

LIVED EXPERIENCE  
INVOLVEMENT IN

# gameChange

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**A case study**

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# About The McPin Foundation



## A LITTLE BIT ABOUT US

The McPin Foundation is a mental health research charity that wants to change how research is done. We do this by supporting people with experience of mental health issues to be at the heart of research.

We believe that involving people with this kind of lived expertise makes research more relevant, meaningful and likely to have an impact.

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# Introduction

From 2017 to 2021, McPin was involved with a research project to design and test a new virtual reality therapy called gameChange, funded by the National Institute for Health and Care Research (NIHR).

The gameChange VR project was developed to support people with psychosis who have difficulties going outside and being in everyday social situations.

McPin was involved with all stages of the project. This included facilitating the lived experience involvement in the design and development. We did this through workshops and the recruitment of a Lived Experience Advisory Panel (LEAP).

While the therapy was being tested in a randomised controlled trial (RCT), McPin led a qualitative study to explore the trial participants' experiences of the therapy and to see whether it had made a difference to their lives.

We used a 'peer research' approach, which means that some members of the research team had similar mental health experiences to the participants, and we also drew on the expertise of our LEAP.

Expertise from lived experience was central to the project throughout.

This report is written by two researchers who worked on the qualitative gameChange study, with contributions from others.

It describes the work and what McPin learnt from the experience.

We hope that sharing our learning may benefit researchers (and others) who are thinking of including lived experience expertise in their work.

## Jargon buster

### What is a Lived Experience Advisory Panel?

A group of people who meet regularly to advise on a research project using the knowledge they have gained from their life experiences.

### What is peer research?

An approach to research in which some (or all) of the research team share similar lived experiences to the participants.



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# The researchers on gameChange



## ALEX

PEER RESEARCHER

I am a peer researcher with lived experience of psychosis. I was invited to work on the gameChange study as I share some similar experiences with the gameChange participants. I worked as a peer support worker in mental health before moving into mental health research. I also sit on a lay peer review panel for the journal Lancet Psychiatry. I am passionate about using my lived experience to help others and move research forward. This was my first major research project.

## JESSICA

QUALITATIVE RESEARCHER

I am a qualitative researcher. I was invited to work on the gameChange study as I have previously carried out research using similar methods. I was inspired to move into the mental health sector from science journalism having spent a lot of my 20s supporting friends and family members with their mental health experiences. I volunteer at a suicide support service.

## LISA

REMOTE PEER RESEARCHER

I have worked as a remote peer researcher for over 10 years and have lived experience of mental health difficulties including anxiety and social exclusion. I was asked to help with the analysis of the gameChange study due to the similarities between my personal mental health challenges and those of the participants. It is of utmost importance to me that mental health research is carried out in order to impact and bring about change in the lives of people affected by mental health issues.



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# What is gameChange?

Currently only about 5% of people with psychosis receive psychological therapy. For those that do, the therapy rarely focuses on difficulties with social interactions, despite many people having intense fears about being outside and in public.

These agoraphobic anxieties can make common tasks complex and distressing as people develop coping mechanisms to help them feel safe. They can mean people put off tasks such as food shopping or avoid non-essential activities altogether. In the most extreme cases, people can become housebound.

This can negatively impact mental and physical health, as well as careers, education and relationships.

gameChange was developed to specifically address these everyday fears.

People have about six sessions exploring virtual environments that are designed to mimic the kinds of interactions that would provoke fear in real life.

The sessions are supported by an automated therapist within the virtual reality and a real-life facilitator who debriefs with the person after the VR session and assigns homework tasks.

One of the reasons that so few people currently access psychological therapy is that there aren't enough clinicians trained to deliver it. Because the therapist is 'built into' the virtual reality, it is hoped that gameChange will be more widely available as health professionals other than a clinician can facilitate it.



# Developing gameChange

The project was initiated by a team at the University of Oxford who are interested in using virtual reality to address mental health issues.

