paper now considers how social support contributed towards resilience gains.

### **Social and personal contexts**

To engage successfully with isolated men requires some understanding of intersecting social environments and personal experiences (Mind, Mental Health Foundation, 2013). For example, the South Wales project town had undergone long-term de-industrialisation, and chronic unemployment. The deprived environments in the London projects were dominated by finance and commerce, urban flux affecting men's lifecourse. Precarious employment and de-stabilised traditional masculine roles meant that unemployed middle-aged, primarily working-class men joining the projects were often isolated, lacking self-esteem, with depleted masculine and social capital.

“you're not getting the work, you're on your own. You get low.”

Many participating men faced multiple longer-term challenges, including reconciling traditional expectations of male achievement and identities with having struggled to achieve life goals concerning work, security, and relationships with increasing age.

“I am fifty seven and should have been established by now”. “Because I split up with my wife, I’ve been rock bottom the last years”

Employability issues and changing skill requirements hit hard. For some men, with undiagnosed/untreated mental health issues, daily life became very difficult. This, for some, led to spiraling confrontations with uncomprehending services, contributing to interrupted recovery.

“So the benefit office refused to pay, the council want the money and sent threatening letters saying they will evict me. They didn’t pay, so my illness came gradually back”

### **Peer support**

The following sections explore these questions concerning facilitated peer support within the programme:

- How do programme activities encourage peer support?
- How does peer social support encourage men to develop social capital?
- How do improved social connections contribute to enhanced resilience?

### **How do programme activities encourage peer support?**

Programme activities on different projects included community gardening, football fitness, metal crafts workshops, group drumming, and refurbishing a community centre. Specific circumstances enabled project activities to help unemployed men feel part of something. Firstly, practical, purposeful activities with ‘masculine’ shoulder-to-shoulder elements - for example making (sheds) and growing (seeds), encouraged men to develop trust, without initially discussing emotions. Shared task-related talk afforded men a route to working together on life management tasks with some emotional talk. This perhaps supports men to relax traditional ‘masculine’ emotional self-containment/control, as they retain the masculine embodiment of physical/instrumental control (de Visser et al. 2009).

“couple of the lads asked if I would like to play football for a different team, it was an opportunity to meet new friends and feel welcome.”

“when you do it with others, you have to have a good close unity.”



Secondly, enjoyable activities requiring mutuality for completion - for example group drumming - helped men interact socially with emotional expression.

“everybody’s on that same mindful level, where you’re playing at the right tempo and in the right spaces. It is fulfilling because you can hear the beauty of the music”.

Thirdly, individual and group ownership on achievable skilled tasks inspired confidence and connection.

“it looks marvellous. If you saw that place before we did what we did then you would see the transformation.”

Fourthly, activities left space for calm reflection.

“every time we finish [gardening] we have a cup of tea together, we discuss what we’ve done and how we feel.”

Fifthly, combining fun with serious fellowship was engaging.

“it wasn’t so much about football, more about teamwork, getting together with people.”

Finally, developing individual action plans with group support during the coping strategies course helped strengthen social connections.

### **How does peer social support encourage men to develop social capital?**

Interview evidence suggests that increased perceptions of social support may have contributed to gains in social capital for men. Social capital, concerning positive, trusting relationships in a society and cultural norms of reciprocity (Putnam, 2000) is defined (OECD, 2001, p.41) as social “networks together with shared norms, values and understandings that facilitate co-operation within or among groups”.

Three relevant forms have been distinguished: bonding, bridging, and linking capital. “Bonding capital refers to trusting and co-operative relations between members of a network who see themselves as similar in terms of shared social identity” (Szreter and Woolcock, 2004: p. 654), for example survivors. Facilitated peer support on the course

helped men to build bonding capital, unlike one-to-one counselling. Men remained in contact between sessions, providing emotional and practical support. One man made email contact about nutritional options to support a man who lived with kidney failure.

“I need to eat certain foods less, and he emailed me information about ingredients that you could use as substitutes.”

“it’s the group that helps. We’ve got a shared belief. You feel like part of something.”

