Camden VoiceAbility Peer Mentoring Programme

Evaluation Report

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Executive Summary

Background

In February 2015, Camden VoiceAbility was commissioned by Camden Clinical Commissioning Group (CCG) to run a Peer Mentoring Programme for people experiencing mental health problems. The Peer Mentoring Programme was co-developed by service users, VoiceAbility staff and Camden CCG, and designed to help people with mental health problems through different stages of their recovery. The Programme model is to match people who have experienced mental health problems (‘mentors’) with people are at an earlier stage of their recovery journey (‘mentees’) who need more support. Mentors work with mentees to identify short term goals that they then support the mentee to achieve in up to ten mentoring sessions. Camden CCG also commissioned peer support training from the Institute of Mental Health to equip mentors for their role.

About this evaluation

This report describes the findings of a nine month evaluation into the work of the VoiceAbility Peer Mentoring Programme. We focused on the following aims:

1. To map out the process of becoming a mentor, and to understand the mentee journey and experience.
2. To explore the mentor experience of the training, and ongoing support received throughout the Programme.
3. To identify outcomes that are important to the mentors and mentees.

Methods

For this evaluation we used a qualitative approach in which we collected data in the following ways:

1. Informal consultation with staff involved in managing the VoiceAbility Peer Mentoring Programme.
2. Three workshops - two with mentors, one with mentees.
3. In-depth interviews with nine mentors and eight mentees.

We used data from all of these sources to build a Theory of Change (ToC), which we used as a framework through which to explore the evaluation aims described above.

Key findings

Mentors and mentees both benefitted from the Peer Mentoring Programme.

**Key outcomes for mentors were:** personal recovery (feelings of hope, purpose and connection); skills development; improved understandings of mental health and wellbeing; and the quality of their networks or social relationships.
**Key outcomes for mentees were:** achieving practically-oriented goals (such as resolving a benefits problem); increased levels of motivation and hope; increased understandings of mental health and wellbeing; improvement in mental health symptoms; and enhanced social networks and connections.

Benefits for mentors derived in part from the supportive network they formed with other mentors. It may be useful to build on this idea with mentees in mind by providing opportunities in which mentees can meet and socialise. We also felt that the service has a lack of clarity about its intended outcomes for mentees.

The experiences of mentors in relation to training, support and supervision were variable. Some mentors reported positive experiences of these features of the Programme. Other mentors however reported difficulties in accessing training opportunities, appropriate emotional support, and supervisory guidance on their mentoring practice.

**Key recommendations for service development**

**Mentee outcomes** – It would be useful for VoiceAbility to clarify what goals they are trying to achieve in relation to mentees, and use this to inform a more standardised approach to goal setting between mentors and mentees.

**Mentee benefit** – provision of opportunities for mentees to meet one another, to enable mutual support and relationships to develop between mentees.

**Support and supervision** – more frequent supervision sessions should be provided for smaller groups of mentors, which would take place at different times of day and different days of the week. Camden CCG should look at possibilities for resourcing VoiceAbility to provide trained counselling support to support mentors in emotionally.

**Data collection** – a method should be implemented whereby someone other than the mentee’s own mentor collect outcome and service satisfaction data.
Background

Camden VoiceAbility is part of the national VoiceAbility charity that supports people who face disadvantage or discrimination to have a voice that counts. In February 2015, it was commissioned by Camden Clinical Commissioning Group (CCG) to run a Peer Mentoring Programme for people experiencing mental health problems. The Peer Mentoring Programme was co-developed by service users, VoiceAbility staff and Camden CCG, who met until March 2016, the end of the pilot of the Programme. It continues to be co-produced through regular meetings between VoiceAbility staff and mentors. The Programme was initially due to run until March 2016, but has received additional funding to run until March 2017.

Peer Mentoring Programme model

The VoiceAbility Peer Mentoring Programme is designed to enable people who have experience of mental health problems ('mentors') to build relationships with peers who need more support ('mentees'), helping them in their recovery. It is run by a Peer Mentor Coordinator who is supported by mentors performing administrative roles on a voluntary basis. The CCG has set targets for the Programme to train 36 mentors and support 200 mentees annually. Mentors are recruited via a process involving a written application form and a telephone interview, followed by reference and DBS checks. They are expected to sign a volunteer agreement, which includes a description of the mentor role, and an outline of the VoiceAbility policy on confidentiality, lone working, reporting incidents and safeguarding concerns, and outcome data collection. Once they are in post, mentors go through a training process consisting of a group induction and access to a range of other courses, including external peer support training delivered by the Institute of Mental Health (commissioned separately by Camden CCG). They are also supported through monthly group supervisions, and informal one-to-one meetings with the Peer Support Coordinator.

Mentees either self-refer to the Programme, or access it via a referral from other services. There are no specific access criteria beyond having a mental health problem. Once referred, all mentees undergo a risk assessment.\(^1\)

The nature of the mentoring relationship can be mutually beneficial, as mentors and mentees can learn from one another, experience giving and receiving support, and develop and practice fundamental social and life skills. Once in the Programme, mentors and mentees are matched by the Peer Support Coordinator based on to the following criteria:

1. Shared or similar lived experiences, including factors such as mental health problems, homelessness and history of abuse.
2. The skills of mentors (e.g. expertise in completing Personal Independence Payment (PIP) applications) and the needs of the mentee (e.g. feeling more comfortable working with someone of the same gender).

\(^1\) It is worth noting that although the Peer Mentoring Programme operates in both community and inpatient settings, this evaluation report focuses on mentoring provided in the community, as this was the focus of the commission.
Mentees receive short-term, one-to-one goal-focused support from mentors. At the outset, mentees and mentors identify specific goals that will improve the mentee’s mental health and wellbeing. The mentor then provides practical support and encouragement to enable the mentee to achieve these goals. Mentors work with mentees for up to ten sessions, with the possibility of a short extension, as agreed with VoiceAbility staff.

Our evaluation

The evaluation of the VoiceAbility Peer Mentoring Programme was commissioned in March 2016 by Camden CCG. Since the Programme’s inception, outcome data for both mentors and mentees was routinely collected using the Work and Social Adjustment Scale (WSAS). However, Camden CCG wished to explore whether this reflected the outcomes that mentors and mentees themselves deemed to be important. A core aim of this externally commissioned evaluation was, therefore, to identify the outcomes prioritised by the mentors and mentees themselves. In addition, the evaluation sought to explore in detail the experience of being both a mentor and a mentee.

For this reason, a qualitative evaluation approach drawing on a Theory of Change (ToC) model was adopted. A ToC is a type of process map, which describes the outcomes and desired impact of a programme or intervention, and the steps that must be taken in order for these to be achieved. A ToC also allows for the identification of contextual factors that may be helpful, or present challenges, to the process of programme delivery. Our evaluation approach sought to address the following aims:

1. To map out the process of becoming a mentor, and to understand the mentee journey and experience.
2. To explore the mentor experience of the training, and ongoing support received throughout the Programme.
3. To identify outcomes that are important to the mentors and mentees, with a view to later finding ways to quantify these (not within scope of this evaluation).

