



**Wessex**  
Academic Health  
Science Network

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**Academic Health Science**  
**Network**

**Oxford**   
Academic Health  
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# Eating Disorders Peer Support Survey Analysis

December 2022

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# Acknowledgments

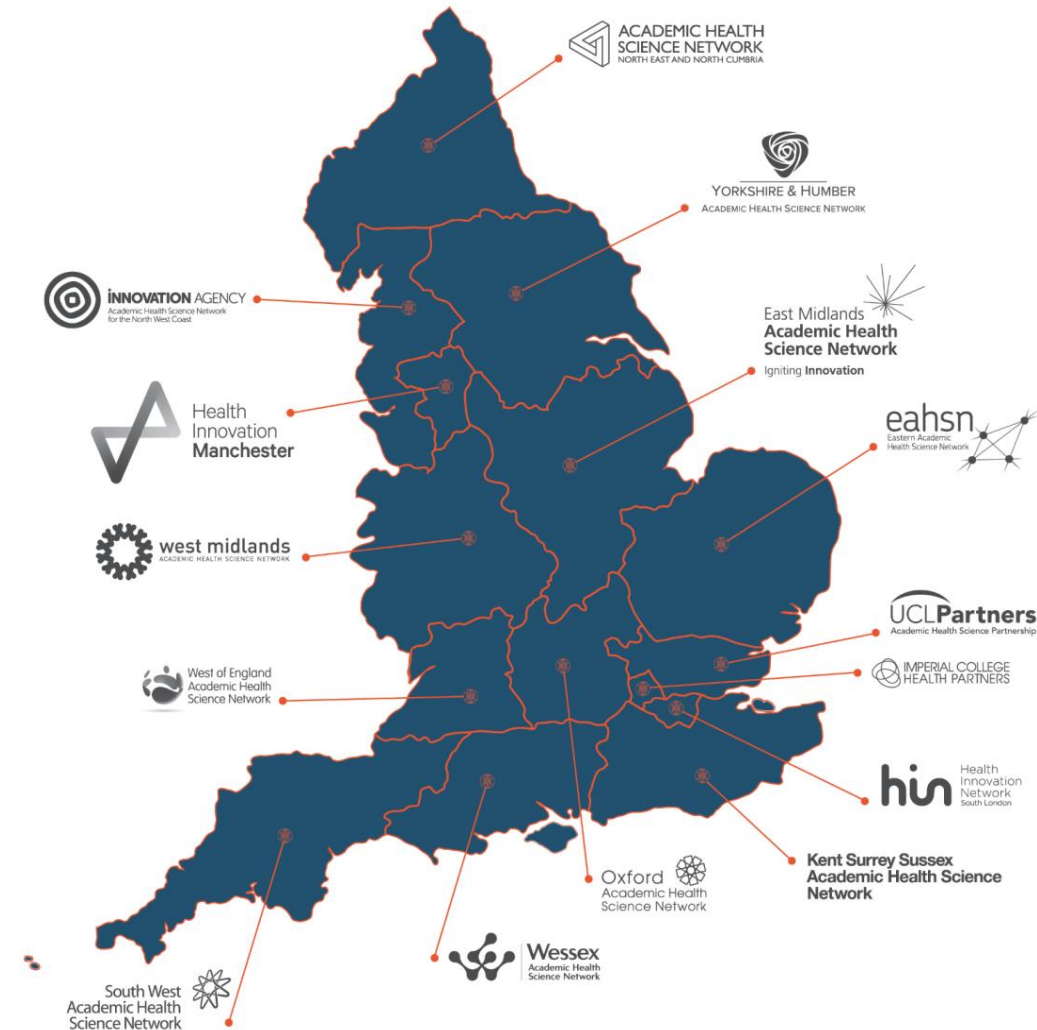


Thank you to all those who helped to guide and shape the Peer support audit and to those who gave up their time to give us your views and insights.

Thank you to Unity Insights who provided the feedback analysis.

# The AHSN Network

- 15 AHSNs across the country
- Commissioned by NHS England and the Office for Life Sciences to spread proven innovations within each AHSN's locality
- Our ambition is to improve lives through health innovation:
  - Improving the health of patients and addressing inequalities
  - Driving economic growth
  - Saving money in health and care.
- We import and export proven innovations to address local need



<https://wessexahsn.org.uk/videos/show/289>

# Project overview

It is commonly acknowledged and understood that the involvement of peer support workers in the delivery and creation of services can improve the treatment options open to patients and allow for “real life” stories and experiences to be shared, often presenting a tangible message of hope or recovery for those accessing care.

Peer support workers are those with their own lived experiences of having an eating disorder and are able to share their stories and experiences of hope and recovery with those currently receiving treatment. They do not have to be healthcare professionals, which can make them more relatable to those they are supporting, though some may choose to develop a career in health following their engagement with patients and their families as a peer support worker.

It is vital that the use of peer support workers is safe and appropriate, offering a positive and worthwhile experience for patients and those sharing their knowledge as they provide peer support.

Each mental health condition and service has unique needs, subtleties, and requirements. In order to explore whether peer support might be helpfully embedded within an eating disorder service for those with an eating disorder, questionnaires were created and circulated – by the South East Academic Health Science Networks (AHSNs) (Wessex, Oxford and Kent Surrey Sussex) to three distinct groups to gather a range of experiences and opinions.

The questionnaires were shared via clinical colleagues, through the FREED Community of Practice as well as via Trusts, and promoted on social media and online. The views of those with experience of having engaged with peer support approaches were particularly sought.

Perhaps understandably, the numbers of those choosing to complete the brief online questionnaires depended on their relationship to an eating disorders service. Given their professional engagement, clinical staff (61) were the group who proved most likely to complete the survey.

The patient focussed surveys were designed for adults (31 responses) and for children (12 responses), via Children and Adolescent Mental Health Services (CAMHS) and was completed by those connected to the eating disorders service, such as carers and staff.

**This report presents the key findings from the completed questionnaires collected across the South East of England during 2022 by AHSN colleagues.**

# Information/ purpose of survey



## Peer Support Work

- Peer support workers (PSW) are people who are integrated into the care team to help support mental health service users and their families.
- PSW have experienced the particular conditions themselves and therefore are able to empathise and offer a deeper understanding of the challenges faced by service users.
- Predominantly Peer support is not part of the early intervention pathway. However, it is seen as a potential to work well within an eating disorder service, supporting service users and the workforce.

# Information/ purpose of survey



## Purpose of survey analysis:

- One staff survey and two patient surveys were distributed with the purpose of gathering opinions on whether PSW would compliment the eating disorder pathway.
- The primary aim of the surveys is to get insight on whether patients and staff see PSW as being effective within Eating Disorders.
- The secondary aim is to identify if certain factors, such as having previous experience with PSW, affect the perceptions on their helpfulness across the services.

# Surveys

Three surveys were analysed to gain deeper insight into views, experience and factors surrounding peer support workers within an eating disorder service setting from a staff and service user perspective. The surveys and number of respondents have been summarised in the below table:

Survey	Number of respondents	Number of respondents that had experience with peer support
Young people, parents and carers	12	1
Adult Eating Disorder survey	31	4
Staff Eating Disorder survey	61	7

Note: The patient survey included responses of individuals connected to the Eating Disorders service, i.e. carers, staff etc




# Methodology



## Patient Survey:

- Patient responses were separated by CAMHS and Adult survey results in order to analyse the differences in opinion across the different services.
- Further categories included age groups, having previous experience with PSW and the role of the respondent within the service.
- Responses of patients from both surveys were combined together for analysis across age ranges and questions using scaled responses to understand how PSW use can be optimized across the services and to gain a deeper understanding into general perceptions of PSWs in an eating disorder setting.