Working in a group on purposeful tasks involved, ‘collectively’: exploring alternative strategies; reframing challenges; reflecting on thought processes; shared accomplishment; accounting for daily actions; informal mentoring.

“he’s been through a bit...been to prison, hospital, on tablets and he’s got really good views on life. Listening to that bloke, I think “yeah, that’s all relevant...”

As informal teams developed, peers encouraged some men to re-engage with social groups they had let slip: e.g. a church group, a football group.

“Bridging social capital comprises relations of respect and mutuality between people who know that they are not alike in some socio-demographic (or social identity) sense” (Szreter and Woolcock, 2004: p. 654). Some recently unemployed men knew more about training and employment, others, with medical issues, knew about benefits law.

“The lads have different ways of managing their problems. You learn their coping strategies as well.”

Men also declared an intention to mentor peers inter-generationally: a recovering addict ex-offender would help young men avoid addiction. Facilitated peer support encouraged some men to consider a proactive future role.

“The knowledge I have gained I can pass on.”

“I want to mentor them and tell them ‘I’ve been through this, this is where I was before and this is where I am now’.”

“Linking social capital” concerns “norms of respect and networks of trusting relationships between people interacting across explicit, formal or institutionalised power gradients in society” (Szreter and Woolcock, 2004: p. 655). There is limited evidence that men gained confidence from peer support to engage with people in power. Men rehearsed together for

successful work experience and job interviews, to obtain volunteering work, to access training courses, and to re-negotiate tenancy debt.

“I’m going to start an electrician course. I probably wouldn’t have got in if it wasn’t for this course and the men’s support.”

Overall, social capital gains were expressed. Facilitated peer support reignited confidence for how men could feel, re-engaged in communities. Gains arose through the value peers and facilitators placed in individuals, recovering social skills, and practical skill-sharing. However, there is little evidence of men engaging with communities post-programme. The individual-focused programme lacked resources to challenge society, for example concerning work capability and benefits practices.

### **How do improved social connections contribute to enhanced resilience?**

Survey results showed most participants experienced a short-term increase in perceived resilience. Men’s interview accounts touched on themes of being valued, self-acceptance, and confidence.

“I’ve gained having to do something with new people. Stopped blaming others for my disappointments. A few weeks ago, I was thinking negatively and I snapped myself out of it. I’ve rarely done that in 10 years.”

Group support on the coping strategies course helped men reflect about life choices. Costs of living by rigid traditional gender norms could be re-envisaged, partly because the social networking space affords a sense of normality (Galdas et al, 2014).

“When I came, I hardly talked to anyone. Now I get involved with group discussion and how to sort out individual problems.” “I’ve got two daughters and want to do the best for them. If I’m feeling down they pick up on that but if I’m feeling positive and energetic, they’ll pick up on that instead.”

In summary, conditions for resilience gains included action-focused peer talk, some informal mentoring, and involving peers in planning achievable goals. Peer support was vital for building men’s resilience.

“this group gives me the option to know, whatever changes I want to do, I can make myself... this has opened up my mind.”

## **Discussion**

Mind's resilience programme aimed to be individually transformational; it is expected that men will adapt to change and 'bounce' 'forward'. This necessitates a dynamic view of the environment and men's personal situations.

When men experience unemployment, in unstable social contexts, including shifts in gender relations, they lose social and economic capital, lose masculine capital attributed to 'bread-winning', and lose routines that inform anticipated futures (Adkins, 2009). A resilience programme can offer a safe environment for developing trusting relations: "de-stabilizing influences such as high unemployment...lead to considerable dislocation of social networks....action to promote health might focus on support for re-establishing social networks" (WHO 1998: 19). For longer-term resilience, trusting peer networks might support men to access community/institutional resources. A limitation of the individual-focused programme lasting 2-3 months is that it did not confront the intertwining of individual and community resilience. Unemployed men were supported towards work training or to aspire to mentor others, but resources were scarce to establish enduring support or challenge institutional practices.