An interim report was produced in September 2016. This report builds on these earlier findings.

Methods

Overview

Data was collected from the following sources in order to both develop the ToC, as well as to understand in detail the mentor and mentee journey and experience:

- Informal consultation with the Camden VoiceAbility Service Manager and Peer Mentor Coordinator
- Initial workshop with mentors to explore their experiences and Programme impact
- Semi-structured interviews with mentors (n = 9)
- Semi-structured interviews with mentees (n = 8)
- Two additional workshops (one with mentors; one with mentees), to gather feedback on preliminary evaluation findings

Data collection was supplemented by a review of evaluation reports that Camden VoiceAbility produced for Camden CCG in May and October 2016.

The role of co-production

As described above, Camden CCG and VoiceAbility adopted a co-production approach to the development of the Peer Mentoring Programme. The principle of co-production was also reflected in this evaluation through the involvement of researchers with personal experience of mental health problems. They were able to draw on these experiences when designing the evaluation method, collecting and analysing data, and reporting on the findings. Researcher disclosure of personal experience of mental health problems can reduce the power imbalance that often exists between interviewer and interviewee. It can help build rapport, making interviewees feel more comfortable talking about their own experiences, and as a result is more likely to generate higher quality data.²

Participant recruitment

Convenience sampling was used to identify mentors and mentees to participate in workshops and interviews.

**Mentors:** Initial contact with potential participants was made by a member of VoiceAbility staff. All current mentors were contacted about the evaluation and selected for the first workshop on a ‘first come, first serve’ basis. All mentors who took part in the workshop were then invited to take part in an interview. The second workshop excluded mentors who had taken part in interviews and the first workshop to maximise diversity of perspectives.

**Mentees:** VoiceAbility staff first consulted mentors about which mentees might be suitable to approach for an interview. This approach was used as VoiceAbility have previously been more successful at engaging mentees when utilising the mentor-mentee relationship. It was also felt that mentors were best placed to assess who may be well enough, and willing, to participate in an interview.

Mentors and mentees who expressed an interest in taking part in the evaluation were provided with an information sheet. A researcher also explained the purpose of the evaluation, and what taking part would involve. If participants agreed to take part, consent was obtained in writing for face-to-face interviews and workshops, and verbally recorded for telephone interviews.

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## Data collection

Data was collected in three stages, as outlined in Diagram 1 below:

### Diagram 1: Data collection stages

#### Phase 1
- Consultation with Camden VoiceAbility Service Manager and Peer Mentor Coordinator
- Workshop 1 with Mentors (n = 9) exploring their experiences of VoiceAbility

#### Phase 2
- Development of interview schedules based on the evaluation aims and understanding of VoiceAbility Peer Mentoring Programme gained in Phase 1
- Individual interviews with mentors (n=5) and mentees (n = 4)
- Development of draft ToC

#### Phase 3
- Individual interviews with additional mentors (n = 4) and mentees (n = 4)
- Second mentor workshop (n = 5) and mentee workshop (n=2) to discuss findings from Phase 2
- Second consultation with Camden VoiceAbility Service Manager and Peer Mentor Coordinator
- Refinement of the ToC

## Mentor workshops

The purpose of the first workshop was for the researchers to familiarise themselves with the Programme and to understand the key issues of interest to mentors. Individual and group exercises explored why mentors had decided to go for the role, what they felt they had gained thus far, how they felt mentees benefitted from mentoring, and how they wished to see the Programme develop in the future.

The second workshop was used to help the research team to check emerging interpretations of the data, and clarify areas where data was less consistent.

## Mentor interviews

Semi-structured interviews were conducted with all mentors who attended the first workshop. The interview topic guide focused on: i) participants’ motivation for becoming a mentor, ii) the perceived personal impact of mentoring, iii) the type of work they undertake with mentees, iv) their perceptions of the impact of mentoring on mentees and v) the support, training and supervision they receive as mentors.
Interviews lasted between half an hour and an hour and a half, and were carried out face-to-face or via telephone, according to the interviewee’s preference. Eight of the interviews were audio recorded and then transcribed. One interviewee chose not to be audio recorded, so the researcher took notes, which the interviewee was invited to check for accuracy.

**Mentee interviews**

Semi-structured interviews explored: i) how the mentee first became involved in the Peer Mentoring Programme, ii) what they hoped to achieve by being part of the Programme, iii) the types of support received, iv) the perceived impact of the support, and v) any challenges experienced by the mentee as a result of taking part. Interviews lasted between 15 minutes and just over an hour, with five taking place via telephone, and three taking place in person. All interviews were audio recorded and transcribed.

**Mentee workshop**

The mentee workshop was attended by two of the mentees who had already completed an interview, and was an opportunity to feed back the researchers’ interpretations of the data and see how these fitted with the mentees’ experiences.

**Data analysis**

Data analysis involved three stages, as illustrated in Diagram 2.

![Diagram 2: Data analysis stages](image)

**Stage one: Data summary**

Four written data summaries were produced on the basis of: i) interviews with mentors (n = 5), ii) interviews with mentees (n = 4), iii) the first mentor workshop (n = 9) and iv) the first consultation with VoiceAbility staff. Data was summarised by selecting the most relevant information relating to each of the evaluation aims.

**Stage two: Drafting the TOC**

A ToC model maps out a series of steps through which an organisation, programme or intervention works to achieve specific outcomes and impact for a particular group of people.
in a particular context. Our approach to developing the ToC for the VoiceAbility Peer Mentoring Programme involved identifying the following steps:

1) **Resources** - the resources available to deliver the programme
2) **Activities** - the activities carried out or delivered that will lead to change
3) **Outcomes (Impact)** - the programme outcomes that are achieved as a result of programme activities
4) **Enablers** - factors that may facilitate change
5) **Challenges** - factors that may be barriers to achieving change

Using the data summaries, a draft ToC was produced for the Peer Mentoring Programme. Regular reference was made to interview transcripts and workshop notes to ensure that the ToC produced was grounded in the data collected.

**Stage three: Refining the TOC and thematic analysis of interview data**

Completion of further interviews and workshops enabled us to test the draft ToC with participants, and amend it in line with feedback received. In addition, data from the interviews was analysed thematically, a technique that involves exploring the key themes that occur across the data set. The identification of themes was driven by the aims of the evaluation, including updating the ToC. The researchers did, however, include information falling outside these aims in the analysis process, where this appeared important for understanding the process and impact of the Peer Mentoring Programme.

