The role of peer support in helping people with eating difficulties to recover

By Georgie Lazzari and Antonia Lagou – First Steps ED

This has been written for an academic textbook in conjunction with Dr Mark Steven Hopfenbeck from Nottingham University – Assistant Professor in the Department of Health Sciences.

It is due to be published in November 2021.

Summary

Peer support is a process that occurs when people use their own experiences to help each other through life's challenges. The common aims are to unite people with shared experiences to support each other and provide outlets where they each feel accepted, understood and comfortable to express their emotions in a safe and non-judgmental environment.

In this chapter we will explore the role of peer support in eating difficulty recovery and how this relationship traditionally differs from the typical therapeutic one. We will use a case study to demonstrate the impact of receiving support from others with lived experience and the positive influence this can have on the recovery journey. We will also evaluate the methods of peer support delivery, the versatile nature of this form of care provision and the widespread benefits to the service user as a result.

Defining peer support

In the mental health setting, a peer is defined as a person with 'lived experience of mental illness' and the peer support process is viewed as 'an established intervention in which peers offer support to others with mental illness' (Puschner *et al*, 2019).

It is common for the peer support relationship to feature two or more individuals who have undergone a similar condition to share their first-hand experiences for the benefit of one another. It is often provided 'independent of conventional mental healthcare with formal partnerships' in many cases, but movements are shifting to encourage collaborations between 'ex-patients/users, mental health professionals and researchers to co-produce training programmes for 'experts by experience' (Mahlkea *et al*, 2014).

Peer support promotes a wellness model that focuses on the positive aspects of people and their ability to function effectively and supportively, rather than an illness model, which places more emphasis on symptoms and problems of individuals (Carter, 2000).

O'Hagan *et al* (2009) identify three primary values: equal power relationships, reciprocal roles of helping and learning and a 'whole of life' approach. This identifies peer support as typically following a person-centred method which can positively impact a patient and contrasts other types of more formal therapy.

In eating disorder services, peer support and mentoring has been used primarily as a prevention initiative that assists with increasing self-esteem and improving body image (Lippi, 2000).

Fogarty *et al* (2016) also stated in their review that other benefits included 'lower post-intervention levels of binging, purging, emotional eating and dieting behaviours and an increase in feminist identity, quality of life in the domains of education/vocation, family and close relationships, future outlook, psychological, emotional, values and beliefs and physical domains.'

Have you or somebody you care for engaged in a peer supported environment or conversation as part of your or their recovery journey?

Modes of delivery

The Mental Health Foundation defines the different methods of peer support delivery as including mentoring, education, listening, mediation and tutoring.

Chinman *et al* (2014) stated that: "historically, peer support began in the form of peer groups, in which participants with similar difficulties met to provide mutual support, discuss their problems, and receive empathy and suggestions from other members on the basis of shared experiences."

What originated in a group setting has now progressed to environments including one-to-one sessions, telephone and email communications, social media channels and through complimentary therapies such as meditation and art. In the eating disorder setting, some organisations offer peer supported activities such as eating meals together, food preparation and appropriate exercise sessions to assist with normalising such tasks and raising the confidence of both parties.

Elements of these services have adapted to be delivered both in-person and digitally, with online befriending support services becoming more readily available now than ever before.

Peer support roles have progressed noticeably from voluntary to paid during the last ten years, and an online search returns a host of employment opportunities in this area. Chinman *et al* (2014) also discuss this in their journal and identify the differences between 'individuals who fill designated unique peer positions' and 'peers who are hired into traditional mental health positions.'

They believe the latter can create an 'asymmetrical relationship' as 'the peer provider and the recipient are not at the same level of skills or degree of recovery, and both parties are not expected to receive mutual benefit'. This highlights the main difference between the role of voluntary and paid peer support positions.

Before reading on, why not question whether you have experienced peer support in a group or individual setting? How did it benefit you? Was the support offered from an individual or a professional and did the two approaches differ?

Case study

The following testimonial is from a service user of First Steps ED, an eating disorder and mental health charitable organisation in the Midlands. A case study of their Eating Disorders in Student Services (EDISS) is available in Chapter 00.

> 'I have benefitted from almost seven years in a peer support environment, helping me with an eating disorder, anxiety and low mood.
>
> I have accessed this through First Steps ED, in the form of one-to-one counselling, group support and online befriending. In each setting I was assisted by an individual that had experienced similar mental health difficulties and was either engaged in their own recovery or at a point whereby they felt they had progressed enough to no longer require services.

Whatever the setting, the peer support model had a hugely positive impact on my recovery. I felt safe, understood and empathised with which made such a difference. There was nowhere quite like it for meeting like-minded people.

I remember when I walked in to my first support group at First Steps ED and even though I was anxious and unsure what to expect, I felt instantly understood. It was the first time I'd been in a room surrounded by people who knew exactly what I was going through and could offer guidance from first-hand experience.