McPin got involved in 2017 when Thomas Kabir, our Deputy Director (Public Involvement in Research), was invited to be a co-applicant on the bid for funding. This means that he was involved in the early stages of conceptualising what gameChange could be and how the project would be shaped by lived experience involvement.

[READ MORE about developing the project on the McPin website](#)

Thomas continued to have overall responsibility for the public involvement until the study ended. Thomas knew how important a therapy like gameChange could be as he had experienced similar difficulties. He saw gameChange as a kind of virtual half-way house.

*“ I was isolated. My problems went in circles to some degree. I needed to try out being among people. But that was easier said than done. There seemed to be no ‘half-way house’, no way of trying things out and seeing what happened in a safe space.”*

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One of McPin's first tasks was to identify what virtual reality scenarios should feature in gameChange.

We recruited a Lived Experience Advisory Panel of 11 people to find out. They described specific situations that had been problematic for them, such as ordering a coffee in a cafe, or getting on a bus.

Along with the Royal College of Art's Helen Hamlyn School of Design we invited many more people with experience of psychosis and social avoidance to workshops to design the environments.

The designers took the team's suggestions and developed a prototype, which was then put to the test.

Some issues identified were straightforward to fix, such as a coffee cup passing through a table.

Others were complex and subjective, like the number of virtual people near the user – which can be problematic for people who experience psychosis.

This feedback was used to develop an updated prototype, which was tested again. The cycle continued until the therapy was ready for use by participants in the clinical trial.



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## Thomas on the development of the LEAP

LEAP members were new to the concept of VR but by the end of the study they became familiar with how it could be used to develop therapies.

They are well equipped to be involved in other studies that involve a digital interventions (such as a smartphone app).

LEAP (Lived Experience Advisory Panel) members were filmed in various roles in connection with the study. They also gave presentations about the study alongside others. LEAP members have contributed to the academic outputs of the study such as research papers. All of this gave them skills and experiences that will be helpful in other settings.

Service users who took part in user testing sessions and VR development workshops have also benefited. One person who took part in VR development workshops later became a McPin trustee. Someone who took part in a user testing session now wants to pursue a career as a VR programmer.

LEAP members helped to develop the actual measure that was used to 'measure' how difficult it was for people to go outside and take part in day to day activities. This was particularly important as this was the primary issue the study was trying to change.

In summary, through being involved in such a large and complex study LEAP members gained skills and experiences that will be useful in a wide range of other settings.

LEAP members continue to engage with McPin in other studies, and we hope there will be opportunities to develop even further.

**THOMAS KABIR FACILITATED THE LEAP, AND HAD OVERALL RESPONSIBILITY FOR THE PUBLIC INVOLVEMENT IN THE GAMECHANGE STUDY**



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# LEAP involvement in gameChange development



## Developing the name of the project

gameChange!



## Helping to select which VR scenarios to include

The pub, the street, the bus, the GP surgery, the shop and the cafe.



## Developing the VR design

An example is ringing a bell to signal last orders in the 'hardest' level of the pub scenario.

This activity was suggested by the LEAP and was a quirky feature that was included in the final VR, challenging the participant to draw attention to themselves.



## Contributing to the script for the therapist

The LEAP was keen for the virtual therapist to be encouraging and validating without being patronising.



## Having a peer worker facilitate sessions

This was suggested by the LEAP and subsequently happened at some of the trial sites. One LEAP member then became a peer support worker on the study herself.

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# Testing gameChange



The VR therapy was tested in a randomised controlled clinical trial with 346 people with psychosis drawn from five NHS sites around England. Half the participants received sessions of gameChange in addition to their usual treatment. This group was compared to the other half who continued receiving their usual treatment.

The main outcome measure asked people whether they can do progressively harder tasks such as “Stand outside your home on your own for 5 minutes” to “Travel on your own on the bus for several stops”. This is a new scale specifically developed for the trial with input from the LEAP.

Part way through the trial, the COVID-19 pandemic reached the UK. This meant that recruitment and treatment was paused while the team worked out how to deliver the therapy safely.

Precautions were put in place and the main outcome measure was changed.