## Staff Survey:

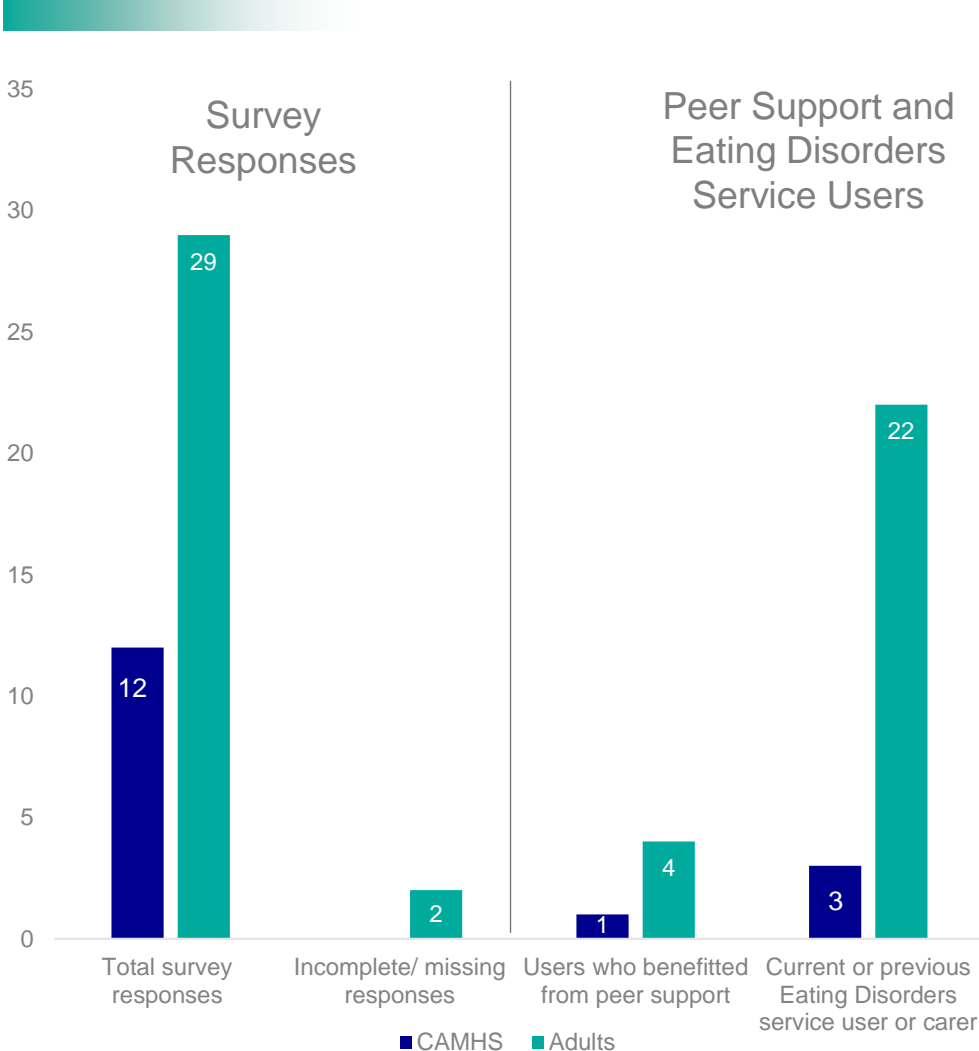
- Staff were categorised by those who have had previous experience with peer support workers, staff who did not have previous experience with peer support workers, and staff who currently have/do not have PSWs within their practice.
  - These categories were used to analyse their influence on the opinion across topics related to implementing, learning and supporting PSW.
- 



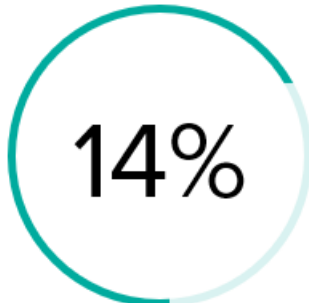
# Patient Survey Findings



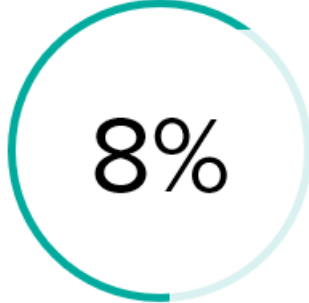
# CAMHS and Adults Survey



Peer Support and Eating Disorders Service Users



of people used peer support in Adult Survey



of people used peer support in CAMHS Survey

Out of the **5** respondents across both surveys that had experience with peer support workers, **1** was aged **25-34**, **3** were aged **35 and over** and **1** did not provide their age. Only **1** was a current service user and they were **aged 35 and over**.

# Patient and non-patient respondents

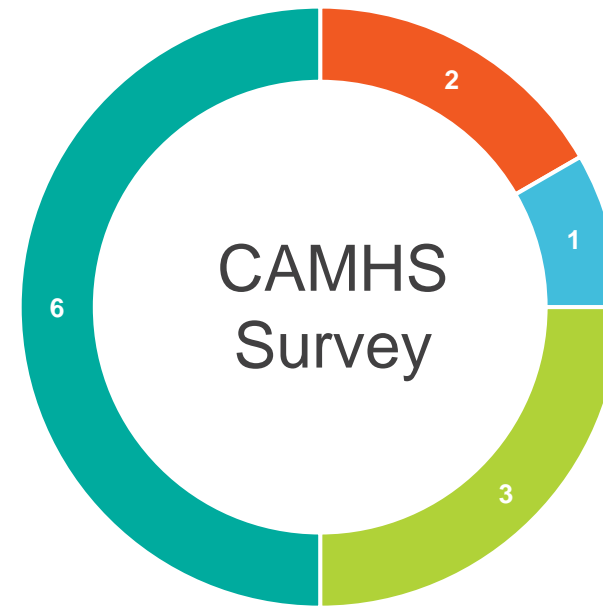
These charts show the number of individuals that completed the Adult survey and the CAMHS survey based on how they were related to the eating disorder services.

**48%** of the adult survey respondents were current service users and **21%** were previous service users. **17%** were members of staff at the service.



- Carer of someone with an Eating Disorder
- Current service user
- No direct connection
- Previous service user
- Staff member

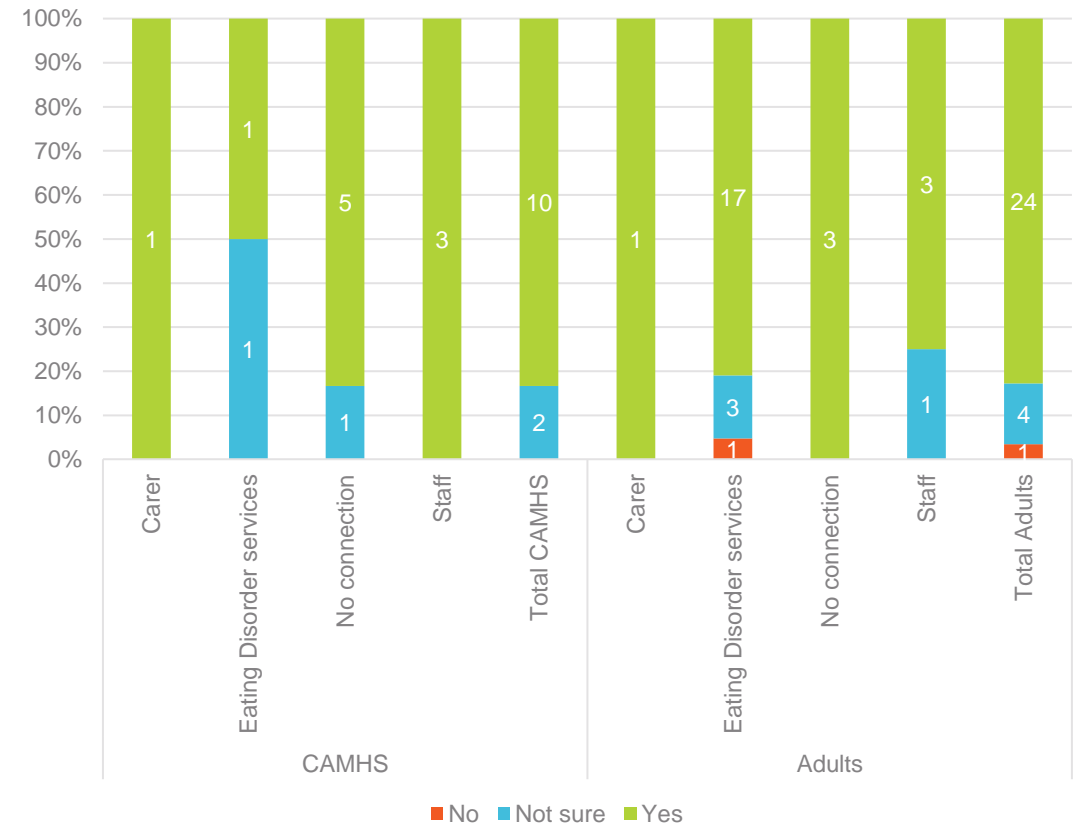
Only **1** of the 12 respondents of the CAMHS survey were current service users (8%) and there were no previous service users. Strikingly, **50%** were staff members, which is more than filled out the adult survey. **25%** had no direct connection to the service



- Carer of someone with an Eating Disorder
- Current service user
- No direct connection
- Staff member

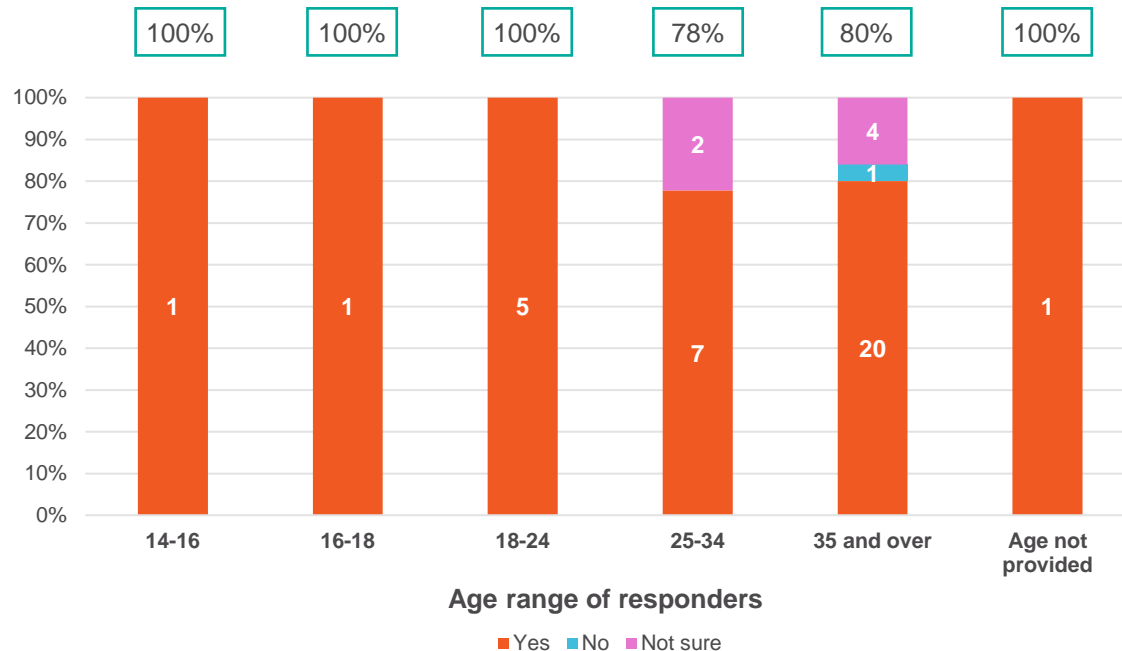
# Is peer support in Eating Disorders a good idea?