In 2015, I spent nine months having 1-2-1 counselling sessions with an ex-sufferer who was training to be a therapist. She had an understanding perspective, and her advice came from a place of both personal experience and professional and academic knowledge. She assisted me with setting goals and focusing on the associated mental health difficulties that accompanied my eating disorder such as anxiety and low self-confidence.

Similarly, I now receive weekly emails from an online befriender who has been in eating disorder recovery for around five years. She is helping me to tackle the biggest challenges I have including body image, discomfort after meals and building recovery goals to prevent relapses. This is proving to be invaluable advice and I am truly benefitting from hearing it from someone that has experienced the exact same struggles herself. I have altered the way I view my body and normalised uncomfortable feelings such as fullness and bloating. I feel no-one else could offer such an exclusive insight to both reassure me that I'm not alone and help me view things differently.

I have a great relationship with my therapist in the NHS Eating Disorder Service I am under and feel completely supported. In the three years I have been attending appointments we have created a great level of mutual trust and understanding, and I have progressed slowly but surely as a result. What cannot be achieved in that environment though, is conversing with somebody with first-hand experience of the problem. Doctors are highly qualified and thoroughly knowledgeable, but as they have never 'been there' themselves, it is hard to replicate the uniqueness of the peer to peer setting.'

Is there anything in particular about this testimony that stands out to you? Can you spot the clear differences between peer support and therapeutic support?

Evaluation of peer support

Evidence-based research in the field of peer support is steadily growing, as it becomes a part of the UK's mental health support system offer (Gillard, 2019). A number of benefits and drawbacks are indicated below.

Benefits of peer support

Easily accessible and often readily available

One of the main benefits of peer support is that it appears to be easier to access than traditional therapies, with a flexibility in regard to how an individual actively participates. For instance, research has found that peer support delivered via technology has been well received by a diverse range of individuals (O'Leary *et al*, 2017; 2018).

For many, a simple search online for local support groups can bring up a whole range of options – often accessible without rigid criteria or waiting list. It has recently been stated that peer support addresses the 'treatment gap' between the size of population and the size of the economy (Puschner, 2018).

Flexible approach: peer support can be guided or unguided in a way that is person-centred

Helen Cowie (2020) states: 'Peer support is not one particular program or method that can be applied in any context'. Whether peer support is defined in a guided way that suits the individual receiving/delivering the support or developed in a way that is less structured, the flexibility in regard to content and discussion, two-way communication and goal setting is unquestionable in comparison to more traditional therapy.

Many participants described the importance of feeling 'normal' and being able to express their feelings without judgment when involved in the mentoring relationship.

Mentees found support from 'staying motivated and committed to doing the hard work of recovery' (Perez *et al*, 2014, p8).

Drawbacks of peer support

Inconsistencies in quality of peer support being delivered

It has been argued that the distinctiveness of peer support is 'attributable to a values-base grounded in naturally occurring, real-world interactions between people supporting each other with their emotional distress' (Mead & Macneil, 2006). With this is in mind, there is no way of guaranteeing a positive and fulfilling peer support experience, due to the subjectiveness and discrepancies that are so clear to individual experience of the real-world.

Not always appropriate for an individual with an eating difficulty

Eating difficulties are known to be a mental health issue, but there is a very clear level of physical risk to the individual suffering, particularly on the severe end of the spectrum (Solmi *et al*, 2020). For this reason, it can often be the case that the individual requires a more medical intervention as the priority.

Peer support may sometimes compliment the medical support, but this would be assessed on an individual basis.

Ineffective for some areas of recovery

Fogarty *et al* (2016) noted in their Eating Behaviours review that many mentees stated there was no change in their motivation levels, energy and confidence towards recovery and psychological distress, objectified body consciousness and self-esteem. While initial positive changes were found in social physique anxiety, drive for thinness and body dissatisfaction, these changes were not maintained at a one-year follow-up.

Can you think of any other benefits or drawbacks to delivering/receiving peer support in an eating difficulty context?

Conclusion

Considering the information this chapter has discussed, we will now evaluate the role of peer support in helping people with eating difficulties to recover.

It is undoubtable that, for an individual with a mild to moderate eating difficulty (that is to say, an individual that carries a small level of physical risk), the unique and varied nature of peer support may prove useful. Eating difficulties can often be experienced on a very personal and individual level, and therefore a flexible and person-centred peer support approach could offer an opportunity for many experiences and stressors to be discussed.

Sharing experiences with others that are going through a similar issue has also been shown to increase an individual's level of hope and connectedness (Chinman *et al*, 2014).

It would seem that the mode of peer support (one-to-one, group, online) might also play a critical role in the effectiveness of the intervention. For some individuals, online support may allow a certain level of anonymity and therefore create a willingness to speak more freely. For others however, a sense of community can be an important factor in recovery and therefore being able to speak to someone in person, one-to-one or in a group, might be better suited.

