



Physical Health Peer Education

Improving Physical Health And Preventing Chronic Health
Conditions In People Living With Mental Illness

Evaluation Report

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2. Executive Summary

SANE Australia, a national mental health charity has partnered with Neami National, a mental health non-government organization (NGO) to develop, implement and pilot a physical health peer support program (referred to as Peer Health Coaching) to address the physical health needs of people living with a mental illness.

SANE believes that by demonstrating success through systematic change in one mental health NGO, Peer Health Coaching best practice guidelines for improving physical health can be developed and shared with other service providers within the mental health sector, resulting in improved overall health of people living with mental illness.

The Peer Health Coaching program was developed in response to the poor physical health and significantly reduced life expectancy of people living with a mental illness when compared to the general population.

As well, whilst the benefits of peer support work, including providing hope, modelling recovery and shared lived experience are invaluable, there has been little evidence gathered to date of its effectiveness in the prevention and improved self-management of chronic physical health conditions of people living with mental illness.

SANE has developed Peer Health Coach training, to teach mental health Peer Support Workers how to support and empower consumers who have identified a physical health goal they would like to address as part of their recovery.

Peer Health Coaching is a one on one support where the trained Peer Health Coaches provide six one-hour coaching sessions to support eligible consumers in reaching their identified physical health goal. The program is operating across nine Neami service sites, where the Senior Practice Leader managing the program within the site and the Key Support Workers refer appropriate consumers to the program.

The evaluation strategy is a mixed methods design; both qualitative and quantitative data is being collected over a two-year period while the Peer Health Coaching initiative is operating within Neami service sites.

In this evaluation report the first 12 months of data collected has been analysed to determine the impact Peer Health Coaching has had on the:

- Participating consumers physical health, and
- Service integration learnings at an organisational level

Whilst the results to date are positive, the sample size (n 37) is too small to draw definitive conclusions about Peer Health Coaching being an effective method of improving the physical health of consumers.

Data does show consumers adjust their self-reporting according to increased capability (confidence) and increased health literacy (knowledge) post Peer Health Coaching.

There has been much valuable learning from the pilot around the challenges and required solutions in operating a Peer Health Coach program and ensuring the Peer Health Coaches have the necessary skills, knowledge, confidence and support to effectively deliver the program.

Recommendations have been made on how the Peer Health Coach program and training can continue to operate within the mental health sector and reach a larger market.

3. Introduction

Neami National was invited to partner with SANE Australia on this project because they have been implementing a holistic organisational health promotion strategy since 2010. The strategy aims to support improved physical health outcomes for consumers of the service.

'One of the most significant areas where our research, service development and consumer feedback work has driven major service development is in the area of physical health. This is largely due to the poor physical health of many people who are homeless or experience enduring difficulties with their mental health.' (Neami National Service Improvement Report 2013)

In addition to the health promotion strategy, Neami has an established Peer Support Program in operation. Staff and consumers are familiar with the peer support concept and have seen the benefits first hand. Structures and systems are already in place to support peer workers including, clearly defined peer roles, induction, training and regular supervision and support from managers.

For these reasons and the excellent existing working relationship between SANE and Neami, the Peer Health Coach program was a logical and fitting project to pilot with Neami National.

The over arching goal of this three year project is the prevention and improved self-management of chronic physical health conditions of people living with mental illness.

The objectives of the project are to:

- Develop a comprehensive and transferrable Peer Health Coach training program for Peer Support Workers that can be delivered to mental health NGOs nationally
- Deliver and trial the Peer Health Coach program within Neami National service sites
- Develop evidence based guidelines for the use of Peer Health Coaching (by mental health non-government organisations), in the prevention and self management of chronic disease in people living with a mental illness, and
- Promote the projects findings and encourage Peer Health Coach program adoption by other mental health non-government organisations nationally.

4. Program Rational and Logic

4.1 Poor Physical Health

Increasingly, physical health is being placed on the agenda of mental health services as research shows people living with mental illness have some of the poorest physical health outcomes in the community.

Studies have shown that people with severe mental illness have a mortality rate two to three times as high as the general population. This translates to a 13-30 year shortened life expectancy, and about 60% of this excess mortality is due to physical illness. (De Hert et al, 2011)

The link between mental and physical health is undeniable. People living with a serious mental illness are at a higher risk of experiencing a wide range of chronic physical conditions, including diabetes, obesity, metabolic syndrome and cardiovascular disease.

4.2 Peer Support

The benefits of peer support work have been recognised and utilised in mental health recovery for many years now. The peer workforce is the most rapidly growing workforce in the mental health sector. (National Mental Health Commission, 2013)

“Peer Workers are defined as people who have had a lived experience of mental illness who provide meaningful roles within the mental health sector”. (Lloyd-Evans, 2014)

The value that peers bring to health coaching includes:

- Inspiring hope and demonstrating the possibility of recovery
- Being able to draw on their own experiences of recovery as they listen, interact and support consumers
- Empathy and connectedness. Connecting with peers who have lived with similar experiences can be a vital link for someone struggling with their own situation, and
- Being valued for their authenticity because they can relate to the challenges faced by peers.

In many instances the peer support relationship may be the first step that an individual takes in their health and well-being recovery.

4.3 Health Coaching

The focus of health coaching is empowering and supporting consumers to make health behaviour changes designed to minimise chronic disease risk factors, better manage their health and promote optimal health outcomes.

Peer Health Coaches are trained and employed to support health and wellness through empowerment, self-direction, self-advocacy and mutual relationships. Through promoting self-management they become a collaborator in the process of health promotion and improvement.

Peer Health Coaches can provide support in areas where there are modifiable risk factors, such as diet and exercise and support better access to health care. In the coaching role, peers apply the principles and processes of coaching, effective communication skills and motivational enhancement strategies to the consumer's self identified health goal. They provide the individualised support and reinforcement that can be the impetus for building the skills and confidence needed to make changes happen.

Three key elements that Peer Health Coaches bring include: support, coaching and self-advocacy. Coaching occurs in the context of a positive supportive peer relationship. The coach helps to guide the consumer toward successful and sustainable behaviour change.

Peers are more likely to understand another consumer's situation empathetically because of their shared experience. Social isolation is associated with increased morbidity and mortality; the social support provided by Peer Health Coaches can help overcome this problem.

Peer Health Coaches can help a consumer identify ways to promote their own health and wellbeing. By asking facilitative questions, a health coach can help a consumer gain insight into their personal situation. This supports finding solutions for health problems that the consumer is facing, and results in the consumer being motivated and confident to face the health problem, as defined by themselves.

Coaching activities promote successful outcomes through attention to strengths, needs and goals.

5. Description of the program

5.1 Literature Review

SANE conducted a scan of the literature, including international literature reviews on peer support programs, to examine the learnings from other peer support programs and to investigate the evidence around peer support programs successfully improving the physical health of people living with a mental illness.

