



The Centre for Mental Health Care Development is an NGO based in Prague, Czech Republic, one of the co-founding members of Promise Global.

Its mission is to initiate and implement changes leading to transformation of the existing mental health care system into a community-based system, increase of respect for people with mental health problems, increase of professionalism as well as accessibility of mental health care services.

In 2015, we included a group of peer specialists into our professional Internet mental health consultancy service (in operation since 2004). During the project we collaborated with University College of Southeast Norway, Drammen.

Internet Consultancy Program Stopstigma

How it works

The consultancy service is an anonymous, non-emergency service provided to the general public. Anyone can ask a question and will get an answer within 7 days. The questioner may choose to get an answer from a psychiatrist, a psychologist or a social worker. (S)he can also request an answer from a peer specialist – in which case (s)he actually gets two answers. All questions and answers are displayed on the website. If the questioner includes his/her personal information, it is removed immediately to safeguard the anonymity.

The professional consultancy team engaged 10 people with experience with mental health issues part-time, most of them having experience from other peer expert positions – working in a mobile help team or giving lectures at universities etc. The peer specialists underwent specialized training in Internet consultancy and WRAP (Wellness Recovery Action Planning) as part of the project in order to receive further support in their role. They participated in the planning of the details of the teamwork since the beginning. The peers decided to work in pairs so that they can briefly consult the formulation of the answer. The peer answers were subject to approval of one of the professionals on the team. The answers were discussed afterwards during regular meetings of the whole team.

Evaluation methods

After the first 8 months of operation we evaluated the pilot project using several methods. The content of the questions was categorized manually to get a basic overview. Short online questionnaire based on INSPIRE was constructed to receive feed-back from the questioners. We also organized a focus group with peer counsellors to understand their views.

Results

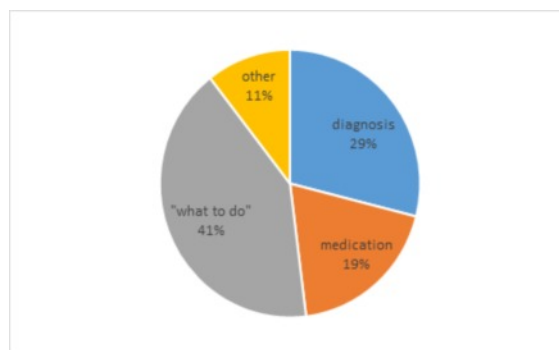
There were 152 questions asked during this period and 45 feed-backs were obtained. This number is clearly too small to

receive statistically meaningful results, nevertheless we formulated several hypotheses about the service.

In 61 % of cases, the peer specialists were requested to answer the question in addition to the professional.

In 73 % of cases, the questioners were people experiencing mental health problems asking for themselves – in the rest of cases, family members, friends and others were asking on behalf of people experiencing mental health problems.

The content of the questions is categorized below:



The topic of suicide was discussed in 8 % of cases even though it was clearly stated that the service is not intended for people in mental health crisis needing urgent care.

The inclusion of peer counsellors into the web based consultancy service seems to generally add value to the professional answers, with a few exceptions where rather technical information was requested. The peer answers were more appreciated by people who asked about their own situation rather than on behalf of others. We came to an overall conclusion that the combination of answers by a professional and a peer consultant provides the client with a more valuable and comprehensive response.

The peer counsellors also reported that this work was beneficial for them. It appeared that working in couples was really a good idea – support in formulating the answers was provided mutually and it was satisfying and assuring. The peers took the job very seriously and benefited from looking for additional resources in literature, as well as amongst friends while trying to provide the best possible answer. They requested further training on topics such as spiritual emergence in the future.

Discussion

We tried to involve people with lived experience to an area that is traditionally reserved for professionals. The results were very promising. The question is whether the involved peer specialists have the capacity to handle more inquiries and also what further support would be beneficial to them. The evaluation methods seem to be effective but we will need to further evaluate the added value of the involvement of the peers in the program after a longer period of time and with more data at hand.