It is important to note that literature shows that peer support is still developing. Fogarty *et al* (2016) believed the mentoring partnership 'has potential benefits for both mentors and mentees and should not be underestimated, but rather further harnessed and explored in future studies.'

Peer support poses many challenges if it is delivered without thorough training, supervision and management (Repper & Carter, 2011). It is therefore advised that an individual enters peer support with an open mind, and an understanding that peer support has no universal model thus every experience will be subjective.

References

Carter ML (2000) Social support systems as factors of academic persistence for African American, lower-income, first-year college students and high school graduates not attending college. *Dissertation Abstracts International* **61** (5) 2061.

Chinman M, George P, Dougherty RH, Daniels AS, Ghose SS, Swift A & Delphin-Rittmon ME (2014) Peer Support Services for Individuals With Serious Mental Illnesses: Assessing the Evidence [online]. Psychiatric Services Washington D.C. *ResearchGate.* P3. Available at: www.researchgate.net/profile/Matthew_Chinman/publication/260252813_Peer_Support_Services_for_Individuals_With_Serious_Mental_Illnesses_Assessing_the_Evidence/links/02e7e53206e87b88df000000/Peer-Support-Services-for-Individuals-With-Serious-Mental-Illnesses-Assessing-the-Evidence.pdf P3-4 (accessed August 2021).

Cowie H (2021) Peer Support. In The Encyclopaedia of Child and Adolescent Development (eds S Hupp and J Jewell). https://doi.org/10.1002/9781119171492.wecad285

Julie Repper & Tim Carter (2011) A review of the literature on peer support in mental health services. *Journal of Mental Health* **20** (4) 392-411. DOI: 10.3109/09638237.2011.583947

Fogarty S, Ramjan L & Hay S (2016) A systematic review and meta-synthesis of the effects and experience of mentoring in eating disorders and disordered eating. *Eating Behaviors* **21** pp66-75.

Lippi DE (2000) The impact of the mentoring relationship upon women in the process of recovering from eating disorders. (Doctor of Philosophy) Temple University, Bell & Howell Information and Learning Company (UMI Microform 9969913).

Mahlke C , Kraemer UM, Becker T & Bock T (2014) Peer Support in Mental Health Services [online]. **27** Number 4. *ResearchGate*. P276. Available at: https://www.researchgate.net/publication/262580200_Peer_support_in_mental_health_services (accessed August 2021).

Mead S & MacNeil C (2006) Peer support: What makes it unique. *International Journal of Psychosocial Rehabilitation* **10** (2) 29-37.

O'Hagan M, McKee H & Priest R (2009) Consumer survivor initiatives in Ontario: Building for an equitable future. Toronto: Ontario Federation of Community Mental Health & Addiction Programs.

O'Leary K, Bhattacharya A, Munson SA, Wobbrock JO & Pratt W (2017) Design opportunities for mental health peer support technologies. In: *Proceedings of the 2017 ACM conference on computer supported cooperative work and social computing* (pp1470-1484).

O'Leary K, Schueller SM, Wobbrock JO & Pratt W (2018) "Suddenly, we got to become therapists for each other." Designing Peer Support Chats for Mental Health. In: *Proceedings of the 2018 CHI conference on human factors in computing systems* (pp. 1-14).

Perez M, Kroon Van Diest A & Cutts S (2014) Preliminaray examination of a mentorbased program for eating disorders. *Journal of Eating Disorders* **2** (24).

Puschner B (2018) Peer support and global mental health. *Epidemiology and psychiatric sciences* **27** (5) 413-414.

Puschner B, Repper J, Mahlke C, Nixdorf R, Basangwa D, Nakku J, Ryan G, Baillie D, Shamba D, Ramesh M, Moran G, Lachmann M, Kalha J, Pathare S, Müller-Stierlin A & Slade M (2019) Using Peer Support in Developing Empowering Mental Health Services (UPSIDES): Background, Rationale and Methodology. Abstract, Background [online]. *Annuals of Global Health.* Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC6634474/#:~:text=Background%3A,mental%20illness%20receive%20no%20care (accessed August 2021).

Solmi M, Radua J, Stubbs B, Ricca V, Moretti D, Busatta D & Castellini G (2020) Risk factors for eating disorders: an umbrella review of published meta-analyses. *Brazilian Journal of Psychiatry* (AHEAD).

Steve Gillard (2019) Peer support in mental health services: where is the research taking us, and do we want to go there? *Journal of Mental Health* **28** 4 341-344, DOI: 10.1080/09638237.2019.1608935

The Mental Health Foundation (2020) Peer Support webpage (online). Available at: www.mentalhealth.org.uk/a-to-z/p/peer-support (accessed December 2020)