It escaped no one’s notice that a trial designed to reduce social avoidance was happening at a time when avoiding other people was encouraged (and then enforced by the Government), in the form of social distancing.

**YOU CAN READ MORE ABOUT THE DEVELOPMENT OF GAMECHANGE IN THIS PAPER**



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## A LEAP member's journey

### I APPLIED TO BE A MEMBER OF THE GAMECHANGE LEAP FOLLOWING A DIFFICULT PERIOD IN MY LIFE.

After a breakdown, I had lost my job and experienced depression and psychosis. When I came across the advert, I was doing better but was still struggling to leave the house. I remember the first LEAP meeting with other people who had lived experience, clinicians and the research team. Some of us met at the train station and someone from McPin lead us to the venue. This was great because it meant I didn't need to worry about finding my own way.

Eventually, the LEAP met once every few months to develop the research and troubleshoot. The experience became empowering because I was able to chip in and help shape a research trial that was going to support others who had experienced psychosis. The research team were very interested in what I had to say about my experiences and I began to see that my negative experiences were being used in a positive way. It was transformative to go from feeling invisible to having my experiences related to by others in the room and be a helpful resource for the research team. The process felt very therapeutic.

When the trial was ready to recruit participants, I seriously began to think about applying for a job as a peer support worker at one of the NHS sites conducting the trial. I was encouraged by Thomas Kabir, the PPI lead at McPin, who supported me through the application process. The interview was nerve-racking but it felt so encouraging and exciting to get the role – to be employed again, something I didn't think was possible for me after losing my last job years before.

Because of Covid and the resulting pause to the trial, my role changed to a more administrative one. For the first time in a long time, I felt like I was contributing to society, I was earning money to be able to support myself and go out with the friends I had made in the new city. This all had a positive effect on my recovery.

Once the trial ended, I secured a role within the research department and now I help to bring research opportunities to others with neurodiversities and/or who struggle with mental illness. I really enjoy the work and often look back on my journey and feel surprised, but also proud.

I couldn't have got here without the support I received. This is essential for those using their lived experience in roles such as being on a LEAP because of just how much of yourself you have to give. It's so important to feel safe and supported when you are drawing on your own experiences.

**EVA ROBERTS**

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## Exploring how participants felt about gameChange

While the Oxford team and the partners at the trial sites were preparing for the clinical trial, McPin focused on the qualitative study that we were leading, using a peer research approach.

This would take place alongside the trial and was an opportunity to interview participants about the new therapy, to explore the experience in their own words and the various influences that shaped this.

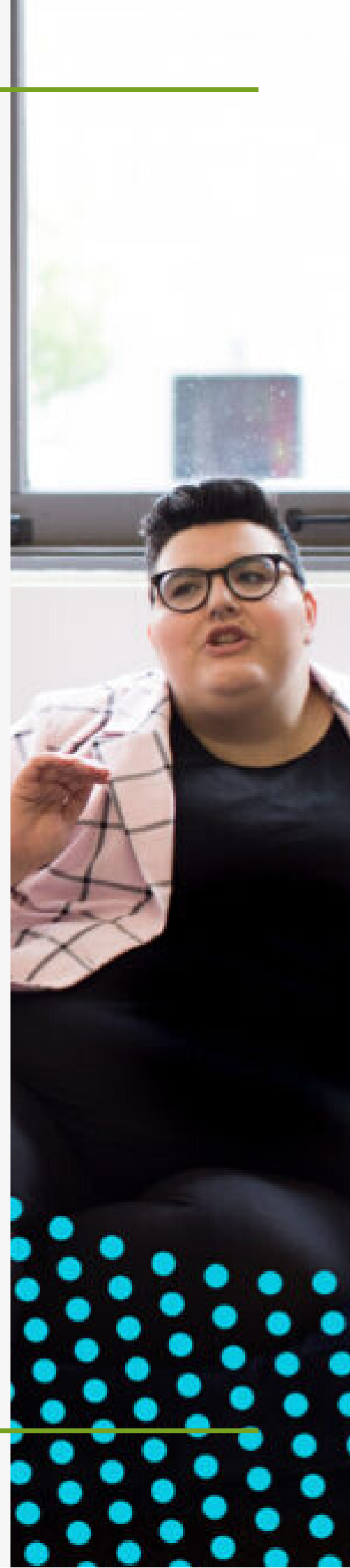
We designed the study around a methodology called Interpretative Phenomenological Analysis, or IPA (Larkin & Thompson, 2011). This aims to step into the participants' world to understand, as far as is possible, how they understand and make sense of an experience – in this case, the gameChange therapy.