Much information and research has been conducted on the topic of peer support. However, it was anticipated that the literature review would not reveal a large body of information on peer support targeting the physical health goals of people living with a mental illness. This was indeed found to be the case and reinforces the innovative work of this project.

5.1.1 Literature Review findings:

There was only one study found that focused entirely on improving the physical health of people living with a mental illness.

The Healthright Peer Advocacy and Support Service (PASS) trial conducted through the University of Western Australia in 2008 tested the efficacy and effectiveness of paid peer support to assist people living with a mental illness to attend to their physical health needs.

The trial although small did demonstrate that having the support of a peer encouraged people living with mental illness to set realistic goals that addressed lifestyle issues such as weight loss, smoking cessation/ reduction, exercise and improved dietary intake.

Learnings from the PASS trial included the need to educate mental health staff about the role and benefits of peer support work, to clearly define the role of the peer support worker and communicate this clearly to staff and consumers, and provide adequate supervision and support to peer workers in the program.

In a separate paper, Swarbrick investigated the role of 'Wellness Coaching' as an intervention to help individuals pursue individually chosen health and wellness goals. It found that potentially, the most qualified coaches for a serious mental illness might come from peers in recovery. However, most still need to develop specialised knowledge and skills in order to adopt the role of a paid peer wellness coach. (Swarbrick, 2011)

As the project has progressed and the structure of the Peer Health Coach program has developed, further literature continues to emerge that informs and supports the project.

5.2 Focus Groups

SANE conducted focus groups with 30 Neami consumers across the states of Western Australia, Victoria, South Australia, Queensland and NSW. A training consultant with lived experience of mental illness facilitated the focus groups who was able to encourage valuable insights into the:

- Physical health concerns and conditions experienced by consumers
- Barriers that prevent consumers better managing their physical health conditions
- Current activities consumers use to better manage and prevent physical health conditions.

There were some great suggestions of how the peer health coach program could help consumers. The program was very well received by the focus group attendees as something they would be interested in participating in.

5.2.1 Focus Group collated findings:

- Main health concerns expressed were: side effects from medications, stress, post-traumatic stress disorder, anxiety, teeth falling out and rotting, smoking, chronic pain
- Areas consumers wish to improve: stop smoking, lose weight and improve diet, social inclusion, join a team
- What people are currently doing: exercising, improving diet, regular physical health checks with a GP, quitting smoking, taking vitamins and mineral supplements
- Barriers to being healthy: side effects from medications, no support, perception that it costs more to eat healthy, lack of interest, no enjoyment, GP more focused on mental rather than physical health, anxiety, lack of information, distance to travel
- Overcoming barriers: make GP appointment in a quiet time to avoid busy waiting rooms, exercise has to be fun, education on the side effects of medication, free or subsidised physical activity, supermarket tours, go for a walk or gentle exercise groups
- Things I would do with a peer health coach: food shopping, cooking and freezing some portions, go to medical appointments to help keep me on track, education on the side effects of medication, do fitness activities with me that are fun, gardening and planter boxes, help me find a mental health friendly GP, help me set some goals and make small achievable steps

Consumers welcomed the Peer Health Coaching project.

Feedback suggested that consumers liked the idea of being supported around their physical health goals by someone with personal experience of mental illness. It added an additional level of understanding to be supported by someone who understands health from a personal and professional perspective.

5.3 Peer Health Coach Training Development

Based on the literature and feedback from the consumer focus groups SANE, in consultation with Neami National, developed a one and a half day training for Peer Support Workers.

The training covers the:

- Link between physical health and mental health
- The Stages of Change model
- Health Behaviour Change
- Motivational Interviewing, and
- The GROW model of Coaching.

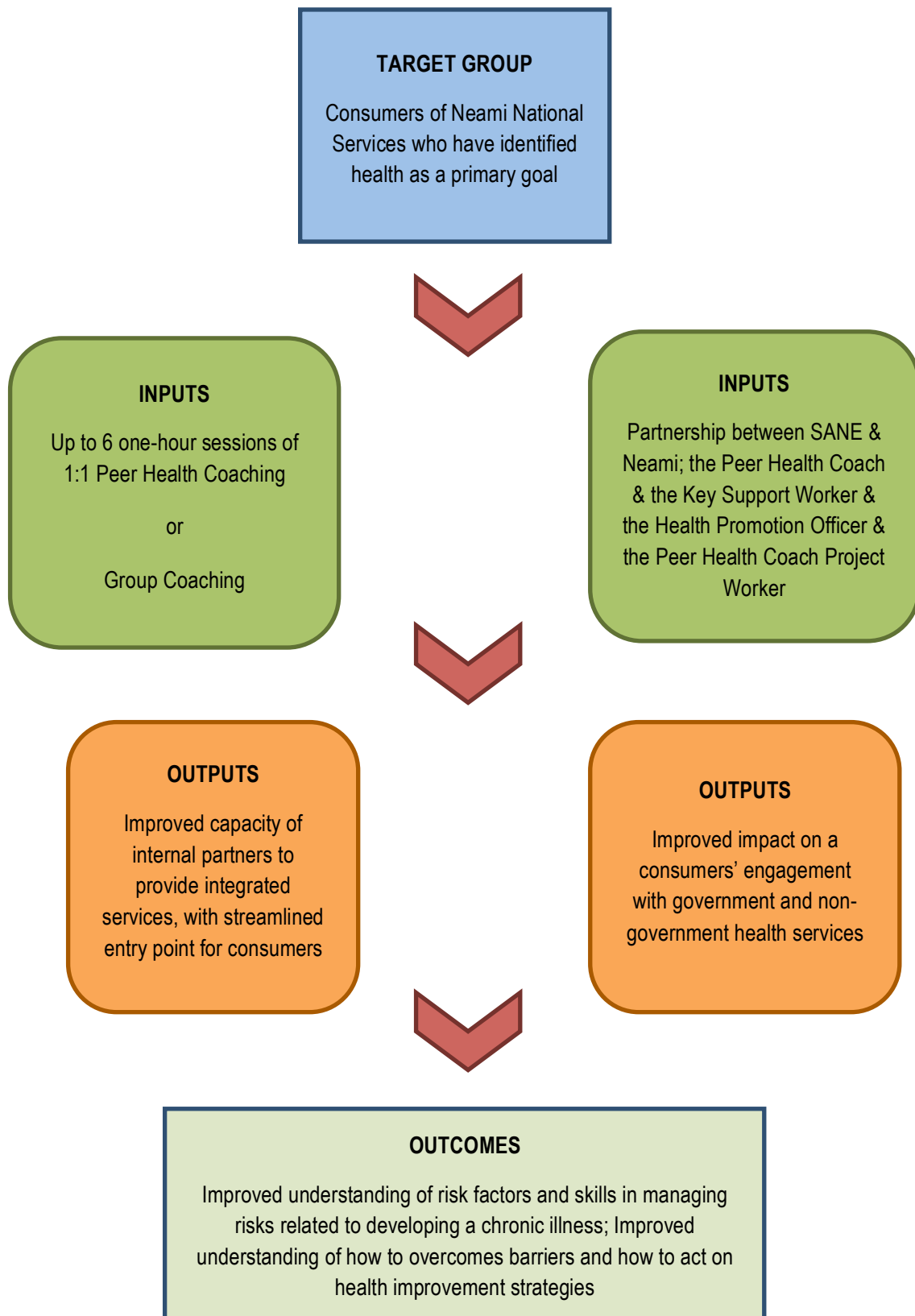
The GROW model represents the four stages in the coaching conversation; Goal, Reality, Options and Wrap up, it can be used to structure a conversation around goal setting or problem solving.

