

Recovery Outcomes of People Accessing Peer Support Groups

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Summary

This study explored the recovery outcomes of people who access peer support groups at a peer-led service within a CMHA. Recovery outcomes were measured using an anonymous survey (n=708). The survey was developed by consumer-survivor researchers and in collaboration with peer support group participants. Indicators were determined using participant feedback on what outcomes they expect from participating in the peer support service, in consultation with literature on outcomes of people accessing peer support.

The survey measures self-reported recovery outcomes in five areas: recovery skills; recovery relationships; recovery identity; recovery communities; and "other changes" which include: how often a person accesses hospital and crisis services, changes to mental health symptoms, and substance use.

Method

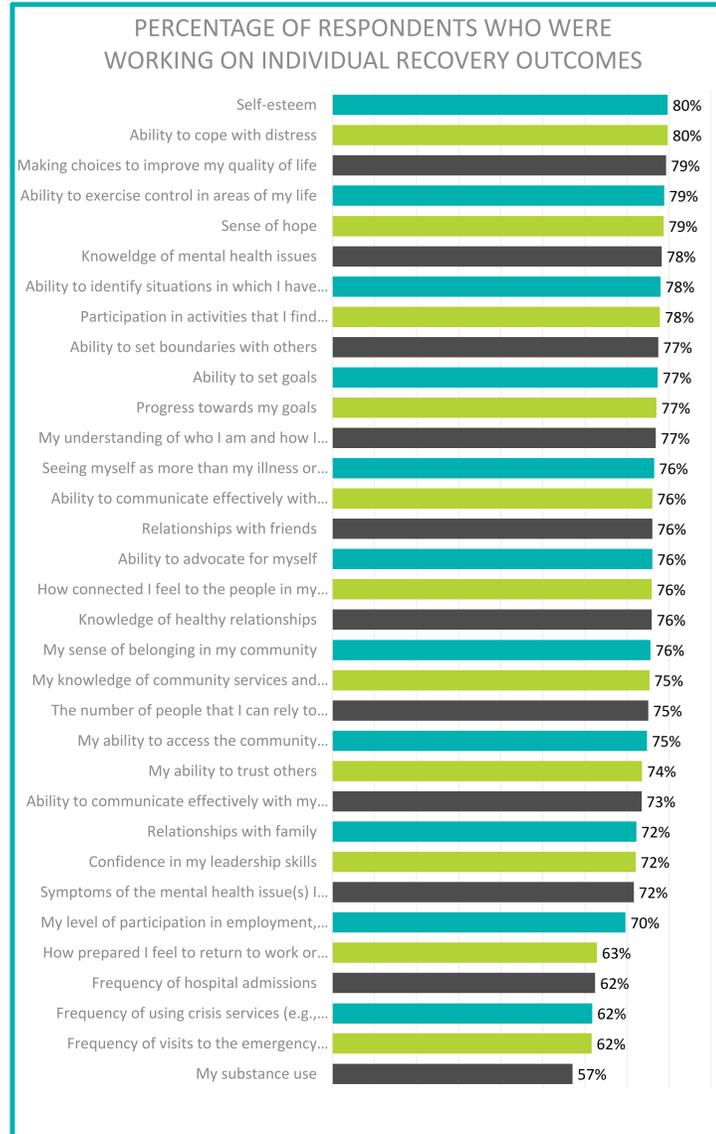
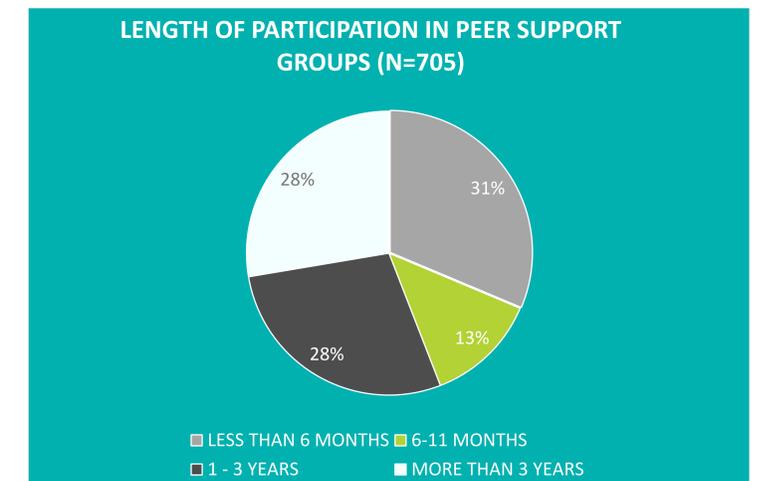
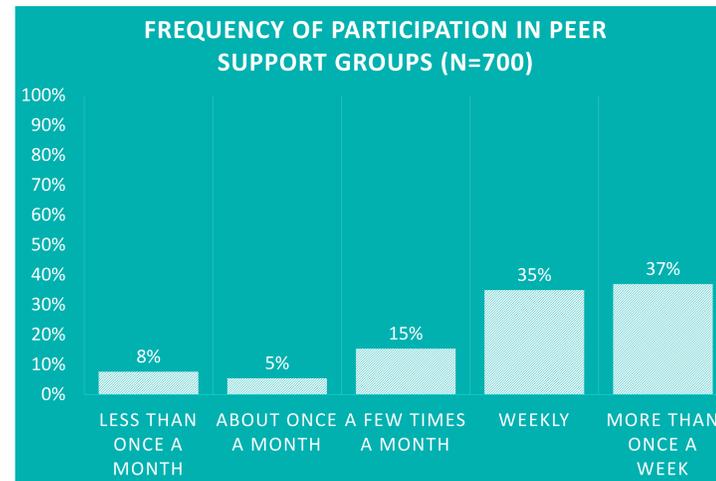
Self Help & Peer Support offers walk-in anonymous peer support and recovery skills building groups. All groups are led by peer staff or volunteers. Participants attend groups as frequently as they desire (ranging from monthly to several groups per day). All participants in the peer-led service are invited to complete the anonymous recovery outcome survey during two annual survey blitz months (August and February).