In IPA, the participant is considered the expert on their experience, which aligns with McPin's ethos of valuing the lived experience expertise in research.

This study was again shaped by lived experience expertise, with one of the researchers and a supervisor having some mental health experiences in common with the participants. The LEAP was involved too, reviewing the ethics materials and adding questions to the interview schedule.

Time was spent training for the interview process, drawing on the experiences of more experienced peer researchers at McPin and piloting the schedule with members of the LEAP.

We used a separate but related data set to practice on and hone the analytical process. Creating time for training is a key part of the peer research approach.



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## A theoretical perspective

IPA is based on the concept of phenomenology, which is concerned with people's subjective experiences and perceptions, how they think and feel about things that happen to them as opposed to how these things objectively are.

Analysis seeks to capture how people make sense of an experience and what meaning they assign to it. The role of the researcher is recognised in the interpretation of the data: the researcher is trying to make sense of the participant making sense of what has happened to them.

In IPA, the researcher can draw on their own experiences to help them step into the participant's world as long as their interpretation remains grounded in the data (Smith, Larkin and Flowers, 2009). This makes IPA a particularly good fit for a peer research approach, which values the insight that a researcher with similar lived experiences to the participant can bring to the analysis.

The sociological concept of symbolic interactionism is also important in IPA. This says that the meanings people assign and the way they come to understand an experience is a result of their social world. In other words, meaning is individually experienced but socially created.

As researchers, we were interested in this aspect of the gameChange experience. We wanted to understand what influenced people to take part, what shaped their expectations of gameChange and their perspectives on how useful it was.

These things will be influenced, in part, by a participant's social and cultural world – by other people already in their lives as well as their interactions with the person facilitating the VR and the virtual therapist.

## Reflecting on our assumptions

Both the participant and researcher interpretations will be influenced by their past experiences, beliefs, assumptions, cultural contexts and social worlds. This means there are multiple ways to interpret the data rather than a single 'right' way.

This is usually not seen as a bad thing in qualitative work if the researchers work reflexively and are explicit about how their background shapes their interpretation of the data.

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Before we began collecting data for gameChange, we took some time to do some reflexive work. We took a transcript from an interview from a separate but related study about psychosis.

We read it several times and made free flowing notes about the things that immediately sprung to mind, using these prompts:

- **What do I notice?**
- **What affects me?**
- **What do I need to be mindful of?**
- **What do I need to make sure doesn't get lost?**

This revealed some important influences – both known and previously unappreciated – that we discussed together. This enabled us to identify 'go-to' patterns in our thinking that we could look out for and interrogate when we were analysing the gameChange interviews.

As well as this exercise, we wrote field notes after the interviews detailing our immediate impressions (and considering what these might be based on), how the participant responded to us, and how the person compared to other interviewees.

The non-verbal context these notes captured helped us make sense of the data during analysis. The notes also ensured that the influences shaping our interpretation were kept at the forefront of our minds throughout the study.

## ALEX ON USING FIELD NOTES:

*“ Writing field notes was helpful. Before and after an interview, I would reflect in a written log. I found this process essential because it provided a detailed account of what I was observing, experiencing and feeling – things that could have easily been forgotten over time.*

*During analysis my notes served as a reminder of the interview and captured what came across that wasn't spoken about. I also spent some time analysing my log reflexively and adding additional comments and notes in the margin, which helped me spot any bias in my thinking.”*

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## Jessica on the reflexive exercise

### DOING THIS REFLECTIVE WORK BROUGHT SOME SURPRISING THINGS TO THE FORE FOR ME.

I took a printout and a coloured pen and scribbled down my first thoughts as I read the transcript.