The Peer Health Coach training is developed to operate within a recovery orientated mental health framework, where consumers are supported to be actively involved in their own recovery journey. They chose which area of their physical health they would like to work on or improve as part of their self directed recovery.

The role of Peer Health Coaches is to develop and build a trusting relationship and rapport with the consumers and through coaching techniques support the consumer to reach their health related goal.

The Peer Health Coaches are not required to be health experts, however they are experts in their own lives and how to best share their story in a meaningful way that supports and promotes health-related change.

5.4 Program Logic- Peer Health Coaching



5.5 Trial Phase

During the initial implementation of the project a number of issues within Neami were identified as having the potential to impact negatively on the implementation of the Peer Health Coach initiative.

These included:

1. Lack of clarity regarding the roles, responsibilities and boundaries of:
 - Peer Health Coaches and their roles as Peer Support Workers
 - Peer Health Coaches and Health Promotion Officers
 - Peer Health Coaches and the service development position Peer Health Coach Project Worker
 - Peer Health Coaches and their direct report Senior Practice Leader
 - Peer Health Coaches and Key Support Workers
2. The readiness of the Peer Support workforce to undertake additional roles/duties
3. The requirement that Peer Health Coaches have at least six months work experience with the organisation
4. Lack of internal practice guidelines to support the effective implementation of the initiative

To ensure the successful implementation of the program a six-month trial was conducted between August 2013 to February 2014 and evaluated within three Neami service sites: Hurstville (NSW), Wollongong (NSW) and Heidelberg (VIC).

These sites received an induction session introducing the trial Peer Health Coaching initiative- its structure, the referral process, eligible consumers and the evaluation framework.

The Senior Practice Leader, a Key Support Worker and Peer Health Coach were present and the information was passed on at site staff meetings.

To further support the evaluation of the Peer Health Coaching initiative and to inform the roll out into other Neami sites, interviews and focus groups were held with representatives from the following groups who participated in the trial phase:

- Senior Practice Leaders
- Peer Health Coach
- Consumers of the Neami National Wollongong service who had completed all Peer Health Coaching sessions

A Peer Health Coaching Steering Committee was also established.

5.5.1 Peer Health Coaching Steering Committee

For the trial period a steering committee was established to provide leadership and guidance to the project using existing service knowledge, sharing information and experiences whilst overseeing the implementation of the launch of the project. The Steering Committee met on three occasions during the six-month trial and was made up of representatives from all levels involved in the pilot.

5.6 Peer Health Coach Program

Peer Health Coaching is a one on one support where peers provide coaching sessions as an added service to support eligible consumers in reaching their identified health goals.

5.6.1 Referral

Referral to Peer Health Coaching is coordinated by the Senior Practice Leader in conjunction with the consumers Key Support Worker.

5.6.2 Eligibility

Consumers are eligible if they have a clearly defined health goal listed as a priority area on their most recent goal setting and planning sheet.

When referring a consumer it is important for the Senior Practice Leader and Key Support Worker to consider where the consumer is in relation to the Stages of Change, is the consumer ready to take action? Can the Key Support Worker and consumer work together on the health goal or does the consumer require the extra support from the Peer Health Coach?

If the consumer is interested in participating, they are eligible to receive up to six one hour-long sessions. Normally, these are run over a six-week period, where consumers participate in one session a week. However, if the goal requires a longer duration, like weight loss, the coaching sessions can be held fortnightly with the Peer Health Coaches and in the intermittent week the consumer meets with their Key Support Worker to ensure they are keeping on track with their food diary or exercise routine.

It is good practice to have a meeting between the Peer Health Coach, consumer and Key Support Worker prior to the first session. This helps the Peer Health Coach gain a better understanding of the consumers health related goal, and provide an opportunity for the consumer to identify what they would like to do in the first session. It is also an ideal time to complete the pre questionnaire and consent form with the consumer, for the Peer Health Coaches to collect and return to the Peer Health Coach Project Worker for collation.

During the six sessions Peer Health Coaches can:

- Develop and review an Action Plan, taking into consideration potential barriers and social supports available
- Liaise with the Key Support Worker in between sessions (as required)

- Develop a Coaching Agreement with the consumer during the pre session or session one, to set the ground rules, practical arrangements and individuals responsibilities
- Provide the consumer with the session rating form and return mail envelope after each session
- Support the consumer to complete the post questionnaire, for the Peer Health Coaches to return to the Project Worker for collation

After the last session a handover meeting should be held between the Peer Health Coach, Consumer and Key Support Worker, to discuss how the consumer has progressed with their goal/s and ensures continuity of care.

If there are interruptions that affect a consumer's ability to attend sessions for a period of time, such as admission to hospital, consumers are supported to re-enter into the program at a time that is convenient for them.

Eligible consumers generally access Peer Health Coaching sessions only once, however, where this is a demonstrated need, a consumer can access the program again.

5.7 Peer Health Coach Project Worker

Neami recruited a part time Peer Health Coach Project Worker to coordinate and resource the Peer Health Coaches involved in the project. The role supports the collection of information for evaluation purposes and contributes to the development of project plans, resources and promotional materials.

The role is required to develop constructive relationships with the Peer Health Coaches through weekly individual telephone conversations and monthly meeting's for all Peer Health Coaches to attend. The meetings provide an opportunity to share good practice, discuss aspects of peer work, health and coaching in depth and provide supporting literature and resources.

5.8 Recruitment of Peer Health Coaches

Neami initially gauged interest from current Peer Support Workers for the role of Peer Health Coach. Four Peer Support Workers were recruited to participate in the six-month trial, and one withdrew before coaching commenced.

The trial phase highlighted the importance of a whole of service approach to support the success of the initiative. So, in the recruitment for the roll out to other states the whole site or site consortia was required to submit an expression of interest to demonstrate a commitment to the improvement of health outcomes for people with a lived experience of recovery.

The key selection criteria included:

1. A Peer Support Worker at the site who has been employed with Neami for at least six months and has a sound understanding of the Collaborative Recovery Model and coaching.