- **50%** of CAMHS and **81%** of Adults Eating Disorder service users think that having a peer support worker is overall a good idea
- **100%** of **carers** consider peer support a good idea
- Only one (**5%**) Adult Eating Disorder service user **does not consider it a good idea.**
  - Note: this respondent has not had experience with a peer support worker



# Perception of peer support based on age

Do you think having a peer support worker in eating disorders is a **good idea**?



The majority of respondents thought that peer support workers in eating disorders is a good idea, regardless of age.

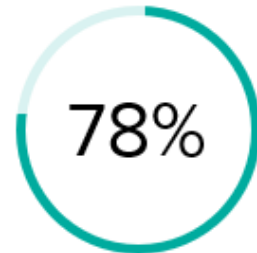
Only one respondent selected 'No' regarding whether they thought peer support was a good idea. This individual had not been supported by a peer support worker previously and was a user of ED services

The analysis of whether age affects perception of peer support workers may be skewed due to the sample size primarily containing responses from ages **35 and over**

# How old do you think peer support workers should be?



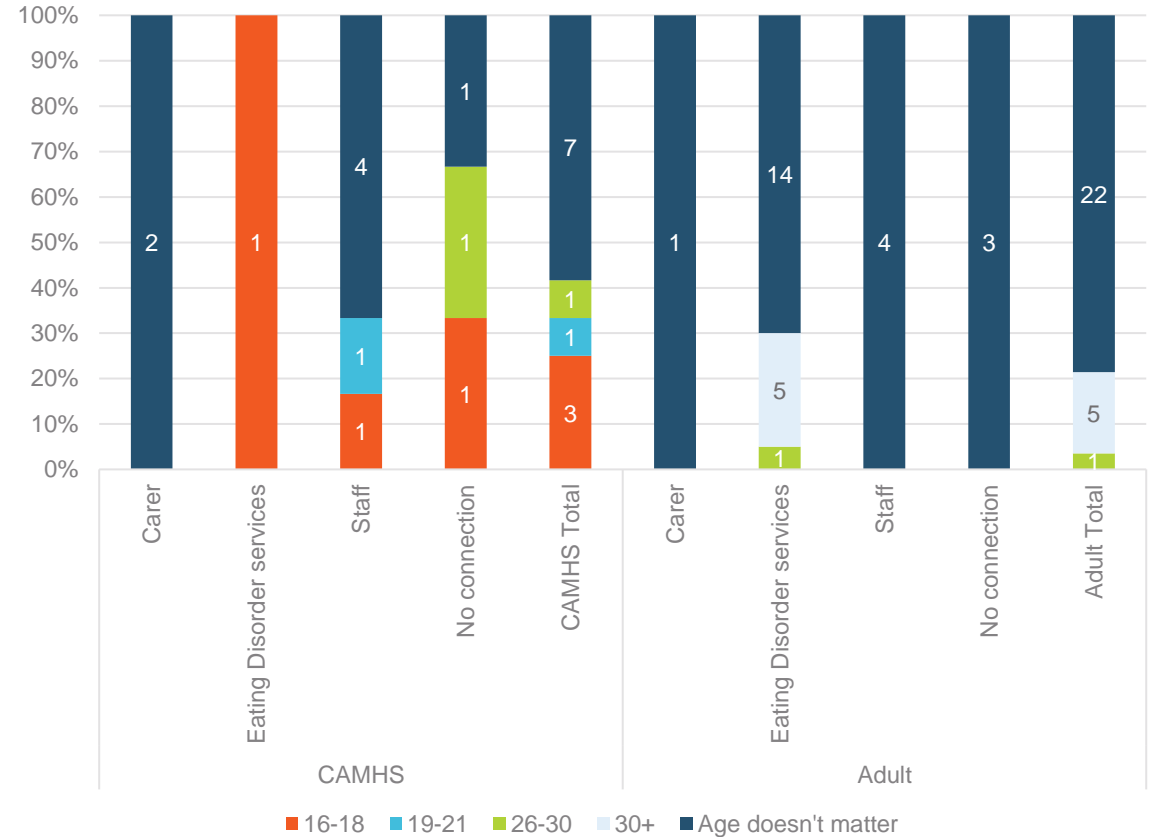
CAMHS



Adult

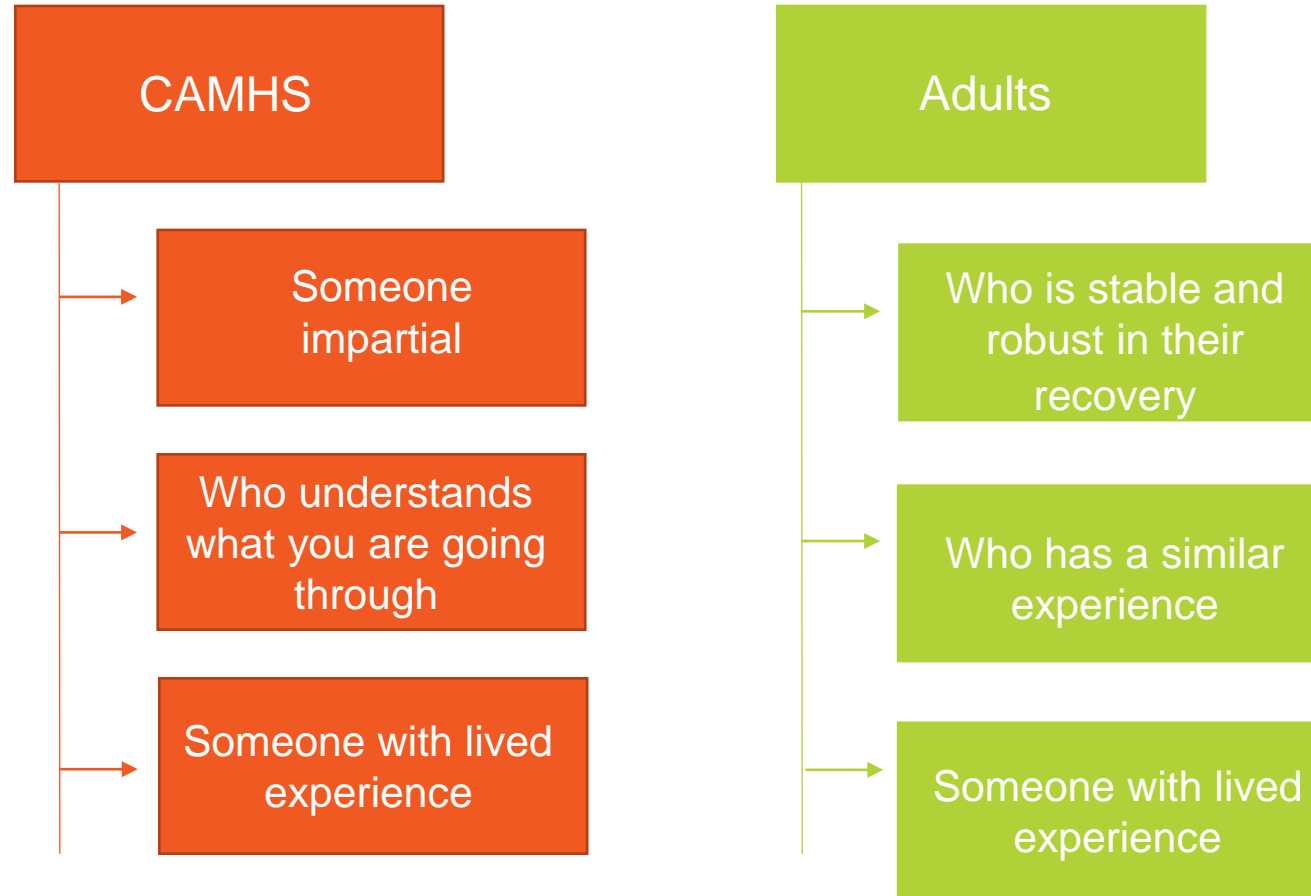
Proportion of individuals connected to the Eating Disorder service who do not mind peer's age

- Individuals who care about age would prefer peers of similar age in both cohorts.