I tried not to judge my thoughts or edit them as I went. I allowed my own memories to percolate upwards when I read the emotive or metaphorical parts of the transcript. Was there something in my experience that I could tap into to provide a starting point into what the person was going through?

I then looked back over my notes and attempted to identify the underlying assumptions and the trace back where the thoughts could have come from – the lens through which I was interpreting the data.

It was illuminating to do this deep dive into my own thoughts.

I found assumptions that must have been based on the people with psychosis I had previously known, memories of times I have been paranoid and of times I have witnessed others struggle with their mental health.

I found that I was sensitive to things that have previously jumped out at me in other research projects, like the role of significant others or any 'aha-moments' of understanding.

My lenses were multiple and included the one I wore as a science journalist, one I have as a volunteer at the crisis service, and one from working in the mental health research sector. It was an extremely valuable exercise.

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# Data collection

EIGHT INTERVIEWS WERE CARRIED OUT BY TWO RESEARCHERS, ALEX AND JESSICA, WITH ALEX DOING A FURTHER 11 BY HERSELF AND JESSICA, ONE ALONE.



The interviews were mostly conducted over the phone, with a handful using Zoom. Participants knew that one of the researchers was a peer in advance of the interview.

This was disclosed in the recruitment flyer and when the peer researcher spoke to the participant in advance of the interview to confirm their involvement and answer any questions. It was reiterated at the start of the interview.

Because of the semi-structured nature of the interviews, we had the flexibility to develop the schedule as we went along. This allowed room for improvement. We adapted the order of questions and added extra planned breaks, as the participants and interviewers could sometimes become fatigued.

When the study was over, we looked back at the transcripts to see whether we could identify the ways in which we drew on our lived experience and how this may have impacted the interviews.



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## BELOW ARE SOME OF OUR REFLECTIONS:



The peer researcher decided when and how to show that she had some experiences in common with participants.

This could be implicit, by nodding at the right time or using other subtle cues to imply she understood, or it could be more explicit, by making a disclosure.



While both researchers used sympathy where appropriate, the peer researcher was able to use empathy as well. She could say “that is what happened to me”, and briefly explain a similar experience.

She was able to share her own experiences including details about symptoms, medication and hospitalisation.



By drawing on this peer identity, a shared understanding was developed between the participant and the peer interviewer. This benefited the interview.

Some participants began using the collective “we” to encompass the peer researcher and themselves, and their shared understanding of what life is like: “It just made me feel like I’m not alone. I know we have good and bad days, don’t we?”.

This suggests that the participant has trust in the peer researcher and considers them to be in a similar position in terms of what they are going through.



Sometimes it felt appropriate to reassure the participant, validate their experiences or to encourage them, for example, after they spoke about the progress they had made.

These kinds of positive responses from the peer researcher came across as genuine and meaningful because of her first-hand experience.



Both researchers drew on commonalities they had with the participants that were unrelated to their mental health to establish rapport with interviewees, especially at the start of the interviews.

Examples included having asthma, the importance of exercise, shared university experiences, the stress of A-levels and the joy of playing an instrument.



As well as drawing on specific shared experiences, the peer researcher brought other skills to the interview process. She was well attuned to the participant's state and understood that some of the questions might be triggering or too abstract, or that they might be emotionally drained.

She would give people permission not to answer a question or ask whether they wanted a break or to continue another day. She often knew the exact prompt to use to encourage a participant to elaborate.



We think that using a peer-identity in the interview helped develop rapport and build trust with participants. It may have resulted in a more natural conversation and a more open interview, which meant a richer data set.

People seemed comfortable to reveal personal information and told us about difficult experiences. Sometimes the emotional intensity of what they told us seemed to increase after a disclosure.



At the end of the interview, we asked participants whether the presence of a peer researcher had had an impact on their experience of the interview.