2. A team who has a proven commitment to health promotion and capacity to integrate consumer services thereby increasing the efficacy and sustainability of the initiative.
3. A team who can identify that there is a need to support people to achieve their health goals and values what peer support can offer this.
4. A supportive team environment, where the Site Practice Leader can offer regular supervision and support to the Peer Support Worker around their coaching role.
5. Both the Site Practice Leader and Peer Support Worker can attend training.

5.9 Peer Health Coach Training

Two Peer Health Coach training workshops have been conducted.

Both were developed and delivered by the SANE Mind and Body Project Coordinator and a training consultant with lived experience of mental illness.

5.9.1 Melbourne 26th - 27th March 2013

The first Peer Health Coach training was one and a half days in duration and trained the Peer Support Workers participating in the six-month trial.

In attendance were 4 peer support workers, 4 Neami Health Promotion Officers, the Peer Health Coach Project Worker and the Neami Manager Projects Innovation and Research. The State Health Promotion Officers attended, as their role is to support the Peer Health Coaches with reliable health information and resources and provide secondary consultations if needed, or if they are unsure to identify appropriate external advice e.g. supporting the Peer Health Coach to identify appropriate smoking cessation groups available within the community.

The training was based on the [Health Change Australia health behaviour change model](#). The training was interactive, allowing attendees to practice coaching techniques and using the coaching and goal setting tools in scenario situations.

The evaluation of the training found there was an increase in knowledge and understanding of:

- The chronic physical health conditions and risk factors for people with a serious mental illness
- How to manage risk factors related to developing chronic physical health conditions
- The stages of behaviour change and types of barriers a person faces when contemplating and making a physical health change
- The resources available to support health behaviour change

Attendees reported an increase in confidence in their ability to support consumers to make and implement their health goals and identify and address barriers preventing the health behaviour change.

All attendees indicated the Peer Health Coach training had been useful in supporting the role of Peer Health Coach.

5.9.2 Sydney 26th March 2014

There were a number of learning's from the first training that were incorporated in to the second training session. These included replacing the Health Change Australia model with the less complicated GROW model already utilised by Neami.

The second training also incorporated the experiences of the Peer Health Coaches from the six-month trial period and utilized their coaching experiences in the case study scenarios. Senior Practice Leaders were required to attend this training, as their role is to support the integration of Peer Health Coaching at the site level, help the Key Support Worker's to identify consumers appropriate and eligible for the service and support Peer Health Coaches in their role.

In attendance were two new Peer Support Workers and their Senior Practice Leaders, two Peer Health Coaches (attended Melbourne training), a Key Support Worker, and a manager from SA and WA who at the time of training were yet to employ Peer Health Coaches.

The evaluation found there was 'a small to significant increase' in understanding of the:

- Risk factors faced by people living with a mental illness around their physical health
- Role of coaching in recovery
- Health Behaviour Change stages, and
- Types of barriers a person faces when changing a behaviour

The majority of participants felt that it was 'likely' they would use the tools and resources introduced in the training in their role as Peer Health Coach.

Many commented that the tools and resources were the most useful part of the workshop for them along with the opportunity of putting them into practice in the case studies.

5.10 Project Resources

5.10.1 Peer Health Coach Practice Guidelines

A key resource developed from the six-month trial period was the Peer Health Coach Practice Guidelines. The purpose of the Practice Guidelines is to provide a framework of support for Peer Health Coaches and service sites involved in the initiative. They detail the rationale of the project, findings from the six-month trial, the Peer Health Coach structure and referral process, roles and responsibilities of all staff involved, good practice examples and the evaluation requirements.

The Practice Guidelines detail the range of tools that can be used to support the Peer Health Coaching sessions; they are also referred to in the training. Some are established tools already used at Neami and some have been developed or resourced specifically for the initiative.

Table 1- Peer Health Coaching Resources

Resource Category	Document Title and Link	Required/ Suggested
Program Documents	Peer Health Coaching Practice Guidelines Neami Collaborative Recovery Model Protocols	Required
Promotional Material	Newsletter Template Peer Health Coach poster for Staff Peer Health Coach poster for Consumers Peer Health Coach poster for consumers at different sites	Required
Information sheet and consent form	Participant Information Statement and Consent Form	Required
Coaching Agreement	Coaching contract	Suggested
Evaluation Documents	Pre and Post Evaluation Session Ratings	Required
Coaching Tools	Grow Coaching Template GROW Coaching Questions Peer Health Coach Classification of Character Strengths VIA Core Coaching Competencies Empowering People Rethink Coaching Tool	Suggested
Health Promotion Tools	Consumer Diary (Stanley and Laugharne, 2011) Neami National Health Prompt SANE Resources (SANE Australia, 2008) Psychiatric Medication Information, St Vincent's Hospital	Suggested
Monthly Tracking	Peer Health Coach Tracking template	Required

5.10.2 Promotional Resources

A range of posters and newsletter articles were developed and circulated to participating sites to advertise the Peer Health Coaching initiative to consumers and staff.

5.11 Support Systems for Peer Health Coaches

The Peer Support literature reiterates the provision of adequate support for peer workers as being a critical success factor in retaining and maintaining a peer workforce.

Preliminary evidence suggests several key features of successful peer coach programs include:

- Sufficient training and ongoing support for peer coaches
- Regular opportunities for peer coaches to share experiences, solve problems, provide mutual support, and
- Receive additional training and appropriate recognition for their efforts. (Peer Support Programs in Diabetes, WHO, 2007)

5.11.1 Ongoing Support

Peer Health Coaches report directly to their Senior Practice Leaders who provide coaching support and support the integration of Peer Health Coaching at the site level. The Senior Practice Leader also works with the Key Support Workers to identify consumers that are appropriate for referral to the Peer Health Coaches.

However, it is the Peer Health Coach Project Workers role to establish constructive relationships with the Peer Health Coaches, by visiting their sites and providing support through weekly phone calls.

5.11.2 Peer Support for the Peer Health Coaches

In addition to the support already received from their Senior Practice Leader at the site, it is clear that peer mentoring and support from the Peer Health Coach Support Worker would be beneficial to the growing team of Peer Health Coaches. A monthly Peer Health Coach group meeting is being organised to provide a forum for discussion of issues as well as mutual strength building. They aim to share good practice and discuss aspects of peer work, health and coaching in depth with supporting literature and resources.

5.11.3 Additional training

It was found during the trial period that Peer Health Coaches could benefit from further training on coaching skills to improve their confidence in this area. Four in house training days are being provided to the Peer Health Coaches by the Neami Training and Development team, these also provide an opportunity for the Peer Health Coaches to meet face-to-face and network.

5.12 Continuation of the Peer Health Coaching Sessions

Since the six-month trial period finished in February 2014, the Peer Health Coach program has continued to run in the Heidelberg (VIC), Hurstville (NSW), Wollongong (NSW) sites. A further site in Briar Hill (VIC) commenced in May 2014 and in July 2014 sites in Perth (WA), Elizabeth (SA), Strathpine (QLD) and Doncaster and Barwon PARC (VIC) were appointed.