# What qualities are needed to be a good peer?

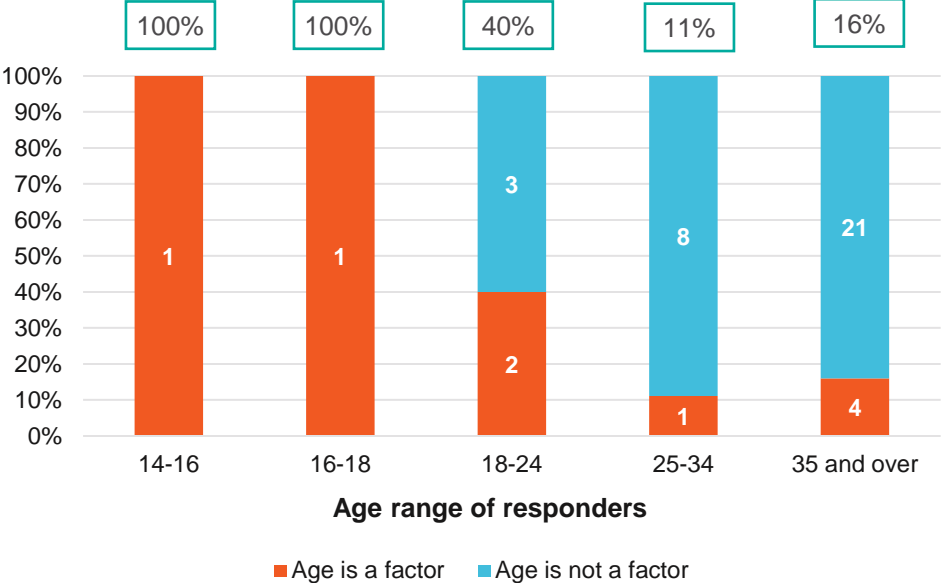
**For Eating Disorders users and carers:**



Note: The following two slides focus on the analysis of these two cohorts



# Is a peers age viewed as important?



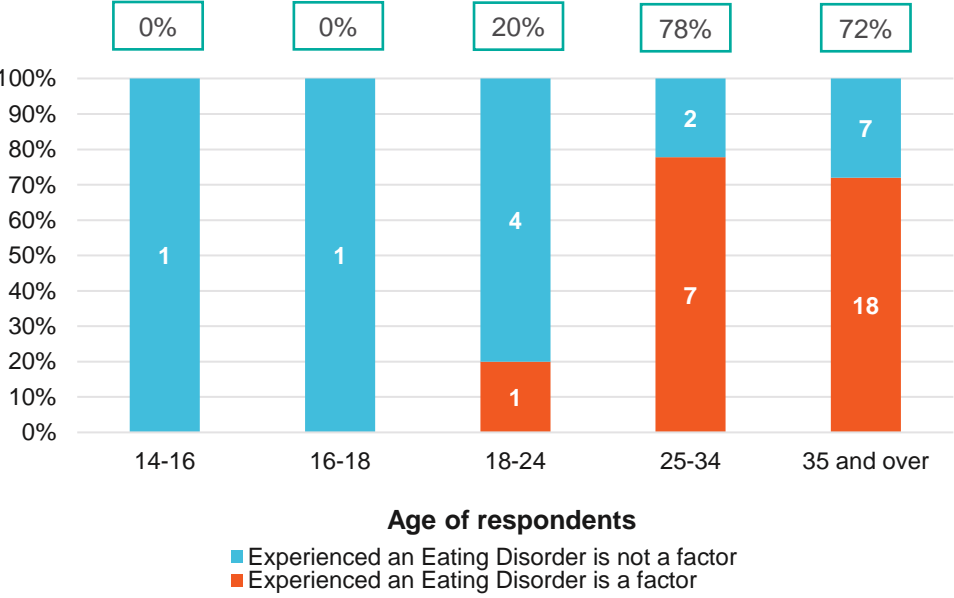
The analysis of whether **age** is a factor within responses to this survey question is likely to be skewed due to the sample size of young people being 1 respondent for both the 14-16 and 16-18 age range. This may leave gaps in how important this factor is to respondents.

## *'Who would you consider to be a peer?'*

This was an open ended question, and this chart demonstrates the frequency of responses which included reference to a peer being a similar age within their answer.

A peer being a similar age was weighted more within the younger aged respondents (14-16 and 16-18) at **100%** occurrence, and became less frequent with older respondents at only **11%** for 25-34 and **16%** for 35 and over.

# Is a peer having experienced an eating disorder viewed as important?



The analysis of whether **Eating Disorders experience** is a factor within responses to this survey question is likely to be skewed due to the sample size of young people being 1 respondent for both the 14-16 and 16-18 age range, which may leave gaps in how important this factor is to respondents.

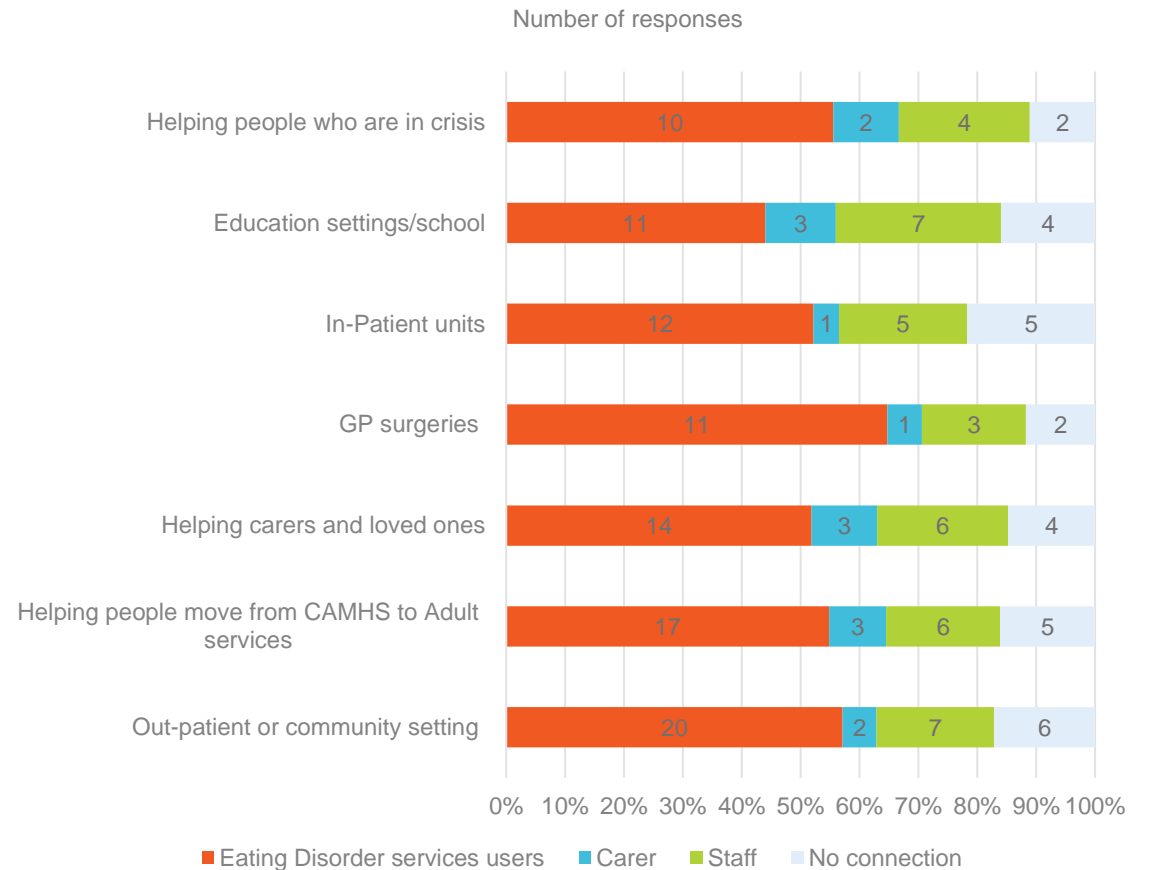
## *'Who would you consider to be a peer?'*

Whether a peer support worker had experience an eating disorder was more of a factor than age, with an occurrence of **78%** and **72%** of those aged 25-34 and 35 and over, respectively.

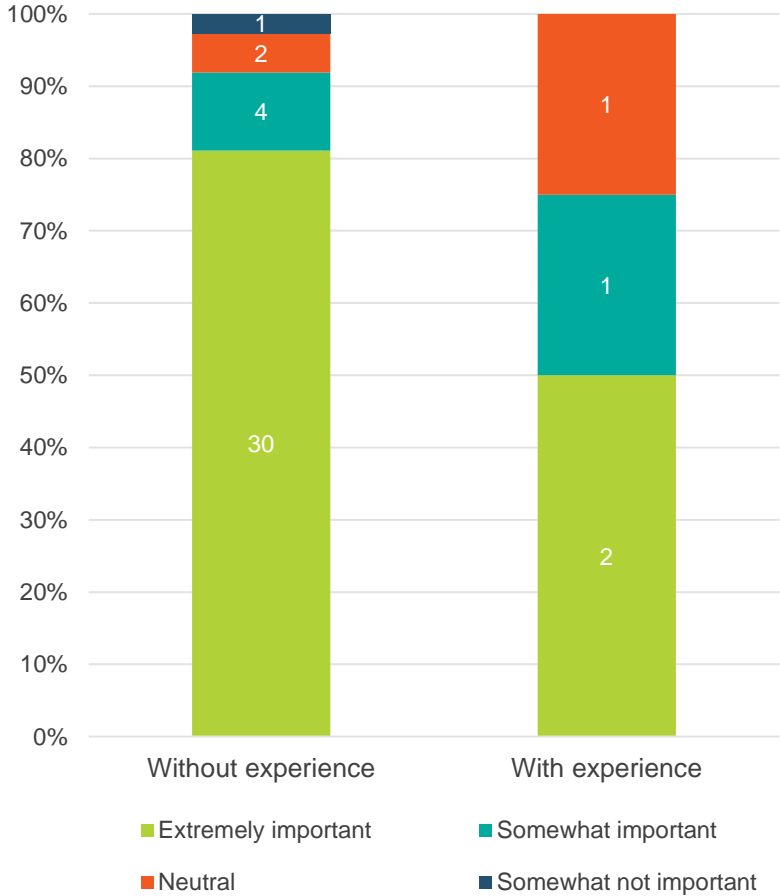
This factor contrasted with age when it came to younger individuals (14-16 and 16-18) with both groups not including Eating Disorders experience within their responses. This group were much more concerned with the age of the peer.