They said it made them feel more comfortable and reassured that they would be speaking to someone who would have an idea of what they had been through.

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## Alex on using peer identity in interviews

### DURING THE GAMECHANGE

INTERVIEWS I WORE THREE HATS – I WAS A PEER RESEARCHER, A PEER SUPPORT WORKER AND A PERSON WHO SHARES THEIR LIVED EXPERIENCE.

I had many things to do. I had to ask questions and listen to the answers. I had to check my understanding by paraphrasing what was said. I had to plan and think ahead for the next question.

I had to make links between what has already been said in this interview and interviews with other participants. I had to think about how to make the participant feel comfortable.

Using a peer identity requires extra cognitive and emotional work on top of this. I had to make decisions about what was appropriate to share, how much to share and how much I felt comfortable sharing. When was it appropriate to use humour? Should I be offering support and advice?

This could be a grey area with boundaries that were not clear. For example, at times I wondered if I was over-sharing when talking about my own lived experiences. Was I being a help or a hindrance? There was potential for embarrassment, confusing the participant or inadvertently triggering them. The presence of a second non-peer interviewer helped to balance this out.

The conversation could get tricky if divisive topics were brought up. I had to use diplomacy to handle these situations and show respect toward the opinion of the participant. I found myself using peer-ness consciously and deliberately.

I tested out methods to try and open the participant up. I did not take over the conversation rather I guided it and allowed the participant to do most of the talking. This technique seemed to work. It's not easy but it is worth it. Through revealing something of themselves, the power balance of the interview changes.

An equilibrium develops between the interviewer and the participant, which helps make the interviewer seen as non-judgmental and non-threatening. This encourages the participant to open up. I think a more 'real' account can be shared.

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# Analysis

THREE RESEARCHERS, ALEX, LISA AND JESSICA, CODED FIVE OF THE INTERVIEW TRANSCRIPTS USING IPA.



The analysis involved making line-by-line annotations on each transcript, being sensitive to how the participant described the experience, their language and any early interpretations or conceptual notes. This was an intensive and lengthy period of analysis, which could at times be exhausting or even distressing if the participants' experiences resonated with the researchers' experiences.

These notes were then used to identify what mattered to each participant and the meaning they assigned to these experiences was summarised. From these summaries we identified common themes that encompassed the phenomenological experiences and understandings of the five participants.

During this stage of the analysis, we had regular meetings with Michel Larkin, a qualitative researcher who had been instrumental in developing the IPA method. We used these sessions to discuss our approach, what we were finding challenging and our thoughts about the data and our developing themes.

Because IPA is so time-consuming, it was not feasible to apply it to all 20 of our transcripts. Instead, our initial IPA themes provided the foundation – or 'template' – for the next stage of the analysis. Jessica developed a coding framework spreadsheet and wrote theme definitions based on the IPA analysis. This clustered the data into themes related to participants' experience of symptoms, factors that may affect their engagement with gameChange, their overall experience of it and feedback on specific aspects such as the hardware and the virtual therapist.

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This approach enabled us to work faster and to expand the number of researchers who contributed to the coding – in total five people.

Jessica collated everyone's spreadsheets into a single version, making decisions about whether extra codes were required. The final spreadsheet formed the basis of the write-up.

During the analysis process, we held two meetings with the LEAP where we presented quotes and some of our interpretations. This gave us a place to test out our ideas with people who were familiar with the gameChange therapy and to see whether they aligned with the group members' experience of psychosis and the impact this has had on their functioning in everyday situations.

We also used these meetings to discuss any sections of the data where the meaning was ambiguous. In the second meeting, when our analysis was more developed, we sent the group a selection of anonymised quotes in advance and asked them to identify patterns. This led to a fruitful discussion which corroborated our analysis and deepened our thinking.



### JESSICA ON TIME CONSTRAINTS:

"Due to delays getting Covid-related ethical amendments accepted and relatively slow recruitment at the start, the time for analysis was shorter than we had anticipated. This impacted how we worked together as a research team.