777 surveys have been collected since 2015 (4 cycles) and 91% of people reported that they participate in peer support groups, among other services (n=708). 9% of responded participate in other peer-led services, these surveys were not included in this study.

The survey asks participants **IF** they worked on each outcome while accessing peer support services and to what degree they experienced change in each outcome.

4. Recovery Skills	a) Was this an area you worked on changing at Self Help & Peer Support?		b) Please select one				
	Y	N	Much worse	A bit worse	No change	A bit better	Much better
<i>Since participating in Self Help & Peer Support services have you experienced change in any of the following:</i>							
Knowledge about mental health and addictions issues.	Y	N					
Ability to advocate for myself.	Y	N					
Ability to set goals.	Y	N					
Progress towards my goals.	Y	N					

Results explored the degree of change in recovery outcomes by length of involvement with peer support groups and by frequency of participation in peer support service.



Results and Conclusion

Results indicate that most respondents reported improved recovery outcomes in most indicators.

T-tests revealed that in all cases there was a statistically significant difference in scores on the recovery outcome scale between those who "worked on" an outcome and those who did not.

Chi square tests revealed that improvements in indicators were associated with length and frequency of participation in peer support groups. This was true for 14/25 indicators when associated with length of participation (p < 0.05) and 19/25 indicators when associated with frequency of participation (p < 0.05).

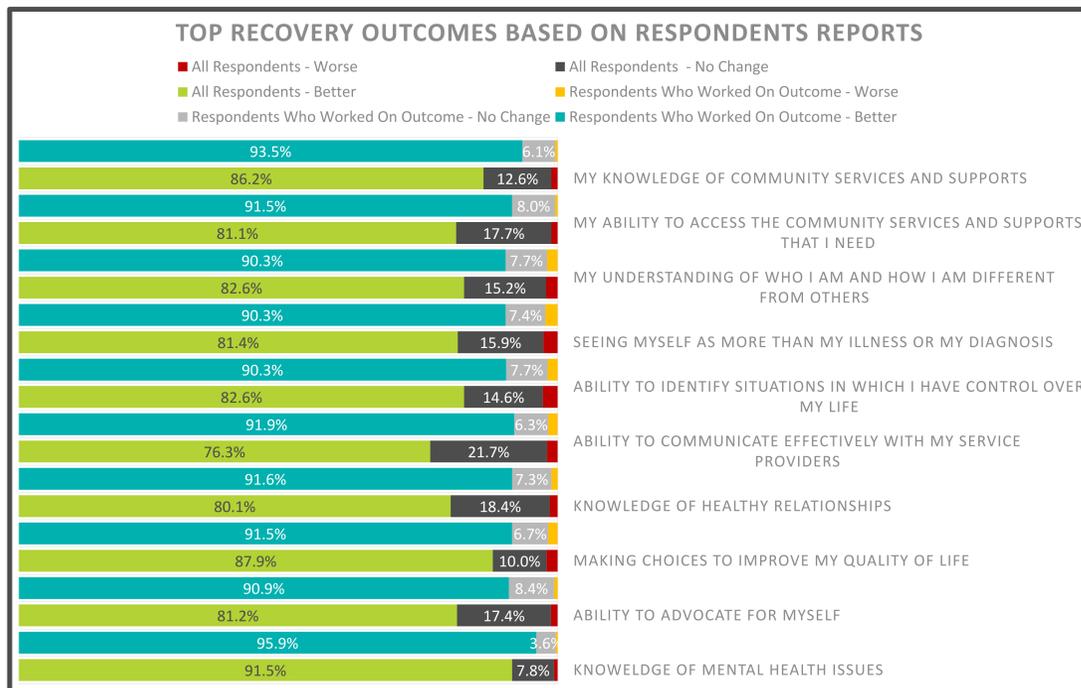
The strongest associations between length of participation or frequency of participation and positive improvements in indicators were found in the recovery skills, recovery relationships, and recovery identity domains. Respondents were less likely to report improvements in the recovery communities domain or in system level impacts (such as how often a person accessed hospital, or crisis services).

There was a strong positive association between participants reporting reduction in symptoms of their mental health issues and both a) greater length of involvement (p.001) with peer support groups and b) greater frequency of participation in peer support groups (p.000).

However, one-way **ANOVA** tests found that differences between the means were negligible as both means fall with the same category on the original scale.

Conclusion

While there were statistically significant differences for many recovery indicators between respondents who reported no change (or worse) and respondents who reported some improvements on indicators, the degree of improvement cannot be determined using the current scale. **Therefore the survey should be revised with a new scale before further data collection on these recovery outcomes.**



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