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Findings

Participants

22 people took part across all workshops and interviews – 14 mentors (11 female, 3 male) and 8 mentees (5 female, 3 male) – with some mentors and mentees taking part in both a workshop and interview. All mentors were asked how long they had been involved with the Peer Mentoring Programme, and how many mentees they had supported. At the time of interview, mentors self-reported having been part of the Programme for between 5 and 19 months (mean = 13.4 months), and providing mentoring to between 1 and 12 mentees (mean = 5 mentees).

<table>
<thead>
<tr>
<th>Mental health conditions experienced by mentors and mentees</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Alcohol and drug misuse</td>
</tr>
<tr>
<td>- Anxiety disorders including PTSD</td>
</tr>
<tr>
<td>- Autism</td>
</tr>
<tr>
<td>- Bipolar disorder</td>
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<tr>
<td>- Borderline personality disorder</td>
</tr>
<tr>
<td>- Depression</td>
</tr>
<tr>
<td>- Eating disorders</td>
</tr>
<tr>
<td>- Hoarding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other social and emotional issues experienced by mentors and mentees</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Abortion</td>
</tr>
<tr>
<td>- Abuse – physical, psychological, sexual</td>
</tr>
<tr>
<td>- Anger problems</td>
</tr>
<tr>
<td>- Carer for family member with mental and physical health problems</td>
</tr>
<tr>
<td>- Children taken into care</td>
</tr>
<tr>
<td>- Homelessness</td>
</tr>
<tr>
<td>- Lone parenthood</td>
</tr>
<tr>
<td>- Miscarriage</td>
</tr>
<tr>
<td>- Moving to a new country and adapting to a new culture</td>
</tr>
<tr>
<td>- Self-harm or self-neglect</td>
</tr>
<tr>
<td>- Social isolation</td>
</tr>
<tr>
<td>- Special educational needs</td>
</tr>
<tr>
<td>- Suicidal feelings</td>
</tr>
</tbody>
</table>

Text box 1: Mental health and social and emotional issues reported by mentors and mentees

During the course of interviews, mentors and mentees revealed information about their mental health and experiences of social and emotional distress that had led them to the Peer Mentoring Programme. Text box 1 provides a summary of these experiences, which showed overlap across both groups.
Theory of Change (ToC)

The structure of the ToC developed is shown in Diagram 3. Through the analysis process, a set of resources and activities that are the same for both mentors and mentees was identified. These resources and activities are detailed in Diagram 4 below (page 9). However, it became clear through the analysis process that the challenges, enablers and impacts experienced by mentors and mentees differ. For this reason, the ToC model splits into two branches for these sections separating them out these components for mentors and mentees respectively. In this report, we first explore the ‘branch’ for mentors, describing their experiences of mentoring and its impact on them. This is summarised in the Mentor ToC (page 19). The same process is then repeated for mentees, with information summarised in the Mentee ToC (page 25).

Diagram 3: Structure of the ToC
Diagram 4: Peer Mentoring Programme Resources and Activities

**Resources**
- Funding from Camden CCG
- Peer Mentor Coordinator working four days per week
- Input from VoiceAbility management
- Administrative support from VoiceAbility staff and volunteers
- Mentor time
- Mentor reimbursement ("Reward and Recognition") and expense payments
- Mobile phones issued to all mentors
- Provision of external training

**Activities**
- Mandatory one-day induction by VoiceAbility for all new mentors
- Delivery of internally-run training workshops for mentors by VoiceAbility staff and mentor co-facilitators
- Peer Mentor Coordinator matches mentors and mentees on basis of lived experience, skills and need
- Introductory meeting between mentor and mentee at VoiceAbility offices
- Mentor and mentee set short-term, achievable goals together
- Up to 10 initial sessions of 1:1 practical and/or emotional, goal-focused support
- Additional sessions as agreed with VoiceAbility staff
- Outcome measure data collected by mentors at the beginning, middle and end of support. Data processing and analysis by admin volunteers and VoiceAbility staff
- Group supervision for mentors once per month facilitated by the Peer Mentor Coordinator
- VoiceAbility staff providing ongoing support to mentors
- Once monthly Steering Group meetings between VoiceAbility staff and mentor representatives to develop the Peer Mentoring Programme
- Outreach work to promote Peer Mentoring Programme in the community and to local services

**For mentors – see page 19**

**For mentees – see page 25**
The Mentor Experience

Motivations for becoming a mentor

The majority of mentors reported that their main reason for becoming a mentor was to use their own experiences to help mentees in their recovery. In some cases, mentors were particularly motivated by the fact that they didn’t feel they had received appropriate support with their mental health, and wanted to prevent others from going through a similar experience. Mentors hoped they could make a difference to mentees through:

- Providing something different to what professional services offer by virtue of having also experienced mental health problems
- Ensuring mentees feel listened to, understood and able to express how they are feeling
- Inspiring hope in mentees that they can get better
- Giving mentees someone to connect with, reducing isolation and feelings of being alone
- Increasing mentees’ understanding of mental health problems
- Providing information about services
- Teaching mentees coping mechanisms
- Working with mentees to achieve their goals

“When I was going through my own therapy, I didn’t get the right sort of help. It was a struggle to find the help. And this is what I like about the project – because we’ve been through it, other people don’t have to go through it. We can guide them to the correct places already, and places that we already know about. I haven’t yet met a mentee that hasn’t taken up the opportunity to go to these places that we signpost them to.”

Mentor C2

“…so I really want to be a part of the team that tries to support people that have got those difficulties, and show them that people do care, and there are people that have been in the same situation, that are leading fairly reasonable lives now, so it can happen.”

Mentor A3

A smaller number of mentors also explained their motivation to become a mentor in terms of a desire to help themselves. Desired benefits included:

- Experiencing a sense of reward by making a difference to others
- Furthering their recovery and recognising the progress they’ve made
- Connecting to others and feeling a sense of belonging

“Something, probably very selfishly, it was about re-understanding, for myself, how far I’ve travelled, and being able to feel like yes, I have travelled; I am at this point in my life” Mentor B1

“…connection, because, as I said, I’ve had my own problems as well, and I think, if you’re connecting with people, whether they’re helping you, or you’re helping them, or if it’s a mutual relationship, I think connecting is quite important, so I wanted to connect with people.” Mentor A3
Training

Mentors had access to a range of training opportunities:

- Mandatory one-day induction covering lone working, risk assessments, boundaries, confidentiality, safeguarding and recording information, provided in-house by VoiceAbility.
- Independent peer support training provided by the Institute of Mental Health and accredited by the Open University (commissioned separately by Camden CCG).
- Optional external training courses for continued skill development, including supervision skills, group facilitation, domestic abuse awareness and debt management.
- Training developed and delivered internally by mentors focusing on specific areas of support, covering topics such as Personal Independence Payment (PIP) applications and ending mentoring engagements.