Meeting men's social support needs for consolidating social capital after a time-limited programme requires challenging organizational practices, and empowering men with mental health experience to promote community and individual resilience. This approach featured within Time to Change anti-stigma programmes, where 'champions' engage with wider communities <http://www.time-to-change.org.uk/leadership> .

Resilience programmes require sufficient delivery length to plan with participants for afterwards, encouraging ongoing peer support. Some men with 'lived experience' could valuably adopt mentoring, and campaign roles. Training and support needs require gender-aware consideration (Walker and Bryant, 2013).

Among research limitations, this commissioned evaluation focused on (facilitated) peer support and (individual) resilience, not wider approaches. Post-programme contact with participants was not realistic, to identify any changing relationships with wider communities, evidencing social capital.

### **Conclusions and recommendations**

The peer support pilots led to increases in men's resilience. On-going peer support needs to be an aspect of wider movements connecting individual and community resilience, addressing social-structural barriers. Beyond the programme, there is great potential (Mind, 2013) for training men who want to adopt a peer role, as mentors, advocates, and 'experts by experience' challenging societal stigma.

## References

- Adkins, L. (2009) "Sociological futures: From clock time to event time". *Sociological Research Online* 14(4), pp. 8.
- Bennett, K (2015) "Emotional and personal resilience through life". Foresight. Government Office for Science.
- BLINDED (2014), Movember report. Literature review and environmental scan: "What works for boys & men in mental health promotion?". [BLINDED] for Movember.
- Braun, V. and Clarke, V. (2006) "Using thematic analysis in psychology". *Qualitative Research in Psychology*, vol. 3 (2). pp. 77-101. ISSN 1478-0887
- Conrad, D. and White, A. (2010). *Promoting men's mental health*. Radcliffe. Oxford.
- Corrigan, P. (2006). Impact of consumer-operated services on empowerment and recovery of people with psychiatric disabilities. *Psychiatric Services*, 57(10), 1493–1496.
- de Visser, R., Smith, J. and McDonnell, E. (2009) 'That's not masculine': Masculine capital and health-related behaviour. *Journal of Health Psychology* 14(7): 1047–1058.
- Faulkner, A. and Kalathil, J. (2012). The Freedom to Be, the Chance to Dream.: Perceiving User-led Peer support in Mental Health. [www.together-uk.org](http://www.together-uk.org)
- Galdas, P. Darwin, Z. Lisa Kidd, L. Blickem, C. McPherson, K. Hunt, K. Bower, P. Gilbody. S. Richardson, G. (2014) The accessibility and acceptability of self-management support interventions for men with long term conditions: a systematic review and meta-synthesis of qualitative studies *BMC Public Health* 2014, **14**:1230 doi:10.1186/1471-2458-14-1230
- Golding, B. (2011) 'Social, local, and situated: Recent findings about the effectiveness of older men's informal learning in community contexts', *Adult Education Quarterly* 61:2, pp.102-120.
- Gulliford, J., Shannon, D., Taskila, T., Wilkins, D., Tod, M., and Bevan, S. (2014). *Sick Of Being Unemployed. The health issues of out of work men and how support services are failing to address them*. Men's Health Forum and Mental Health Foundation.
- Harrop, E., Addis, S., Elliot, E., & Williams, G. (2009). *Resilience, coping and salutogenic approaches to maintaining and generating health: a review*. Cardiff, Cardiff Institute of Society, Health and Ethics.
- Herrman, H., Stewart, D. Diaz-Granados N, Berger E, Jackson B, & Yuen T. (2011). "What Is Resilience?" *Can J Psychiatry*, Vol **56**(5), pp. 258-265.
- Lawn, S., Smith, A., & Hunter, K. (2008). Mental health peer support for hospital avoidance and early discharge: An Australian example of consumer driven and operated service. *Journal of Mental Health*, 17(5), 498–508.