Four of the Peer Health Coaches are existing Neami Peer Support Workers and two were external applicants with experience of peer-work, health promotion and coaching. The Peer Health Coaches appointed in July of the rollout phase have not started coaching consumers, as they are completing induction training and scoping referrals to commence upon training completion.

Table 2- Peer Health Coach staffing

Peer Health Coach Sites	Start date	FTE
Heidelberg (VIC)	August 2013	0.1
Hurstville (NSW)	August 2013	0.3
Wollongong (NSW)	August 2013	0.3
Briar Hill (VIC)	May 2014	0.3
Doncaster (VIC)	July 2014	0.2
Elizabeth (SA)	July 2014	0.4
Strathpine (QLD)	July 2014	0.2
Perth (WA)	July 2014	0.4
Barwon PARC (VIC)	July 2014	0.1
TOTAL		2.3

The Peer Health Coach staffing is now at full capacity and Neami has set targets for the sites to reach according to the Peer Health Coach FTE. Neami are confident in achieving the target of 130 consumers completing Peer Health Coaching by September 2015.

6. Evaluation Methods

The evaluation is a mixed methods design; both qualitative and quantitative data is being collected over a two-year period while the Peer Health Coaching initiative is operating within Neami service sites.

At the site induction meeting's each site receives, and is taken through the evaluation strategy:

- Role of Peer Health Coaches in Pilot Evaluation- explains the evaluation procedure being undertaken during the pilot.
- Participant Information Statement and Consent Form- this is to be signed by participants who agree to participate in the pilot evaluation.
- Peer Health Coaching Initiative Participant Questionnaire- this is the impact assessment tool that is completed by the consumer at the start of the 1:1 coaching and at the end of the 6 sessions.
- Peer Health Coach Session Rating- is for the consumer to rate their session with the health coach, this is confidential and sent back to the Peer Health Coach Project Worker in a sealed envelope.

Peer Health Coaches are required to provide monthly reports on their status, consumer contact and progress towards identified goals. They also report subjective outcomes in meetings with the Peer Health Coach Project Worker.

Qualitative data was collected at the conclusion of the six-month trial to highlight the successes and challenges of the program and to inform the development of the Peer Health Coaching Practice Guidelines.

Qualitative methodology included:

- A focus group with the Peer Health Coaches
- Formal interviews with the Site Practice Leaders
- A consumer focus group, and

7. Research findings

7.1 Six-month trial qualitative findings

7.1.1 Peer Health Coach Focus Group

On the 24th February 2014 a focus group was conducted with the three Peer Health Coaches that participated in the six-month trial.

A number of important learning's and positive outcomes emerged from the six-month trial and were discussed with the Peer Health Coaches including:

- What best practice looks like across the 6 coaching sessions
- Capitalizing on the stages of change and ensuring there is support and follow up provided to the consumer once they have completed the 6 sessions, so as not to lose the momentum gained through the coaching sessions
- The improvement in the health literacy of consumers post coaching and capitalising on this
- The importance of the Senior Practice Leader role around internal service coordination between the Peer Health Coach and the consumers Support Worker around referral, joint goal setting and follow up post coaching
- More mentoring support for the Peer Health Coaches
- Reinforcing the importance of peer work and why it works
- Greater promotion of Peer Health Coaching within the organisation
- The provision of resources for staff and Peer Health Coaches made available on the intranet

7.1.2 Site Practice Leader Interviews

Interviews were conducted with the three Site Practice Leaders who were involved in the six-month trial. All sites working with a Peer Health Coach were in full support of the initiative and reported that the trial went well. In particular, the positive health outcomes for consumers and the opportunity for Peer Health Coaches and Support Workers to collaborate.

7.1.3 Consumer Focus Group

A focus group with consumers of the Neami National Wollongong service who had completed all six Peer Health Coaching sessions was held to collect information on the consumer's experience.

Consumer accounts of the health changes that they had personally experienced since undertaking the Peer Health Coaching sessions were overwhelmingly positive.

The themes coming from the focus group included:

- All consumers in the focus group reported becoming more physically active as a result of the program
- In relation to the benefits of Peer Health Coaching was the enjoyable and fun nature of the activities they took part in
- Consumers highlighted that the support, motivation and inspiration provided by their Peer Health Coaches were key components of the program's success
- As well as the physical health benefits of the Peer Health Coaching, consumers also noted the broader benefits that they had experienced, such as increased feelings of wellbeing
- Consumers highly valued the peer relationship
- All consumers in the focus group reported that they were motivated to continue their goals independently after completing the Peer Health Coaching program
- All focus group participants reiterated that 6 sessions was too short and requested further Peer Health Coaching sessions to further pursue their goals

Some quotes from the consumer focus group:

- *'It was really enjoyable'*
- *'Knowing that [Peer Health Coach] had gone through the same thing'*
- *'I am looking forward to everyday'*
- *'It helps the mind, just being out and saying hi to people on the street'*
- *'You need support as well...I lost a lot of weight with [Peer Health Coach] because it was focused'*
- *'I feel like I finally am getting there'*

7.2 Quantitative data collected to date

Reported here is an evaluation of the work undertaken by the four Peer Health Coaches active during the first phase of the pilot.

A total of 37 consumers of Neami services have either completed Peer Health Coaching or are working with the active Peer Health Coaches, across nine Neami service sites: Briar Hill (9), Heidelberg (3), Wollongong (11), Hurstville (7), Doncaster (2) Darra (1), Strathpine (1), Regent (1), Perth (2).

Consumers in this initiative have an average (mean) age of 43 and range from 21 years to 63 years old.

Table 3- Number of sessions completed by participants

Number of sessions completed	Number of participants
7	6
6	7
5	1
4	3
3	4
2	8
1	6
Pre session	2

13 participants have completed the full 6 sessions of Peer Health Coaching and 10 consumers have completed Peer Health Coaching in less than 6 sessions (i.e. they achieved their goal, were confident to continue independently in under 6 sessions or did not want to pursue their goal in light of other priorities).

Table 4- Number of participants involved in Peer Health Coaching

Total consumers who have completed Peer Health Coaching in 6 sessions	13
Total consumers who have completed Peer Health Coaching in <6 sessions	10
Total consumers in progress (September 2014)	14
Total consumers seen by Peer Health Coaches	37

7.3 Consumer Outcomes

Peer Health Coaches report the health goals identified and progress made for each consumer they work with. The reported health goals were healthy eating, exercising, losing weight and quitting smoking.