All mentors spoke positively, and often very positively, about the training they’d received for the role. Some emphasised the value of the Institute of Mental Health training, and were proud of having completed it; however, most mentors did not distinguish this training from other external and in-house training. Mentors described three key benefits of the training completed:

1. **Knowledge and skill development**
   Mentors discussed the types of knowledge and skills that they had developed through training, which enabled them to work effectively with mentees. This included:

   - Clarity about the role, expectations and safety procedures
   - Listening skills
   - Communication skills – how to break down information to give clear explanations
   - Skills in promoting positive thinking
   - How to set SMART (specific; measurable; attainable; realistic; time-based) goals
   - Knowledge of group dynamics
   - Knowledge of different mental health conditions
   - How to respond to mentees expressing suicidal thoughts

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   “...how to try and guide the mentee towards a more positive outcome, trying to bring up the more positive aspects of their life, trying to really listen to the way they speak, and trying to turn it into a more positive world, so that they become aware of the positive in their lives.”
   Mentor B1
   “I was amazed at actually when you break it down, I guess I learnt a lot in the induction about SMART goals and stuff, that we could actually help someone in such a serious and complex situation towards fulfilling their goal.”
   Mentor B2
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2. **Personal development**
   Mentors described the impact that training had on them personally, including:

   - Increased confidence and self-esteem
   - Increased self-respect and feeling respected by others
- Open-mindedness
- Motivation to change their life
- Improved understanding of own mental health problems
- Improved understanding of self and self-awareness
- Desire to continue learning

“I’ve had some really good experiences with the training, and it has helped boost my confidence in being able to go out and start looking for work. It has made me feel as though I am able to get out there and learn new things, whereas before I was always feeling that, ‘Oh, maybe I can’t...’”
Mentor C2

“I’ve got a bit more respect now because I’ve got such training now within the mental area, the Mental Health Institution. So I feel that I am being respected a bit more, I am being listened to.”
Mentor C3

3. Relationships with other mentors
One of the most valued aspects of training was the ability to meet and connect with other mentors. Mentors described how sharing the details of their personal experiences at training had led them to form bonds and build supportive relationships.

Challenges with training

“Yes, just hearing other people’s stories, I think, their life experiences; you can’t help but think, ‘you’ve done well’, and I think honesty, when you’re in a room full of people, and there’s so much honesty, even if you just think, ‘I wouldn’t have dealt with that; I could never be like that’, you know, the honesty is quite raw, you can’t help but bond, really.”
Mentor A3

“I might have finished the course, but I might not have done the exam, because I’m not great at reading and writing. I’m not academically minded. But, with the help of them – the help of the other mentors – I was encouraged, I was helped along. They held my hand in certain parts, they explained things to me, and they would go over it again and again and again, and they had patience with me as well. We sort of ended up helping each other out, through the process, and it’s a great feeling, it really is.”
Mentor C2

Despite mentors being generally very positive about the training they had received, four key concerns were identified:

1) Emotional intensity of training
Mentors reported that certain training courses were emotionally “intense” and “draining”. This was attributed to the amount of information they needed to absorb, and the emotional impact of sharing painful experiences. One mentor suggested that additional, qualified support should be on-hand during training sessions for mentors who become distressed.

“...you’re on a training and it, as it did for me, brought up a lot of problems that night, I didn’t get the support I needed, in fact, I got the opposite.”
Mentor B2

2) Access to training
A number of mentors felt that training courses were not made available consistently, and that certain mentors were given preferential access to training. Mentors had ideas about why some people received training while others did not (for instance, their stage of recovery). However, these reasons did not seem fully clear or reasonable to mentors, both for those who felt they had been prioritised, and those who felt they had not. Furthermore, one mentor reported having only attended the induction, and not being able to access additional training due to personal commitments clashing with the timing of scheduled training sessions.

“Obviously, some training has limited places, but everyone should be offered the chance, and support, and signposted how to apply for it. So that’s important, making sure that that’s very consistent and transparent so, how many places are available and what you need to do to get on it if you’re committed to doing it.” Mentor B3

“So yes, VoiceAbility need to uphold their agreement ... Induction, the process should be followed. The training, IMHA, the eight day plus the mental health first aid, plus the safeguarding of vulnerable adults, we haven’t done that.” Mentor B2

3) Ensuring learning is embedded
Mentors raised concerns about the extent to which learning from training was embedded into mentoring practice when actually working with mentees, and the extent to which all mentors achieve a clear understanding of the Programme model. Examples of possible misunderstandings of the model included concerns about:

- Mentors perceiving an ‘us and them’ situation between mentors and the mental health teams that mentees are already in contact with.
- A mentor refusing to allow their mentee to discuss religion because it was not in line with their own personal beliefs.

“So I think that people haven’t done the essay, I don’t think they need to be penalised but I do think they need to have a few questions asked to make sure they understand the real concepts of the research and what the training is about because it’s easily forgotten even if you do do the essay. There’s a lot of information in there. There’s a hell of a lot to take on board.” Mentor B2

“Yes, personally, I think that doing the safeguarding at the beginning, and not doing it again, is wrong; that would need to be revisited maybe once a year, or so often, because, when I first did it, it was a new subject, and it was quite superficial, and I didn’t really relate it to what I was doing.” Mentor B1

4) Assessment requirements
Some mentors, particularly those who had not been involved with formal education for some time, found the style of assessment of their learning during training challenging. They highlighted in particular the number of assessments and the inflexibility of guidance on the style and presentation of these assignments as being problematic, and this resulted in some mentors struggling to complete them.
Ongoing Support

Mentors expressed a range of opinions about the support that they received. Some mentors felt that they could readily access support through contacting VoiceAbility office staff, and that staff were responsive to issues raised.

“I don’t think they could do anything else. They’re there at the end of the phone and that’s what you need. If you’ve got a problem with your mentees, they will try and resolve it for you.” Mentor A1

“…it has been made clear that if there are any problems at all, then call, clear guidelines and just, yes, really friendly; quite approachable staff, I find.” Mentor A3

Other mentors, however, expressed concerns about the support available to them. Mentors explained that they often worked with mentees who were facing difficult life circumstances and highly distressed. This sometimes had a negative emotional impact on them as mentors, particularly when it brought up painful feelings about their own experiences. For some mentors, this had at times affected their own wellbeing and ability to perform the mentoring role. These mentors reported difficulties in accessing VoiceAbility staff with sufficient time or skills to provide the necessary support. They felt that more opportunities are needed to talk through situations, to offload and to be supported by staff, in order to maintain their own wellbeing.