While we were having regular meetings during the data collection and IPA stages, we only had one meeting with all the researchers when we were working with the spreadsheets.

This was a chance to talk about what we thought the main themes were from our transcripts. If we had had more time, we would have had more of these sessions, which would have enabled us to further ground the write-up in the lived experiences of the peer researchers.

Instead, it was a race to meet the deadline and I took the lead with the writing, checking early drafts with the rest of the team and the final draft with the LEAP."

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## ALEX ON THE FINAL WRITE-UP:

"We used an interesting methodology including IPA and the use of the lived experience of mental health.

This resulted in a rich and detailed account of the experience of the participants. However, I would like to have seen more ethnic diversity in the sample we interviewed.

This was also a problem in the main trial and we have been discussing with the wider research team how things could have been done differently."



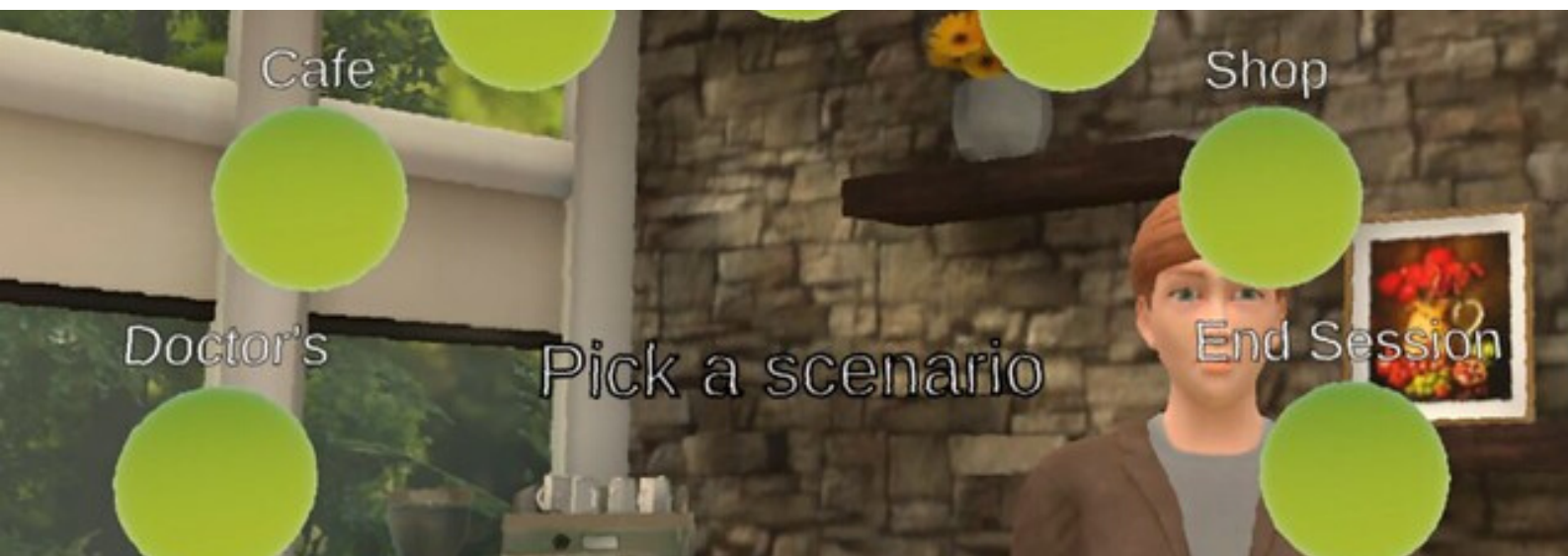
## DAN ON THE CHOICE OF IPA:

"One of my reflections is that IPA works well when people like to talk and reflect. It might work less well when people do not. People with psychosis who are on medication and who are also socially anxious may not like to talk.

A 'threadbare' interview is not necessarily a bad interview in this context, but it might just reflect the situation for people. We should be wary of privileging the narratives of people who talk more fluently about their reflections.

Not everyone likes to reflect, and their experiences are just as valid as those who do. I guess this was the strength of having the IPA+non-IPA approach we used."