By the end of Peer Health coaching, Peer Health Coaches reported that consumers had:

- Started regular exercise independently (walking, cycling and swimming) and at community venues
- Tried new exercise (e.g. yoga and swimming)
- Started cooking healthy meals independently
- Lost weight
- Requested a medication review which resulted in significant weight loss
- Reduced number of cigarettes smoked
- Went on to get a physical health plan from their GP
- Reduced smoking
- Felt confident to pursue their goals beyond coaching session

7.4 Session Ratings

Participants have been asked to complete ratings after each session to provide an indication of how well the Peer Health Coaching approach is being received.

To date, 14 participants have rated 40 Peer Health Coaching sessions. Sessions are rated using Likert-scales of 1-10 that measure four elements of the coaching session: relationship, goals and topics, approach and an overall session rating.

Table 5- Participant session rating outcomes measures

Element	Likert Scale 1-10	Average Result
Relationship	1- I did not feel heard, understood, and respected 10- I felt heard, understood, and respected	9.3
Goals and Topics	1- We did not work on or talk about what I wanted to work on and talk about 10- We worked on and talked about what I wanted to work on and talk about	9.2
Approach	1- The approach used by my Peer Health Coach is not a good fit for me 10- the approach used by my Peer Health Coach is a good fit for me	9.4
Overall	1- I feel like there was something missing from the session today 10- I feel like today's session was right for me	9.3

Elements of the coaching sessions were rated between 6 and 10, with 10 as the most frequently occurring response. This is reflected in the reported average shown above which have increased since they were last reported 3 months ago (averages ranged from 9.1 to 9.2). This gives us confidence that consumers are feeling positive about the Peer Health Coaching relationship, approach and scope of the sessions to work on their goals.

Further to the session ratings, comments made by consumers suggest actualisation of the value peer work brings around inspiring hope, empathy and connectedness and authenticity.

- *'My life was a bit of a mess. Coming on board with my Peer Health Coach was inspiring, I enjoyed every minute of it'*
- *'She could relate to us in a way'*
- *'Knowing that she had gone through the same thing'*

It has been demonstrated, given the behaviour changes and health improvements identified, that Peer Health Coaches empowered and advanced the consumer's health behaviour change skills. It is hypothesised that the peer relationship described by consumers is a result of positive role modelling. The very presence of a 'peer' balances the effects of the challenging life events experienced by consumers, with the shared experience of mental health challenges and modelling of recovery.

7.5 Pre and Post Peer Health Coaching Participant Questionnaires

As a part of the evaluation of the Peer Health Coaching project participants have been asked to complete a pre and post questionnaire that assesses perceived health status and ability to look after their own physical health. Although Peer Health Coaches have reported that this data is difficult to obtain we have received complete sets of pre and post data from eight consumers.

The changes represented in the comparisons undertaken of this small sample size to-date indicate that Peer Health Coaching aims have been met as people adjusted their self-reports according to increased capability and in particular increased health literacy.

Health literacy is defined as 'The degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course' (Kwan et al, 2006)

Ongoing analysis will continue to be completed as more data is received.

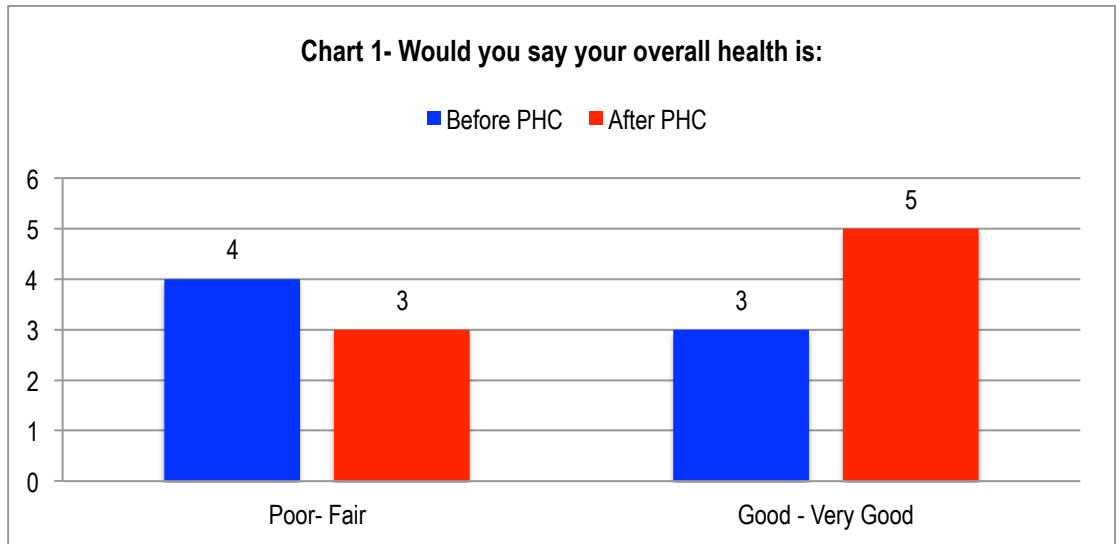
7.5.1 Overall health and health issues

Participants were asked to list any physical health conditions before and after Peer Health Coaching (PHC). Conditions listed mostly remained the same, however the number of participants reporting High Cholesterol, Thyroid Condition, Respiratory Illness and High Blood Pressure all increased by one in the post-PHC questionnaires. This may be because PHC brought further health issues to awareness and encouraged the seeking of medical advice. Interestingly, all participants listed Weight management problems in both the pre and post questionnaire.

There was no change in reported smoking. Whilst the majority (62.5%) reported not smoking at all 37.5% of participants reported smoking everyday (6-20 cigarettes per day).

Participant ratings of their overall health increased from most (4) answering Poor or Fair before PHC, to most (5) answering Good or Very Good after PHC.

See Chart 1.



7.5.2 Awareness of associated risk factors and ability to self manage health issues

The following results increased after Peer Health Coaching:

- Awareness and knowledge of risk factors (eg diet, exercise and other lifestyle factors) associated with my health issue/s.

After PHC, more participants (7 compared to 5) rated their awareness as Good or Very Good. After PHC, fewer participants (4 compared to 7) reported that they needed to know more about the risk factors associated with their health issue(s).

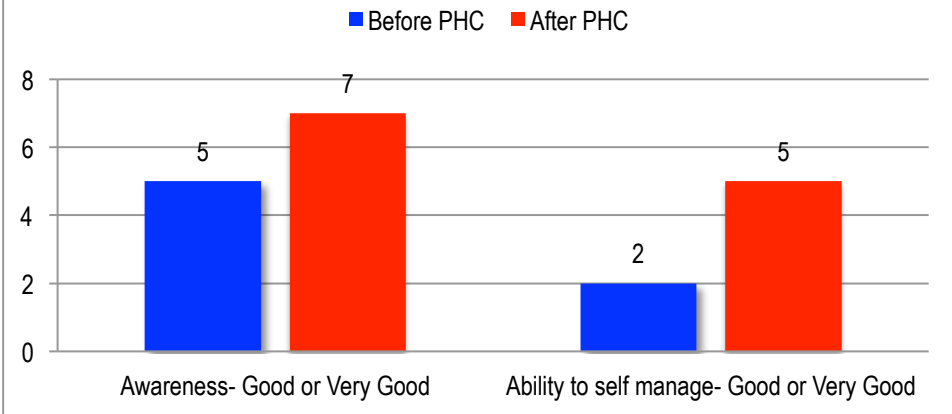
- Ability to manage their health issue(s)

Increased from 2 to 5 participants rating Good or Very Good before PHC compared to after PHC.