“My concerns are that we don’t have time to process the feelings; I know that I’m good at pretending that I’m okay, and I’ve heard others, even better at that than me, at pretending that everything is okay. I hear some other mentors, when their past is being triggered by conversations that they have with their mentors; I know this can be traumatic, and there’s nothing, so much, in place, to actually look after them, or deal with that aspect of the mentoring project.” Mentor B1

“I think that mentors need to have a proper touchdown and check in and check out before and after they meet their mentee. That needs to be something where they don’t feel the person on the other phone is like, “Yes, okay, so what happened? Yes, okay, right. Okay, so everything is okay? Yes, okay.” They’re trying to get you off the phone as quickly as possible because they’re stressed, they got too much workload. That is not supportive. If you don’t feel that that person has got time for you, you don’t even have a chance to come out with how you feel and offloading anything you might need to offload.” Mentor B2

“And they weren’t flexible with it. You had to put tables into Word documents and things like that. Now, I’m computer literate, I can do that, and I could help show people how to do that. But at the time there were a lot of people who didn’t know how to do it. You had to put footers in as well; and the spacing had to be 1.5 spacing; Arial font, size 12. And with a lot of people it was just way over their heads.” Mentor C2
Around half of mentors felt that independent, professional support should be available to help mentors offload.

“\textit{I think it would be really, immensely helpful to just get some counselling about the work. Because sometimes you’re working with people who have tried to kill themselves, or they’ve done something to somebody else that’s incredibly disturbing, or you’re just very disturbed by the experience. Where do you take that? You could talk to your coordinator, but sometimes it’s good to be able to discuss that with confidentiality to somebody who is experienced in counselling support.}” Mentor A1

\textbf{Supervision}

VoiceAbility offer monthly group supervision to all mentors, which is facilitated by the Peer Mentor Coordinator. Mentors had a consistent understanding of the purpose of supervision. They reported that it should be used to:

- review how they are getting on with their mentees
- problem-solve any challenges of working with mentees
- share successes
- discuss how mentoring is affecting them as mentors

Mentors particularly valued supervisions as an opportunity for meeting other mentors and sharing expertise about how to support mentees.

“\textit{Yes, it’s helpful in the way that you feel like you’re not alone, you are part of a team. You hear about different ways that you might not have thought about, different angles of helping people, different services, updating on training, things like that. So yes, it is helpful.}” Mentor B2

“\textit{For me, it is when we get a chance to talk, understanding that some mentors are still struggling with certain things like closure with mentees and hearing that side of things and certain situations we might find that are quite similar. We all deal with it differently so it’s nice to hear different views on how to deal with situations and things like that. Yes, the success stories as well, it’s nice to hear the success stories of the mentees and even mentors, we find out in supervisions whether or not a mentor has left to move further in their career or something.}” Mentor C3

However, some mentors voiced concern over the usefulness of supervisions, and reported low attendance rates. They attributed this to a number of interrelated issues:

- the timing of supervision sessions not being convenient for some mentors
- the number of supervision sessions being too few to meet the needs of mentors
- management of supervision not resulting in sessions being helpful or beneficial for all mentors

Mentors had the following suggestions for improving supervision:

\textit{Timing of supervision sessions}
Supervision occurs on a fixed day and time each month, and this means that some mentors who have other commitments are not able to attend. Mentors felt there needed to be additional supervision sessions at different times of day to allow more mentors to attend.

“”To be honest, I haven’t attended ... I did drop a line to requesting that it would be nice to have some different timing, like in the mornings or other... I think it’s needed. I need to attend one of these sessions because otherwise it could have a negative impact on me.”” Mentor A2

“”I think they’ve realised that to keep it on, on the same day, all the time, means there may be one or two people that can never attend, and that’s probably risky, so if they, perhaps, move it about a bit, there’s always going to be a few people that can’t attend, but I suppose it makes it more possible.”” Mentor A3

Number of supervision sessions
Mentors raised concerns about the number of supervision sessions provided. They felt that there is insufficient time available for all 36 mentors, who are expected to attend supervision, to have their needs met. Mentors were clear that they felt that additional supervision sessions were needed for supervision to be effective.

“”But doing the maths, if you’ve got 36 people in this room, a) there’s not enough chairs, b) how can 36 people offload, get support about their particular mentees or their own situations in three hours a month?”” Mentor B2

“”But there’s lots of issues with that and how it’s working because 1) no one is turning up, then 2) it’s like we’ve got 36 mentors and then you sit down and think and the little hour and a half or however long we get, how is 36 mentors supposed to get their needs met?”” Mentor C3

Management of supervision sessions
Some mentors reported that that they did not find supervision supportive or worthwhile to attend. They felt that supervisions did not enable mentors to receive useful guidance and feedback from one another and the Peer Mentor Coordinator about how to support mentees. One mentor, in particular, felt that the way supervision was managed resulted in small numbers of individuals receiving a disproportionate amount of emotional support, which prevented the wider group’s needs and development being addressed.

“”I don’t know how helpful it is just briefly going around the table and talking about cases. It’s sort of helpful but... for me, also, what I think is, there are people who have got different levels of experience and learning. I’m really happy to share my stuff but I feel sometimes that I’m not getting that much from the supervision. I think supervision is an integral part of this work but I don’t always feel I get that much from it, or anything anyone is saying is massively helping me.”” Mentor B3

“”I think there was something big missing, for example, mentors were meant to share about their experience for five minutes; well, five minutes is like, either you really say nothing, or you just say so much that the others then don’t have the time to share anything at all.”” Mentor B1
Mentor Outcomes

A key aim of the interviews and workshops with mentors was to identify the Programme outcomes that they felt were important. We categorised the outcomes that mentors described into three groups: 1) Personal, 2) Mental Health and Recovery, and 3) Social.

**Personal**

Mentors described mentoring as having helped them with their personal growth. Mentors described a number of different ways in which they had achieved personal growth through mentoring:

- Increased confidence, self-esteem and self-respect
- Hope for the future
- Increased sense of purpose
- Feeling fulfilled, gaining personal satisfaction through mentoring
- Increased self-awareness
- Gaining a voice to express themselves
- Feeling valued, respected and supported
- Open-mindedness and a broadened outlook
- Active listening skills
- Problem solving skills

> “Definitely, as I said before, I think they can go back again to the same thing that they said before. I mean the positive impact, it’s that personal satisfaction and the fact you’re helping others and you’re changing the people’s lives, people’s emotions, feelings, positively, it has got an impact on me and it’s positive. So it makes me feel valued, self-valued because sometimes we don’t value ourselves enough. I do feel useful as well, that I’m able to do it, I’m able to do something. I feel in that way.” Mentor A2

> “I think it does, on better days, give me hope about myself and how I can develop… actually I do feel like I do stuff that’s given me a sense of purpose and hope and yes, opportunities and empowerment and awareness and able to understand my own illness and my own recovery.” Mentor B2

**Mental Health and Recovery**

Mentors did not concentrate on mental health symptoms and recovery when discussing the impact of mentoring on themselves. However, some mentors did mention ways in which their mental health had improved as a result of mentoring:
Reduced mental health symptoms – including depression, voice hearing overthinking and aggression
• Recovery sustained and/or enabled through mentoring
• Ability to talk about mental health problems more openly
• Appreciation of own recovery journey and how much progress they've made
• Increased understanding of own mental health problems

Social
Mentors discussed three key outcomes that mentoring had regarding their social world:

1) Improved family relationships
Mentors described how mentoring had improved relationships with those close to them, particularly with their own children. Mentors felt this was achieved partly because mentoring had enabled them to be well enough to support their children, and partly because they had learnt techniques through mentoring, which they used with their own children.