**DAN ROBOTHAM WAS A MCPIN SUPERVISOR ON THE GAMECHANGE PROJECT.**



## gameChange results

The clinical trial found that people who received the gameChange therapy had greater reductions in their agoraphobia and distress levels than people who continued with their usual treatment. Those who were the most socially avoidant, for example, people who struggled to leave home, benefited the most from the therapy and that the improvements were still there six months later.

This was reflected in the results from our qualitative study. Participants told us about the significant impact that their anxieties had on their lives, how it could leave them housebound and isolated. People were curious about a therapy based on virtual reality and some people were highly motivated to get the most out of it. Everyone valued receiving the therapy but those who were struggling the most, reported the most benefit – for some, it was a life-changing experience.

The “security of knowing the VR scenarios are not real” created a safe place to learn about fears. With the support of the facilitator and the virtual therapist, they were able to develop new ways of responding to situations they found challenging. Like other peer research analyses, our work identified the importance of relationships. People valued their relationship with the facilitator and this could motivate them to practice tasks in between the VR sessions.

**READ MORE** about the results in [this blog](#) & [the Lancet paper](#)

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# Recommendations

BASED ON OUR EXPERIENCE WITH GAMECHANGE, WE RECOMMEND:

## **Anticipate the ebbs and flows of the work**

One of our biggest challenges was working within timescales that were out of our control. The pandemic meant there was a long delay before data collection could start.

In one way, this was helpful as it gave us plenty of time to train and prepare for the interviews.

Ultimately, though, this and the fact that most interviews ended up being scheduled for towards the end of the recruitment window, shrunk the amount of time we had for data collection and analysis.

This meant the final stages of the project were pressured. This pattern is a common for research projects but it helps to anticipate it in advance.

## **Plan breaks in advance**

We wished we had taken holidays in the quiet period to give us the resilience to get through the final push.

Booking them in advance means you are more likely to take them!







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## **Establish support structures at the beginning**

We held regular check-in meetings to monitor how we were doing. We were lucky that we had the support of the wider research team, both at McPin and the clinical psychologists in the Oxford team.

McPin staff are also able to access workplace mentors, and this was helpful to have someone independent of the project available.

This type of support is essential in a peer research project where people are using their lived experience in their work and resources for this should be built into the research grant.

## **Build in time for training**

Training should also be included in the research grant. If you are working with researchers who have not done research work before, this is essential.

## **Interview in pairs**

We found interviewing in pairs helpful. We brought a peer and non-peer perspective which meant we were sensitive to different aspects of what people were saying.

Working as a two meant that we could immediately debrief with each other afterwards and support each other.

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## Alex on the project's personal impact

FOR ME THE EXPERIENCE WAS ABOUT SHARED UNDERSTANDING AND COMMONALITY. I ENJOYED SUPPORTING THE PARTICIPANTS TO OPEN UP IN THE INTERVIEWS.

Taking part as a peer researcher was confidence building because the sharing and listening was a cathartic process which normalised some of my unusual experiences with psychosis.

The work was a stepping-stone into full time employment and a learning curve. I learnt new skills and developed my career in mental health research.

The skills I was using and developing complemented my other roles, for example as a peer support worker and peer reviewer.

It was great being part of a research team who share your values and are working to tackle an important social issue. There was also opportunity for networking and building links with universities and other organisations.

The peer research aspect was empowering and rewarding and I felt I was working for an important cause which is relevant to my life.

I was able to manage my mental health while in employment, nurture self-awareness of my mental health and become better able to tackle my symptoms.

It felt empowering to hear the stories of others and make further changes in my own life. I found that I had come a long way in terms of my own self-identity. I can now say that I am a peer researcher and that this has been a life-changing experience.

## References

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Larkin M, Thompson AR. Interpretative Phenomenological Analysis in Mental Health and Psychotherapy Research. In: Harper D, Thompson AR, editors. *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners*, 2011.

Smith JA, Flowers P, Larkin M. *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage; 2009.