See Chart 2.

Peer Health Coaching could have increased awareness and knowledge of risk factors and ability to self-manage their health issues.

Chart 2- Increased reported awareness of risk factors and ability to manage existing health issues after PHC



7.5.3 Prevention- Skills in managing risks related to developing a chronic physical illness

The following items did not change pre/post PHC:

- The number of days and the amount of time spent exercising did not change for the majority of participants.
- 7 participants reported exercising 1-7 days per week for 30 minutes to 1 hour. However, 1 participant reported Never exercising post-PHC. This participant noted at the end of the post-questionnaire that they were 'lacking motivation.' It emerged from the consumer focus groups that some consumers preferred exercising with the Peer Health Coach rather than alone or with another support worker. We have advised the Peer Health Coaches that in these instances, the coaching sessions should be focused around enabling the participant to pursue their goal outside of PHC.

Results in the following items decreased after PHC:

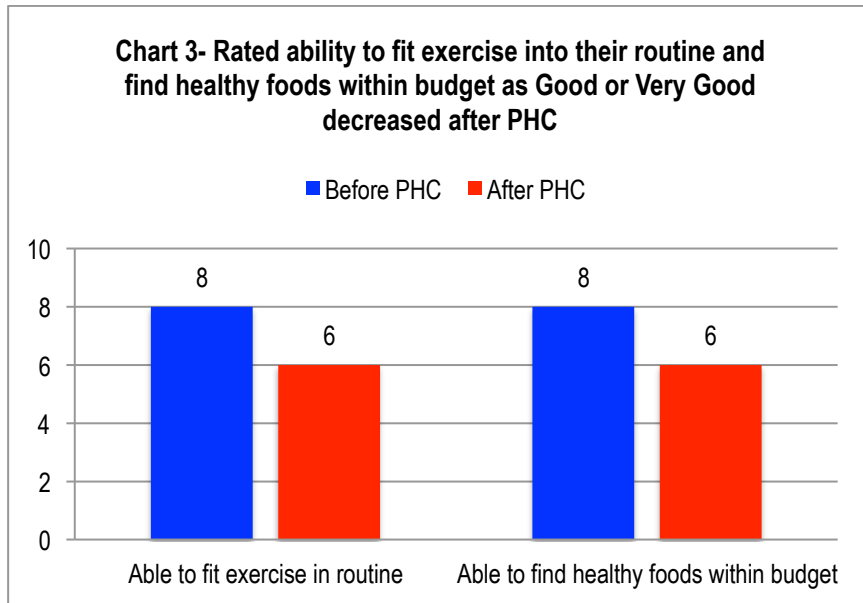
- After PHC, the number of participants reporting Somewhat, Mostly or Completely being able to fit exercise into their routine decreased from 8 to 6.

Through Peer Health Coaching, participants may have become more aware of what constitutes 'exercise' and were reporting their activity levels more accurately post-PHC.

- After PHC, the majority (6) still felt Somewhat, Mostly or Completely able to find healthy foods in their budget. However, 2 consumers did not feel able to find healthy foods in their budget.

It could be that Peer Health Coaching enabled participants to acknowledge their knowledge gaps in relation to healthy foods and realise that some healthy foods may not be within their budget.

See Chart 3.



7.5.4 Understanding and addressing barriers

The following items did not change pre/post PHC:

There was no change before or after PHC in the majority of participants reporting:

- Knowing how much they need to weigh to be healthy (7)
- Being able to figure out from labels what foods are good for me (7)
- Being able to figure out where to get information on how to take care of their health (8).

The following items decreased after Peer Health Coaching:

- All respondents felt somewhat or mostly able to find ways to exercise that they enjoy pre PHC. Compared to all but one participant reporting feeling somewhat, mostly or completely able pre-PHC. This respondent noted that they were 'lacking motivation'.
- After PHC, most respondents rated their progress towards adopting habits to improve health as Satisfactory (4) compared to the majority reporting Good (6) before PHC.

Again, PHC may have highlighted the steps needed to lead a healthier lifestyle, which may not have been apparent to participants before PHC.

The following items increased after PHC:

- Consumer ratings of their perceived ability to make decisions about the management increased from 7 participants to 8 participants rating it as Satisfactory, Good or Very Good.

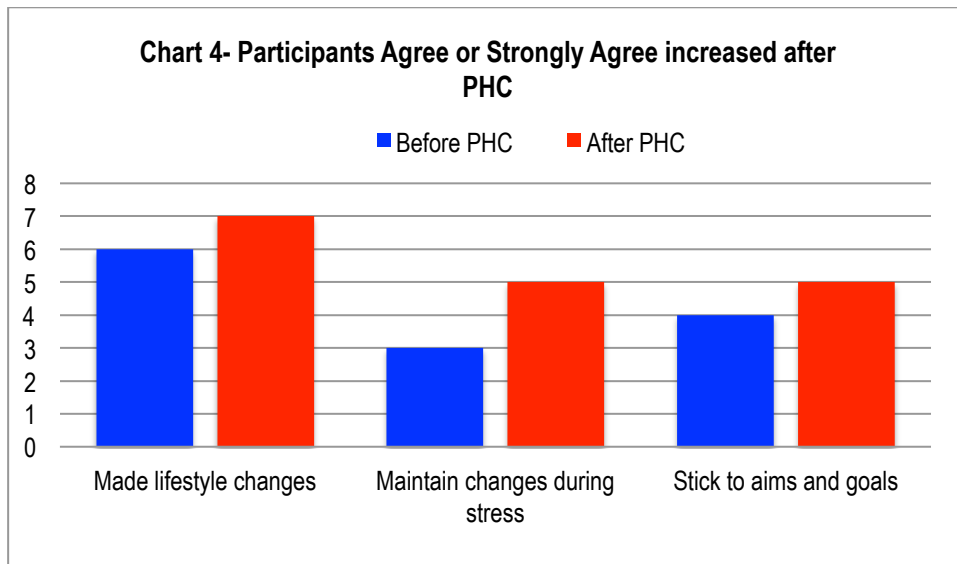
7.5.5 Health literacy: understanding of how to implement the health change

All items increased after Peer Health Coaching:

After PHC the number of respondents who Agreed or Strongly Agreed increased on the following measures:

- 'I have had made lifestyle changes to improve my health conditions' increased from 6 to 7
- 'I feel confident to maintain recommended lifestyle changes even during times of stress' increased from 3 to 5
- 'It is easy for me to stick to health-related aims and accomplish my goals' increased from 4 to 5

See Chart 4.