“I do feel that I owe them my journey, my kids have seen a change in me. They’re happier now. I’m less stressed out and that, to me, is what I wanted for my kids. My emotions sometimes, even though I think I hide them, my kids can see them and now it’s like they don’t see that, they get this happy mum.” Mentor B1

2) Enhanced social connections
Mentors described how they had formed friendships with other mentors and their mentees, which for some mentors greatly enhanced their social networks, bringing them into contact with people they might otherwise not meet.

“Very, and I’ve met so many people that I would never have come across, or I would, probably, have seen them in the street, and then not even waved at them, or not even found that we had so many things in common, and meeting those people, and getting to know them slowly, and by slowly, it has been amazing as well.” Mentor B1

3) Feeling able to contribute to, and feel part of, the community/society
Using their experiences to support others, helped mentors to feel that they have a useful and valued role in their community or society as a whole. Mentors also felt that by conducting

“It’s helping me to feel that I’ve got a place in the community. It’s helping me to feel that I can put all of this horrible stuff to good use so that I can then help people who are lost in the darkness of their moments, their despair, their confusion, whatever. I’ve got lots and lots of tools that I can share that, somewhere along the line, they’ll be able to use.” Mentor B2
themselves in a professional manner as a mentor, they were more respected by the local authorities and agencies they were in contact with.

The ToC diagram below provides an overview of the outcomes that are valued and felt to be achieved by mentors who are part of the Peer Mentoring Programme, as well as enablers and challenges to achieving these outcomes.
Enablers
- Mentors feel able to share their life experiences with mentees, and feel that mentees relate to these experiences.
- Mentors feel able to help mentees and see them progress.
- Mentors experience feelings of connection or friendship with their mentees.
- Mentors feel they are valued, respected and treated equally by VoiceAbility.
- Mentors feel that staff are available to provide ongoing support and are responsive to concerns or issues raised by mentors.
- Mentors have a clear understanding of the Programme model and have effective boundaries in place.
- Mentors have the opportunity to meet other mentors, for peer support, to share learning experiences, receive advice on how to work with different mentees and develop friendships.
- Mentors receive relevant, well-delivered, timely training.
- Mentors feel supportive of, and are involved in shaping, the aims and development of the Programme.

Challenges
- Mentors can find working with mentees, who often have complex needs, emotionally intense and triggering of their own experiences.
- Mentors can feel that they do not have sufficient access to supervision and support that allows them to offload feelings and maintain their wellbeing.
- Mentors can feel that they do not have equal access to opportunities, such as training.
- Mentors can feel that understanding of the Programme and training is not fully embedded in all mentors.
- Mentors can feel uncertain or concerned about what happens to their mentees once mentoring ends.
- Mentors can feel sad when the formal mentoring come to an end.

Outcomes

Personal
- Increased confidence, self-esteem and self-respect.
- Hope for the future.
- Increased sense of purpose.
- Feeling fulfilled, gaining personal satisfaction through mentoring.
- Increased self-awareness.
- Gaining a voice to express themselves.
- Feeling valued, respected and supported.
- Open-mindedness and a broadened outlook.
- Active listening skills.
- Problem-solving skills.

Mental Health and Recovery
- Reduced mental health symptoms.
- Recovery sustained and/or enabled through mentoring.
- Ability to talk about mental health problems more openly.
- Appreciation of own recovery journey and how much progress they’ve made.
- Increased understanding of own mental health problems.

Social
- Improved family relationships.
- Enhanced social networks.
- Feeling able to contribute to, and feel part of the community/society.
The Mentee Experience

Mentees who took part in the evaluation included those who were currently receiving mentoring, as well as others whose mentoring had finished. Mentees described a range of experiences of the Programme, which we identified as being influenced by the following three factors:

1) Nature of the mentoring relationship
Over half of the mentees that we spoke to described having a friendly relationship with their mentor. The depth of this ranged from simply sharing jokes with one another, to feeling close or developing a real friendship. In some instances, mentees highlighted the reciprocal nature of the relationship, in that they also provided emotional support to their mentor.

“Because it’s very good to have personal support that you can talk freely to without a time limit and someone who isn’t connected to the rest of your life. You can talk to them like they’re a friend, the relationship does grow into quite a familiar one. But there might be things that you wouldn’t want to say to friends because they would tell other friends or you wouldn’t want to say at work because that might affect things. So you have that freedom to speak with someone and you know that they’re there for you.” Mentee C1

2) Nature of support received
The type of support received by mentees differed in the extent to which it focused on practical, emotional and social issues. For some mentees, support focused on tackling practical issues, such as obtaining benefits. These mentees often felt they had achieved their practical goal(s), but there was a sense that the support had less impact on their overall recovery.

“I’m feeling a bit uncertain as to what happens after it because it’s almost like an objective has been achieved, to put it in commissioning terms or whatever. It’s like an objective has been achieved, I’ve received my benefits money, okay, fine. But all the other ancillary problems connected to it, there’s still stuff to be done.” Mentee B2

Where mentees felt they received more emotional support, which enabled them to do new things, or think differently about themselves and their life, they were more likely to describe the mentoring more positively and have benefited more holistically from the experience.

3) Role of lived experience
For the majority of mentees, the sharing of lived experience was highly valued, as this helped mentees relate to their mentor, feel understood, and be able to open up about their experiences and problems.

“The fact that someone’s actually out there and can give me some advice on stuff. Because they’ve also lived through it, they can set themselves in the situation. So it’s not like just a therapist, or a psychiatrist, it’s actually someone who knows what you’re dealing with.” Mentee A1
For some mentees, however, having a mentor with lived experience felt less important, or was experienced less positively. These mentees questioned whether their mentors were well enough, or skilled enough, to provide the necessary level of advice and support.