# Where would a peer be most helpful?

- For both cohorts, **90%** of Eating Disorder service users chose **out-patient or community** as the setting where a peer would be most helpful.
- **100%** of Carers and **77%** of Eating Disorder service users said that a peer would be helpful when moving from CAMHS to adult services.
- The lowest proportion of respondents chose **GP surgeries and settings where people are in crisis** as the areas where a peer would be most helpful.



# Is it important that peer support workers have experienced an Eating Disorder?



Without experience



With experience

Peer support workers having experienced an eating disorder is extremely or somewhat important to **92%** and **75%** of those without and with peer support experience, respectively.

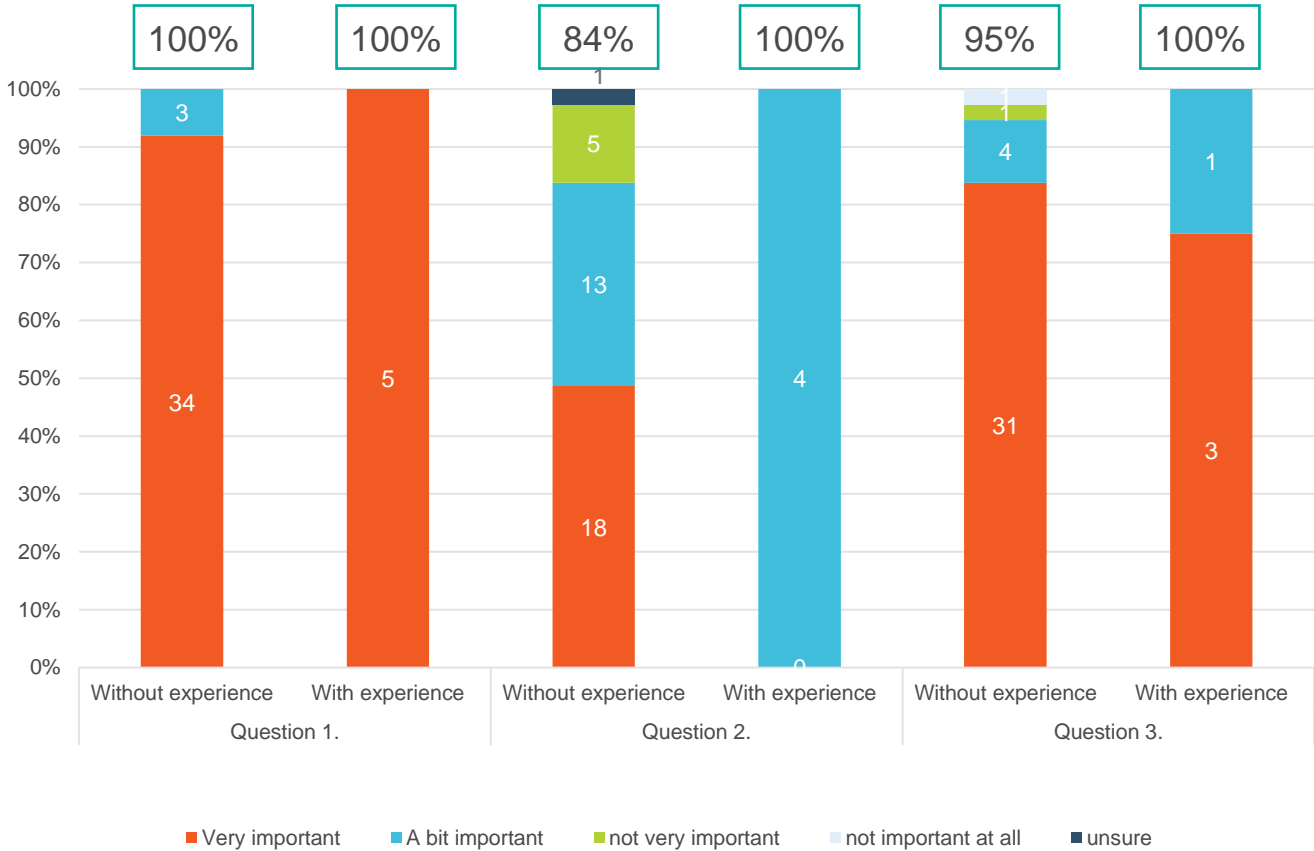
# How should peer support workers spend their time?

Q1: Listening and helping people understand their experience

Q2: Signposting people to new opportunities which might help them in their recovery

Q3: Talking to staff about the reality of experiencing a mental health condition

Percentage of responses that were **very** or **a bit important**



Note: these questions have been grouped since the responses leaned heavily towards very or a bit important for both those with and without peer support worker experience.

# How should peer support workers spend their time?

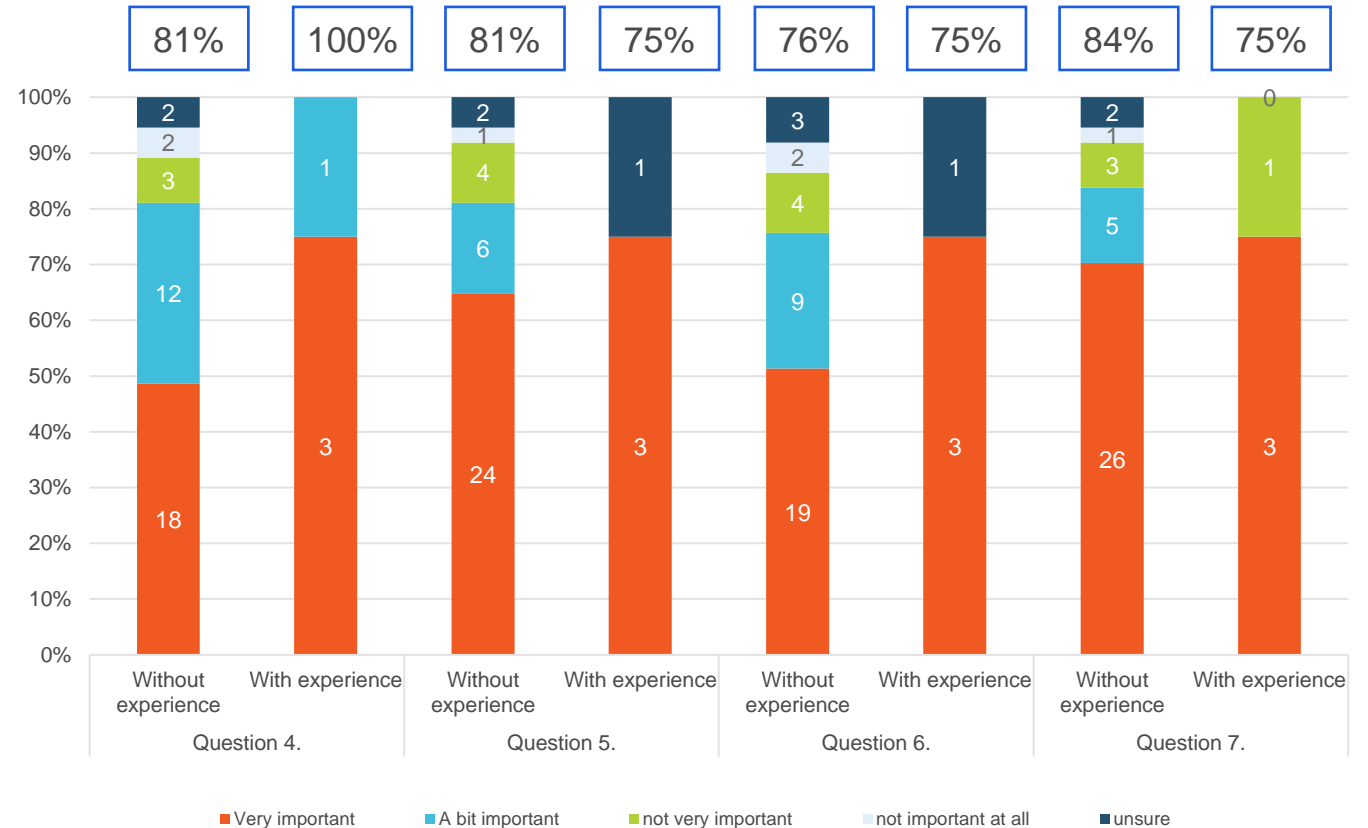
Q4: Using positive non medical language

Q5: Helping people with practical things like budgeting, organisation etc.

Q6: Liaising with education

Q7: Talking about medication and treatment

Percentage of responses that were **very** or **a bit important**



Note: these questions have been grouped since the responses leaned heavily towards very or a bit important for both those with and without peer support worker experience.