- Mead, S. (2003). Defining peer support. Retrieved from [http://www.mentalhealthpeers.com/pdfs/DefiningPeer Support.pdf](http://www.mentalhealthpeers.com/pdfs/DefiningPeer%20Support.pdf)
- Mental Health Foundation (2013) Peer Support in Long-Term conditions. [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)
- Mind (2013). Mental Health peer support in England: Piecing together the jigsaw. London. Mind.
- Mind, Mental Health Foundation (2013). *Building Resilient Communities. Making every contact count for public mental health*. London, Mind.
- Mguni, N., Caistor-Arendar, L. & Kelleher, S. (2013) 'Who is going to employ me?' A resilience intervention for men. The Young Foundation.
- Nelson, G., Ochocka, J., Janzen, R., Trainor, J., Goering, P., & Lomorey, J. (2007). A longitudinal study of mental health consumer/survivor initiatives: Part V – Outcomes at 3 year follow-up. *Journal of Community Psychology* 35(5), 655–665
- OECD (2001). The Well-Being of Nations. The Role of Human and Social Capital. OECD Publications. Paris. France.
- Putnam, R. (2000) *Bowling Alone: the Collapse and Revival of American Community*. New York: Simon and Shuster.
- Resnick, S. & Rosenheck, R. (2008). Integrating peer-provided services: A quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services*, 59(11), 1307–1317.
- Repper, J. and Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health* 20(4) 392-411.
- Rolfe R. (2006), Social cohesion and community resilience. A Multidisciplinary Review of Literature for Rural Health Research. Halifax: Department of International Development Studies Faculty of Graduate Studies and Research Saint Mary's University.
- Seebohm, P., Munn-Giddings, C & Brewer, P. (2010). What's in a name? A discussion paper on the labels and location of self-organising community groups with particular reference to mental health and Black groups. *Mental Health & Social Inclusion*, 14 (3), pp. 23-29
- Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits and critical ingredients. *Psychiatric Rehabilitation Journal*, 27(4), 392–401
- Szreter, S. and Woolcock, M. (2004) Health by association/ Social capital, social theory, and the political economy of public health. *International Journal of Epidemiology* 2004;33:650-667)
- UCL Department of Epidemiology and Public Health (2006). *Capability and Resilience: Beating the Odds*. London. On behalf of the ESRC Priority Network on Capability and Resilience. (2003 - 2007).

Verhaeghe, M., Bracke, P., & Bruynooghe, K. (2008). Stigmatization and self-esteem of persons in recovery from mental illness: The role of peer support. *International Journal of Social Psychiatry*, 54(3), 206–218.

Walker, G. and Bryant, W. (2013). Peer Support in Adult Mental Health Services: A Metasynthesis of Qualitative Findings. *Psychiatric Rehabilitation Journal* . Vol. 36, No. 1, 28–34

Wang, Y., Hunt, K., Nazareth, I., Freemantle, N., Petersen, I. (2013). “Do men consult less than women? An analysis of routinely collected UK general practice data” . *BMJ* 3(8); DOI: 10.1371/journal.pone.0101562. Accessed 04-12-2014

Windle, G. (2011). "What is resilience? A review and concept analysis." *Reviews in Clinical Gerontology* Vol. 21, pp.152-169.

World Health Organization (WHO) (1998) *Health Promotion Glossary*. Geneva, Switzerland.

Zimet, G., Dahlem, N., Zimet, S. & Farley, G. (1988). “The Multidimensional Scale of Perceived Social Support” . *Journal of Personality Assessment*, Vol. 52, pp.30-41)



**[INSERT BELOW] Table 1. Resilience scores - men**

**Wellbeing score (Section 1: Q1-Q7) (n=53)**

- 46 increased (86.8%)
- 2 no change (3.8%)
- 5 decreased (9.4%)

**Problem solving & achieving goals score (Section 2: Q1-Q8) (n=53)**

- 43 increased (81.1%)
- 4 no change (7.6%)
- 6 decreased (11.3%)

**Social support score (Section 3: Q1-Q8) (n=53)**

- 42 increased (79.2%)
- 4 no change (7.6%)
- 7 decreased (13.2%)

**Overall combined score (Section 1-3) (n=49)**

- 43 increased (87.8%)
- 6 decreased (12.2%)