“I think they should be a bit more rigorous as to whether people are up to it, because given there are people there with mental health problems, if they encounter somebody difficult ... it could hurt them. I think it had been two months, three tops that this person had come out of a three month hospital stay. That’s very long for nowadays. That’s very ill. Do you know what I mean? There’s people speaking to Jesus on the streets in Camden that you can’t get near a day centre, let alone a hospital bed. So that must have been pretty bloody serious. The altruistic part of me thinks it probably wasn’t a very good idea for her. It wasn’t for me, but I did survive it. There were other times in my life where that could have been the last straw.” Mentee A2

Mentee Outcomes

The evaluation found that within the context of the short, goal-focused support that the Programme provides, mentees achieved diverse outcomes, which we categorised into three groups: 1) Practical, 2) Personal and 3) Social. We did, however, find that these outcomes were not expressed as consistently or as strongly across the mentee group, as the outcomes identified by mentors. This may, in part, be due to the fact that many mentees were in the early stages of recovery, and as a result, were not always able to reflect on the impact that mentoring had for them. This point was echoed by a mentor:

“It has to be measured, so the problem that I have found is that the mentees are not always aware of the journey that they’ve travelled, and they can be quite negative about the journey that they’ve actually travelled, and it’s hard to measure; it’s hard to measure because, as I said, ten weeks, or ten sessions, is not necessarily ... it can be a lot, and it can be so little; it can just be a start.” Mentor B1

Practical

Practical outcomes were most explicitly discussed by the mentees interviewed. A full list of practical outcomes is provided in the mentee ToC on page 25; the most frequently mentioned clusters of outcomes were as follows:

1) Improved financial situation
Mentees reported a range of ways that their financial situation had improved as a result of mentoring, including:

- Completion of benefits forms to obtain correct benefits
- Contacting benefits agencies to obtain correct benefits
- Obtaining a Budgeting Loan
- Obtaining a Freedom Pass
- Increased understanding of benefits entitlements
- Accessing debt advice

“I had a benefits review form...and although I’m normally quite good with forms and things ...I got stuck on that. So I took it to her and she helped me fill it in. Then nothing happened so she also made a phone call about it, which I couldn't have done. I think if I hadn’t been seeing her, that form might not have got sent back and my benefit would have stopped, which would have been quite a big thing.” Mentee C1

2) Improved housing situation
Mentees reported that their housing situation had been improved through:

- Support around arrangements for moving house
• Contacting landlords and housing agencies
• Receiving support around relationships with cohabitants
• Practical suggestions about home organisation

“Also, another example, I had a problem with a friend of mine that I was basically... it's difficult... I wasn't sure if he was a friend and then it became a bit abusive and it became a bit toxic. I started having problems. The mental help with dealing with that, talking to them about whether I should have a break from that person for a while or decide whether to keep the friendship of this person...” Mentee B2

3) Access and engagement with healthcare services
Mentees had been supported and encouraged by their mentors to engage positively with healthcare services, through activities including:

• Accompaniment to healthcare appointments
• Support and encouragement to contact mental health teams
• Receiving information about healthcare conditions and services

“Well it was because she was teaching me how to get from A to B on a train because I had to go to the dental hospital. She took me there one day and then I had to go there on my own and meet her there the next day so it was good.” Mentee B3

“... I got in contact with the personality disorder team, but she motivated me and helped me to do that.” Mentee A1

Personal

Mentees described a range of outcomes related to personal growth and development, which were grouped under the following headings:

• Motivation to take steps to move forwards and improve own situation
• Increased confidence
• Hope for the future
• Improved symptoms and understanding of mental health problems
• Increased understanding of self
• Successful expression of emotions and problems
• Learning new coping skills

“It's motivated me to actually do something. To actually want to get better... like, my future is not totally hopeless [...] I think it's made me not so... this is going to sound a bit intense, but I'm not really suicidal anymore, at the moment. It's helped me with that.” Mentee A1

“There was a time we were sat in the park and I was very upset about something... She let me finish crying and then she said, "Okay, let's do this. ... Just write down exactly what you feel, write it down here." Then we screwed it up into a ball and squeezed it as hard as we could and put all the energy into that. She said, "Now you have to dispose of it. What do you want to do? ... It was a creative way of dealing with things and it did make me feel so much better.” Mentee C1

Social
Social outcomes for mentees included both the direct impact of having a mentor who was an immediate source of positive social contact, and outcomes achieved through discussions with their mentor about how to manage social situations and difficult social relationships. Mentees reported four main social outcomes:

1) Social connection and feeling less isolated
Mentees discussed the importance of having a mentor with whom they could talk through emotional issues, as well as turn to for company, and to chat with more informally. This social contact gave mentees an opportunity to express themselves and feel less alone.

“...very big heart, very big support. It makes me so emotional and then I appreciate at least I have got someone.” Mentee C2

“I think a lot of the time when your mental health is quite fragile or you’re insecure or you’re a bit paranoid or you’re a bit isolated, just to have contact with somebody or with people, it helps to break that turning everything in on oneself and it helps you to see what problems are in terms of what needs to be tackled, what needs to be dealt with rather than internalising the emotional disruptions inside. So it just helps to take your mind off stuff that is causing problems basically.” Mentee B2

2) Greater participation within their local community
Being encouraged to go out and do activities with mentors in the community, in part because mentors are not supposed to enter mentees’ homes, was reported as being helpful.

“When we met we’d meet in a nice place and that was quite good because I tend to be indoors a lot. I’ll go out to office or another building and then come back but I don’t do coffee shops and things. But because we had to meet somewhere we did start to go to places that were nice where we could talk, which might be park or it might be a cafe or it might just be a bit of green somewhere.” Mentee C1

3) Improved social skills
Mentees explained how they had developed social skills through mentoring, including learning how to behave and communicate in socially or culturally appropriate ways, and in learning techniques for interacting with others.

“...learning how certain things work, like how you can approach people if you were to ask them for things. If you say ‘would’ a lot that actually is quite helpful. I won’t say ‘could’ but maybe say, ‘Would you like to go,’ it sounds more helpful. She was giving me some tips on what’s the best way I could say things.” Mentee B1

4) Improved family relationships
One mentee described the significant impact that their mentor had in encouraging them to reconnect with an important family member, and helping them to feel less traumatised about contact with other family members.

“I had and have problems with my family who are the cause of a lot of my mental health issues...I’ve got all sorts of post traumatic disorder stuff relating to [family members]... She helped support me psychologically to get the courage to make the contact and visit [an important family member]. She did this twice. I can't tell you what a big thing that was and how good it was.” Mentee C1

The ToC diagram below provides an overview of the outcomes that are valued and felt to be achieved by mentees participating in the Peer Mentoring Programme, as well as enablers and challenges to achieving these outcomes.
Mentee Theory of Change

**Enablers**
- Mentees feel able to trust their mentor and share their experiences and problems openly
- Mentees feel understood by their mentor because they have lived experience of similar issues, unlike professionals
- Mentees feel able to relate to the experiences that their mentor shares with them
- Mentees experience feelings of connection or friendship with their mentor
- Mentees feel they know what support they can expect to receive from the Programme
- Mentees feel they can easily contact their mentor and are aware of their mentor’s availability
- Mentees feel that the support is step-by-step and goes at their own pace

**Challenges**
- Initial meeting at VoiceAbility offices reduces ease with which some mentees may engage with Programme
- Mentors being unable to enter mentee homes prevents meeting specific mentee needs and preferences
- Lack of availability of mentors outside normal working hours limits accessibility of support
- Mentors not being well enough to support mentee effectively
- Mentees can feel that their mentor has spoken or behaved insensitively
- Mentees may feel that their mentor is not sufficiently skilled or qualified to provide effective support
- Short-term support reduces opportunities to address longer-term or more complex goals
- Short-term support introduces uncertainty about sustaining progress
- Emotional impact of mentoring coming to an end