# How should peer support workers spend their time?

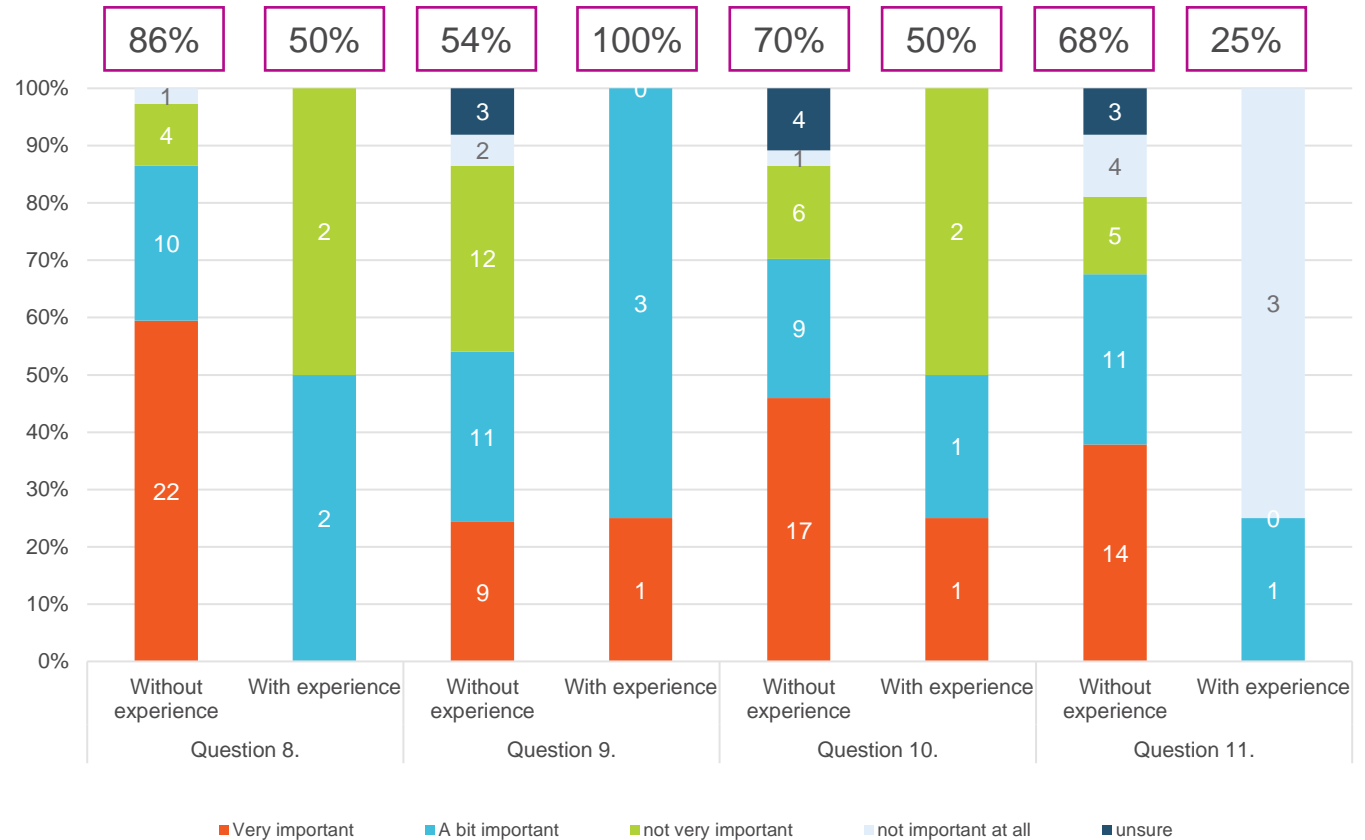
Q8: Sharing their own experience of recovery openly

Q9: Helping people to complete their wellness plans/goal setting

Q10: Accompanying people to their appointments

Q11: Befriending, talking with people & building confidence

Percentage of responses that were **very** or a **bit** important



Notably, **75%** of those with peer support experience viewed question 11 as not important at all

Note: these questions have been grouped since the responses had a greater spread than previous questions or differed between those with and without peer support experience.

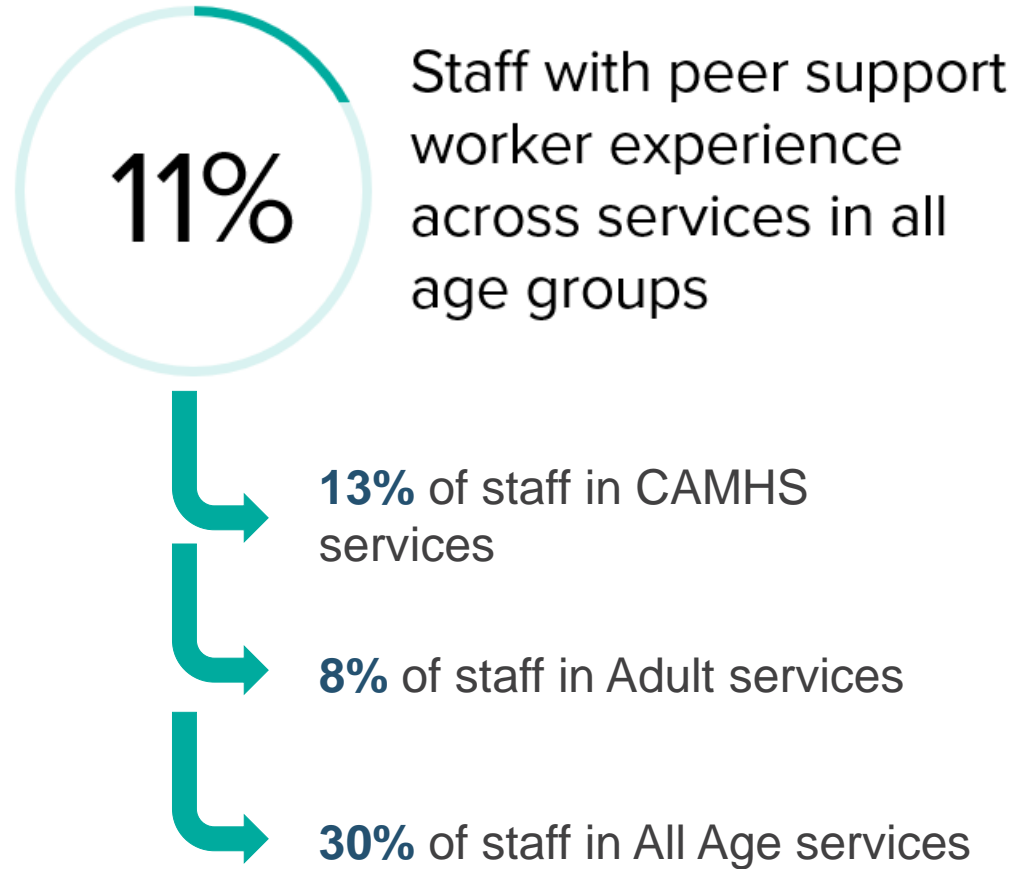


# Staff Survey Findings

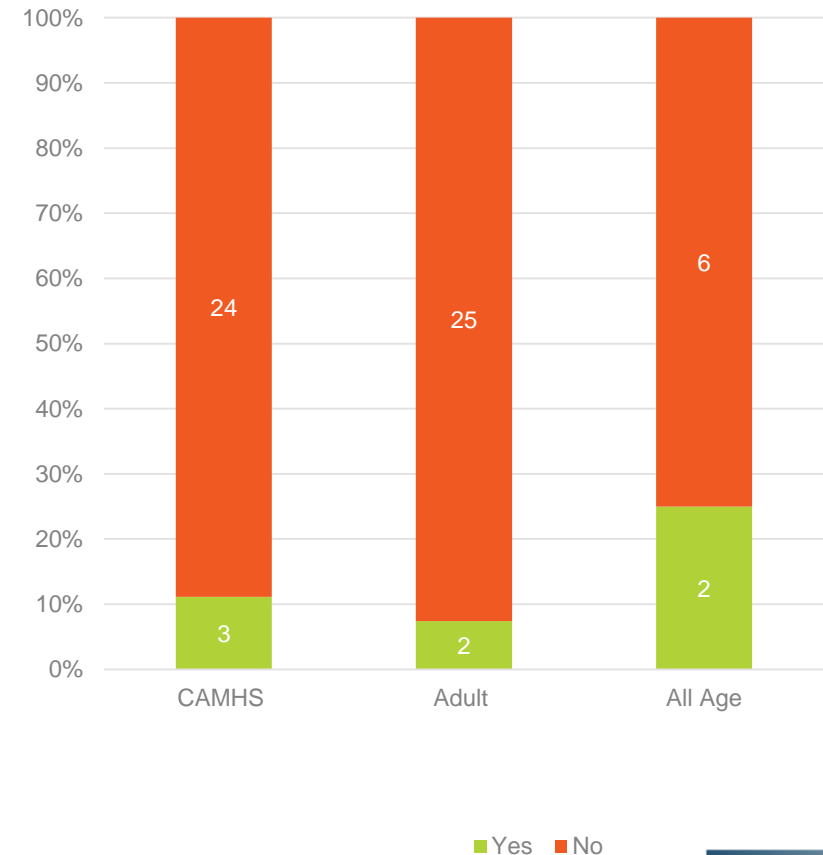




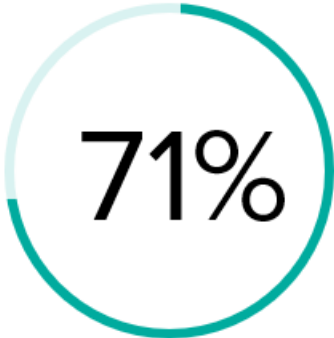
# Proportion of staff with peer support work experience