8. Discussion

Whilst the reported results are promising, it is acknowledged the sample size is too small to conclude the Peer Health Coach program has achieved its overall aim of preventing and improving the self-management of chronic physical health conditions in people living with a mental illness.

Continued analysis of the data will occur as more consumers participate in the program in the remaining 12 months.

8.1 Peer Health Coach Training

The project has met its objective of developing a comprehensive and transferable Physical Health Peer Support training workshop that can be delivered to community mental health organisations nationally.

The training workshop has been delivered on two separate occasions. It has the capacity to be tailored to meet the requirements of individual organisations.

8.2 Peer Health Coach trial

Neami National has successfully developed and implemented the Peer Health Coaching program within four of its service sites.

There have been many observations and key learning's that have been highlighted throughout this report indicating the challenges and necessary solutions to the operation of a Peer Health Coaching program within an organisation.

Program Supports developed include a:

- Set of Practice Guidelines
- Peer Health Coach Project Worker
- Promotional strategy throughout the organisation
- Referral pathway
- Peer Health Coach training and support

Working with the peer workforce in the mental health sector has its challenges. Consumers referred to the initiative have complex presentations including:

- A diagnosis of severe and enduring mental illness
- Associated psychiatric disability
- A significant burden of disease
- Impaired cognitive capacity

- Interruption as a consequence of hospitalisation for example or a change in life circumstances, and
- Other variables including being from an Aboriginal or Torres Strait Islander background.

Working in this environment requires a comprehensive skills set and knowledge base around assessment, coaching, internal and external coordination, engagement and relationship building, trauma informed practice, recovery practice, awareness of the impact of disease, lifestyle choices and medication; stigma and discrimination, knowledge of services/strategies/approaches.

This complexity and the impact on individuals has presented challenges resulting in a range of compensatory strategies which have been either implemented by Peer Health Coaches or require consideration including:

- The potential to offer additional coaching sessions if necessary to ensure consumer feels confident to pursue health goal
- Maximisation of coaching time including completing pre and post questionnaires outside of scheduled coaching sessions
- Coaching sessions that comprise variously of coaching, mentoring, modelling, an activity and practical support
- The application of compensatory strategies including: mixing up sessions to comprise of coaching with mentoring whilst doing an activity, undertaking activities in real time/place, the use of consumer diaries, modelling and practice
- Development of a case study for the Best Practice Guide that reflects complexity and possible approaches

Working with a peer workforce has presented challenges for project delivery, which led to a reassessment of practice development and other support needs, including:

- An examination of what defines 'Our role and Us as a group',
- Managing expectations
- Self-care
- Clarification of boundaries
- Authority, roles, tasks, relationships and accountability.

The biggest challenge faced by the Peer Health Coaches in the trial was receiving referrals from support workers at their sites. A number of reasons for this became apparent. In some instances it was as simple as further promoting the program to staff and consumers through team meetings and newsletters and widening the catchment area for referrals to nearby sites. In other instances, some sites were unclear which consumers they could refer and what exactly they were referring to. This demonstrated a need for further communication about the purpose, value and accessibility of the

program. All sites were re-visited by the Peer Health Coaching Project Team to further promote the initiative.

Neami National and the Peer Health Coaches have taken time to assess the above challenges and provide an appropriate response to ensure Peer Health Coaches have the required skills, knowledge, confidence and support to effectively deliver the program.

8.3 Guidelines

Based on these learning's and observations, SANE is looking at what are the key success factors required for Peer Health Coaching to be an effective model for use by other organisations in the sector, to ensure it is readily transferable. This information will form a set of Physical Health Peer Support Practice Guidelines for Mental Health Non- Government Organisations.

The guidelines will target organisations that have an established peer workforce. It will be an expectation that Peer Support Workers have completed a minimum training requirement of the Certificate IV in Mental Health Peer Support or equivalent to be eligible to train and practice as a Peer Health Coach. A supportive organisational culture around peer work and its value in mental health is essential, as Peer Health Coaching will not succeed in isolation, it requires the support of the whole organisation.

8.4 Promotion

The promotion of the Peer Health Coach program to the wider sector has begun. The SANE Mind + Body Project Coordinator has met with 20 community mental health organisations nationally to discuss the Peer Health Coach program and gauge organisations capacity and interest in implementing a similar program.

To date, further interest in implementing a Peer Health Coach program has been received via an online expression of interest page, with 18 individuals and organisations registering their details.

A recent article in the Centre of Excellence in Peer Support CEPS e-zine August 2014 promoting the program increased telephone and email enquiries, as did SANE and Neami's joint presentation at the Mental Health Services TheMHS Conference in Perth on 27 August 2014.

9. Conclusion

Both qualitative and quantitative data suggests that Peer Health Coaching has been successful; consumers tell us that Peer Health Coaching provides an opportunity to focus, to achieve and to be inspired.

At an operational level the findings provide information on the critical success factors and feasibility of Peer Health Coaching operating within other mental health organisations within the sector.

Our goal is to continue collecting data to develop an evidence base that supports the use of Peer Health Coaching as a valuable asset in the promotion of physical health self-management in people living with a mental illness.

'Joy in the Health Journey'
Peer Health Coach Participant

10. Acknowledgments

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11. References

De Hert M, Correll CU, Cohen D, 2011. Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care *World Psychiatry.*, 0:52–77

Kwan, B, Frankish, J, Rootman, I, 2006. *The development and validation of measures of 'health literacy' in different populations.* Vancouver: University of British Columbia Institute of Health Promotion Research & University of Victoria Centre for Community Health Promotion Research

Lloyd-Evans B, Mayo-Wilson E, Harrison B, et al. A, 2014. Systematic review and meta-analysis of randomised controlled trials of peer support for people with severe mental illness. *BMC Psychiatry*: 14:1-12

National Mental Health Commission, 2013: A Contributing Life, the 2013 National Report Card on Mental Health and Suicide Prevention. Sydney: NMHC.

Neami National Service Improvement Report, 2013.

Peer Support Programs in Diabetes, Report of a WHO consultation, 5-7 November 2007, 2008. WHO

Stanley S. & Laugharne, J. 2011. Taking Care of Your Physical Health Consumer Diary, A Component of the Clinical Guidelines for the Physical Care of Mental Health Consumers Package, Community, Culture and Mental Health Unit, School of Psychiatry and Clinical Neurosciences, The University of Western Australia. Perth: The University of Western Australia.

Swarbrick, M., Murphy, A., Zechner, A., et al, 2011. Wellness Coaching: A new role for peers, *Psychiatric Rehabilitation Journal*, 34:4, 328-331.

The SANE Guide to Healthy Living, Revised edition 2008, SANE Australia.