**Outcomes**

**Practical**
- Improved financial situation
- Improved housing situation
- Access and engagement with healthcare services
- Legal issues addressed
- Education opportunities identified
- Practical and recreational services accessed

**Personal**
- Motivation to take steps to move forwards and improve own situation
- Increased confidence
- Hope for the future
- Improved symptoms and understanding of mental health problems
- Increased understanding of self
- Successful expression of emotions and problems
- Learnt new coping skills

**Social**
- Improved family relationships
- Improved social skills
- Greater participation within local community
- Social connection and feeling less alone

**Resources**

**Activities**
Conclusions & Recommendations

The Mentor experience

This evaluation of the VoiceAbility Peer Mentoring Programme demonstrated that mentors have a very positive experience from taking on this role. These benefits can be attributed to a number of sources, including the value of the training received, as well as the sense that they could use their skills and experiences to perform valuable work, which helps others in their recovery. Another key evaluation finding was the importance of mentors being able to form a peer group, and the mutual support and encouragement this enabled.

Programme outcomes for mentors and mentees

One of the aims of this evaluation was to identify the key outcomes of the Programme from the perspective of both mentors and mentees.

The evaluation found that the mentors were able to identify a clear set of desired and achieved outcomes, which focused on: personal recovery (feelings of hope, purpose and connection); skills development; improved understandings of mental health and wellbeing; and the quality of their networks or social relationships. Mentors also reported improved feelings of confidence and self-esteem.

The evaluation suggests that the Programme also had a positive impact for mentees, with a number of practical and social benefits from having a mentor identified. These included: achieving practically-oriented goals (such as resolving a benefits problem); increased levels of motivation and hope; increased understandings of mental health and wellbeing; improvement in mental health symptoms; and enhanced social networks and connections. However, the evaluation found that the Programme most consistently enabled mentees to achieve practical goals, whereas other outcomes were mentioned less frequently across the mentee group.

This suggests that mentors attain greater benefit from the Peer Mentoring Programme than mentees, although this may be partly influenced by the mentors’ ability to express the impact in more concrete and holistic terms. This is not surprising given the structure of the Programme. Mentors have an extended period of time in which to develop relationships with and support each other. In comparison, mentees are with mentors for shorter period of time, typically up to 10 sessions, and best use of this limited time may be to address short term practical goals.

Training, support and supervision

Mentors viewed training as a key strength of the Programme, as it provided them with the chance to learn skills for working with mentees, develop themselves personally, and meet other mentors. Where areas for improvement were suggested, these related to the emotional intensity of training, equal access to training, ensuring learning is embedded, and assessment requirements.
Views were more mixed on supervision and support. Some people said that they had ready access to support that met their needs, and that supervision was an opportunity to share expertise about how to work with mentees, as well as an opportunity to connect with other mentors. However, others reported that the current provision of supervision and support was insufficient, given that they often work with mentees who have high support needs. They found that it was difficult to access support, which meant that their wellbeing and ability to perform the role were sometimes adversely affected. Several mentors felt that the limited number, timing and management style of supervision sessions did not provide enough time for all mentors to get adequate supervisory input. They felt that there were too few opportunities for all mentors to address their emotional needs, and ask for guidance about working effectively with mentees.

Strengths and limitations of the evaluation

The qualitative approach used in this evaluation sought to understand the experiences and outcomes of mentors and mentees from their perspective, without limiting responses to preset areas or categories. In addition, a number of factors enabled researchers to build good rapport with participants, helping to promote honest and open communication about their experiences. This included the fact that the research team disclosed their own experience of mental health problems, and also the fact that mentors were interviewed at more than one time point.

The evaluation relied on VoiceAbility staff and volunteers to recruit mentors and mentees to participate in this evaluation. While this approach has the advantage of utilising existing relationships to encourage participation, it also has drawbacks. In particular, there is a risk that more articulate or positive individuals are given more encouragement to participate or are approached selectively. However, given the wide range of views expressed by evaluation participants, encompassing both positive and negative experiences, we feel that this is unlikely to have significantly impacted on research findings on this occasion.

Below, we put forward some suggestions about how the Programme could be developed to enable both groups, but particularly mentees, derive more benefit from being part of the Programme.

Programme development recommendations

1. Mentee outcomes – During our consultation with VoiceAbility staff, it became apparent that the Programme does not have well-defined intended outcomes for mentees. It was also not clear from our conversations with mentors that they understood the specific outcomes that the Programme was aiming to achieve in relation to mentees. We recommend that VoiceAbility work to clarify what goals they are trying to achieve as a service, particularly for mentees, and use this to inform a more standardised approach to goal setting between mentors and mentees.

2. Mentee benefit – We think that one of the reasons that mentors may derive more benefit from being part of the Programme than mentees, is because mentors become
part of a community of mentors, who work together and support one another, on an ongoing basis. We suggest that VoiceAbility consider how they might provide opportunities for mentees to meet one another, to enable mutual support and relationships to develop between mentees. Some mentees would also eventually benefit from making the transition from mentee to mentor, and VoiceAbility could consider implementing a system to facilitate this.

3. Training – To reduce ambiguity about mentor training, it would be useful for VoiceAbility to produce formal guidance on training provision, including the types of courses available, whether they are mandatory or not, the timeframe within which mentors should receive the training, and any refresher training. Regular training refreshers or an appraisal mechanism, such as peer shadowing, to check that mentors are following the Programme model, could also be considered.

4. Support and supervision – We suggest that for more frequent supervision sessions should be provided for smaller groups of mentors, which would take place at different times of day and different days of the week. Some mentors also requested access to trained counselling support. Camden CCG should look at possibilities for resourcing VoiceAbility to do this.

5. Mentor wellbeing – We came across occasional reports of mentors performing mentoring work while still quite unwell. This carries high risks for both mentors and mentees, and we recommend having a formal system in place for identifying or reporting mental health concerns early. This should include supporting mentors who are experiencing fluctuations in their mental health to reduce or withdraw from their mentoring responsibilities temporarily, and to return when they are well enough.

6. Data collection – Currently, each mentor collects outcome data from the mentee they are supporting. This may lead to mentees feeling they need to report more positive outcomes than they actually feel. We recommend that VoiceAbility considers whether this information could be collected by a third party who is less directly part of the mentoring relationship, or whether it could be collected online or by post. This is likely to help mentees to talk more freely about their experiences, especially where the mentee wants to highlight areas for improvement.
About the McPin Foundation

The McPin Foundation is a specialist mental health research charity based in London but working across England. We exist to transform mental health research by placing lived experience at the heart of research activities and the research agenda.

Our work includes:

• Guidance and expert support on public and patient involvement in mental health research

• Collaborative research studies in partnership with organisations interested in user focused mental health research

• Campaign and policy work to raise the profile of mental health research and improve access to evidenced based information

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