Proportion of staff across services who had experience with a peer support worker

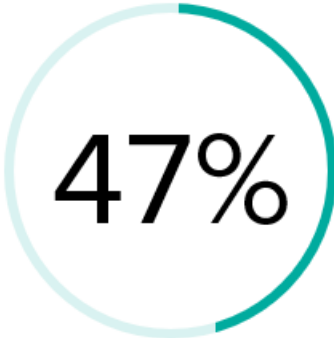


# Could peer support workers be effective within Eating Disorders?



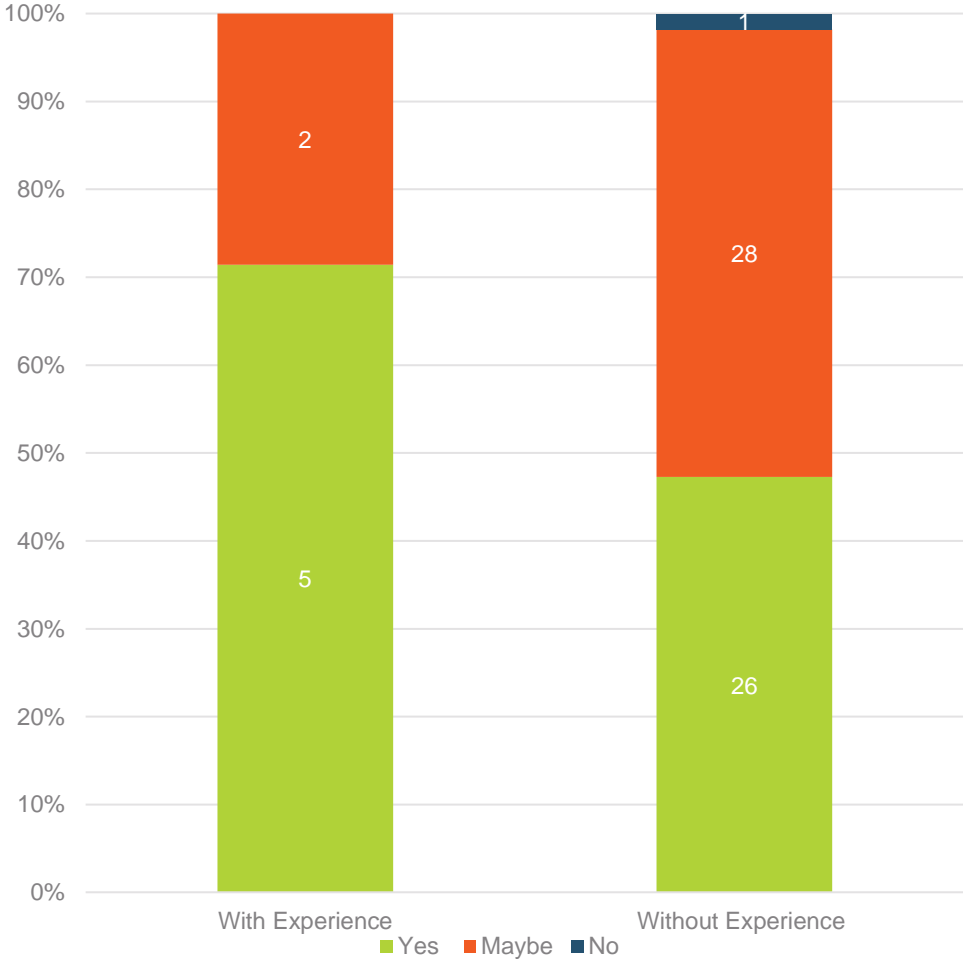
With Experience

% staff who said peer support work is effective in Eating Disorder services



Without Experience

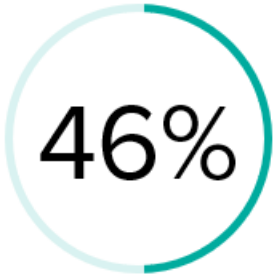
- **100%** of staff with peer support worker experience and **98%** of staff without it would not say that peer support is ineffective in Eating Disorders



# Are staff interested in implementing/ learning about peer support work?



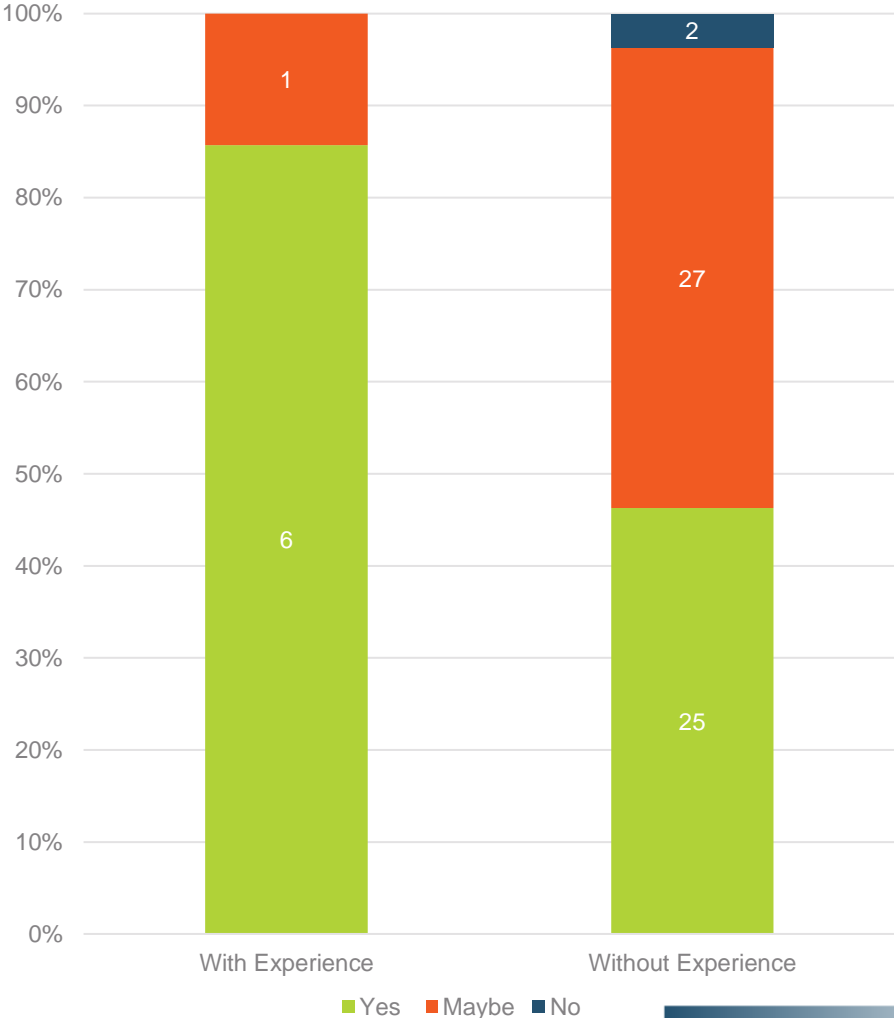
With Experience



Without Experience

% staff who are interested in implementing/ learning about peer support work

- **100%** of staff with peer support work experience and **96%** without it expressed potential interest in implementing/ learning about it



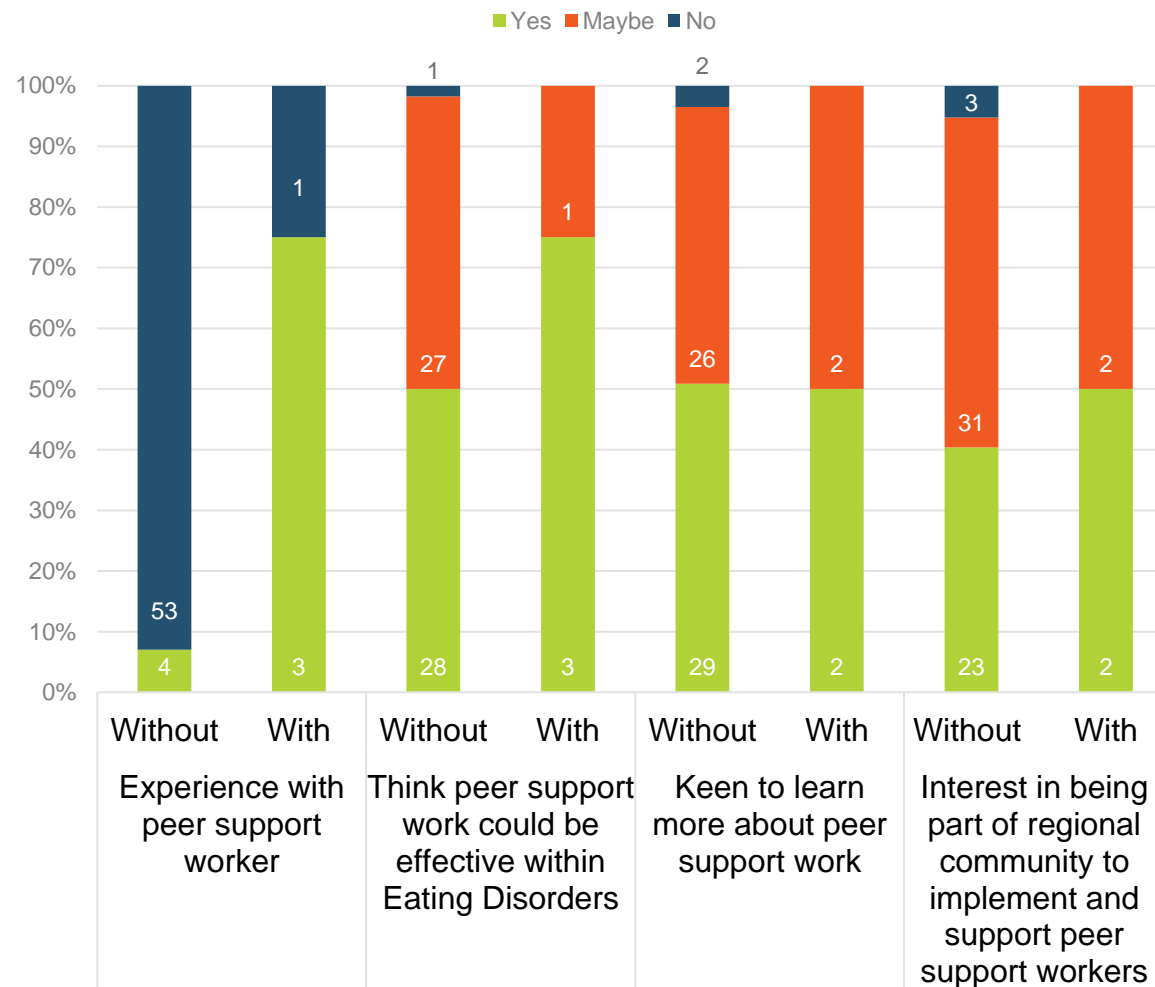
# Findings from practices with/ without peer support work currently implemented

## With

- 75% had experience with peer support workers
- 75% think that peer support will be effective within Eating Disorders
- 50% are keen to learn more about peer support work
- 50% are interested in being part of regional community to support peer support work

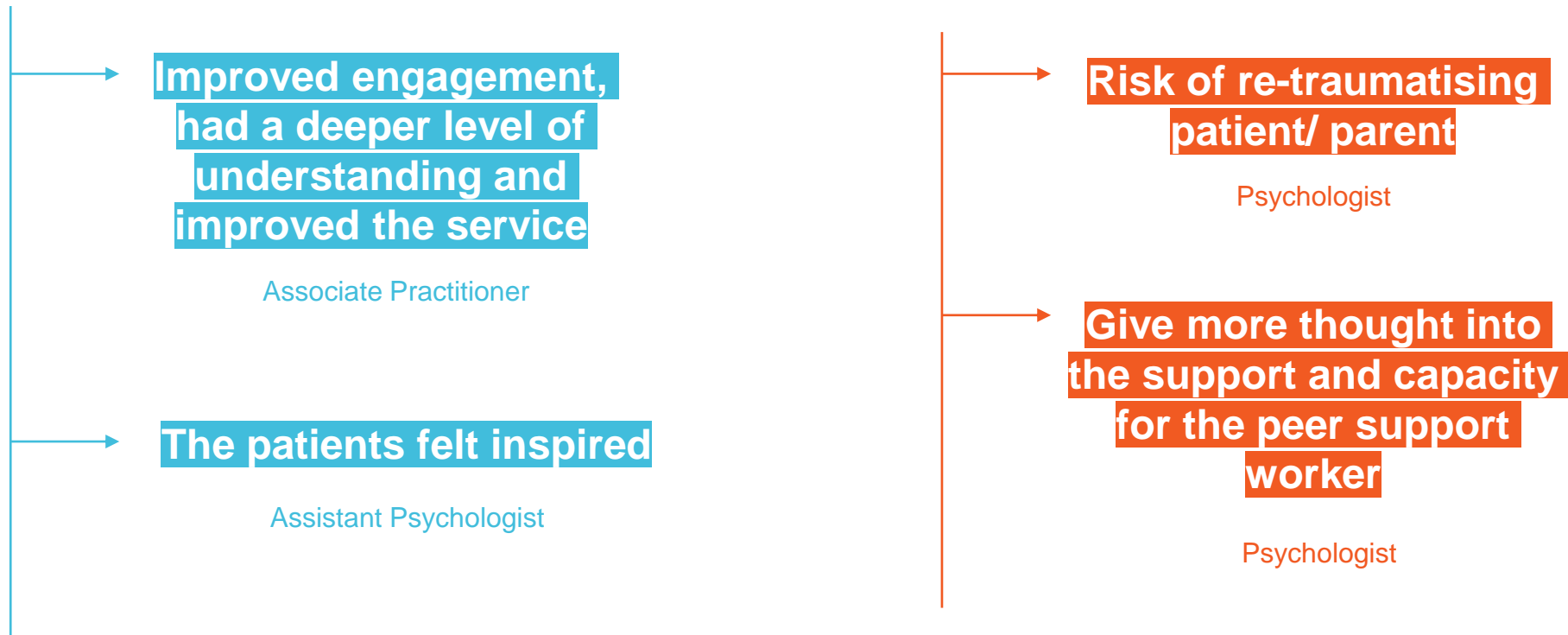
## Without

- 7% had experience with peer support workers
- 50% think that peer support will be effective within Eating Disorders
- 51% are keen to learn more about peer support work
- 40% are interested in being part of regional community to support peer support work



# Qualitative staff responses

Staff experience with peer support workers as part of the Eating Disorders team:





# Summary and Limitations



# Summary of main findings

- **Patient survey summary of findings:**

- Patients in Adult services had more experience with peer support workers than patients in CAMHS services
- It is more desired by carers rather than service users.
- Age of peer support worker in general does not matter, however when it does, similar age is preferred.
- Peer support workers are considered to be more helpful in out-patient or community settings.
- Service users find it important to have a peer support worker who has experienced an Eating Disorder.
- Listening and helping people understand their experience was chosen as the most important way that a peer support worker can use their time.

# Summary of main findings

- **Staff survey summary of findings:**

- Staff members in CAMHS had more experience with peer support workers than staff working in Adult services.
- Staff who have had experience with peer support workers are more likely to see them as being effective within Eating Disorders and are more keen to implement and/ or learn more about them.
- In general, staff who currently have peer support workers implemented in their practice are more willing to get involved in supporting and implementing peer support work, as well as seeing them as more effective in Eating Disorders.
- Overall, most staff seemed to be in favour of implementing peer support work in their practices as long as enough thought is put into place to support them and avoid re-traumatisation.



# Limitations



- Sample size: Few responses, especially for patients with peer support experience
  - Makes comparison difficult and not highly notable



- Survey design: Options for answer are not standardised in all questions – i.e., importance of peer support experience
  - It makes cross-question analysis difficult for change in scales



- Consistency: Responses from the same establishment were contradictory, i.e., Staff in Hampshire were not sure if peer support was available within their service

# Next steps



- The South East Academic Health Science Network mental health leads will host a virtual Peer support workshop.
- The event would be for anyone interested in hearing more about peer support and how it can be implemented into your existing services and pathways.
- We aim to include the voices of Peer Support Workers, services that have implemented the new roles, and patients who have benefited from peer support.
- Our proposed date is 1<sup>st</sup> March 2023. Please contact your local mental health AHSN lead (contacts details are overleaf), if you are interested in attending. Details will be sent nearer the time.



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# Helpful resources



[Peer support workers | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/resources/peer-support-workers)

[New Roles in Mental Health Project Resources.pdf \(hee.nhs.uk\)](https://www.hee.nhs.uk/resources/new-roles-in-mental-health-project-resources.pdf)

The Competence Framework for Mental Health Peer Support Workers [The Competence Framework for MH PSWs - Part 1 - Supporting document 0.pdf \(hee.nhs.uk\)](https://www.hee.nhs.uk/resources/the-competence-framework-for-mh-psws-part-1-supporting-document-0.pdf)

Part 2: Full listing of the competences [The Competence Framework for MH PSWs - Part 2 - Full listing of the competences.pdf \(hee.nhs.uk\)](https://www.hee.nhs.uk/resources/the-competence-framework-for-mh-psws-part-2-full-listing-of-the-competences.pdf)

Part 3: Curriculum [The Competence Framework for Mental Health Peer Support Workers: Part 3: Curriculum \(hee.nhs.uk\)](https://www.hee.nhs.uk/resources/the-competence-framework-for-mental-health-peer-support-workers-part-3-curriculum)

[Preparing organisations for peer support - ImROC - Implementing Recovery through Organisational Change](https://www.imroc.org/resources/preparing-organisations-for-peer-support)

[Peer-Support-Workers-a-practical-guide-to-implementation.pdf \(imroc.org\)](https://www.imroc.org/resources/peer-support-workers-a-practical-guide-to-implementation.pdf)

Peer support models for children and young people with mental health problems [CentreforMentalHealth\\_PeerSupport\\_CYP\\_0.pdf](https://www.centreformentalhealth.org/resources/peer-support-cyp-0.pdf)

Peer support models for older age communities

[Peer support and workforce development | Centre for Mental Health](https://www.centreformentalhealth.org/resources/peer-support-and-workforce-development)

[With-you - Home](https://www.with-you.org.uk/)